

01

Shakespeare in the Park McKinney

Benefiting Ovation Academy



SHAKESPEARE in the Park



Event Overview and Sponsorship Opportunities

Event webpage:

ovationapa.org/about-2

Inaugural Year

This 2-day festival will provide an opportunity for artists, vendors and community members to gather in a unique environment to celebrate the talent of local youth and adult performers through classic works of theatre, dance and music. The event will be held Saturday & Sunday, May 7-8, 2022 at Adriatica Village in McKinney, TX. This family friendly event is open to the public and is designed to raise awareness & support for the students of Ovation Academy of Performing Arts



Event Opportunities

Performers

Two Youth and Three Adult Theatre companies will perform productions of a Shakespearean classic play. Other artists will line the village with street performances and displays of their work.

Vendors

Artists and businesses may purchase booth space to share/sell their goods and services with the event attendees.

Sponsors

By participating in this fun and exciting family focused event you are increasing your community presence and supporting a wonderful nonprofit organization in our community.

The logo for Ovation Academy features the word "OVATION" in a large, black, sans-serif font. A thick, purple, brush-stroke-like oval shape is drawn over the letters "V" and "A". Below "OVATION" is the word "ACADEMY" in a smaller, black, sans-serif font.

OVATION
ACADEMY



Ovation Academy is a 501c3 nonprofit founded to provide a home for artists to pursue their passions through professional training in the performing arts. Our vision is to offer opportunities which provide the technique, life-skills, experiences and connections necessary to succeed in the industry. Ovation Academy strives to produce knowledgeable, respectful, empathetic and impactful artists who will contribute to their communities and to the performing arts industry. We believe in creating a supportive, inclusive, collaborative and safe environment for artists to thrive.

GOOD HUMANS GREAT ARTISTS STRONG COMMUNITY

Ovation Academy

- 6-12 Grade Elite Conservatory Academy
- K-12 Grade Homeschool Programs
- Age 3-18 Educational and Community Outreach Programs
- Adult Encore Program



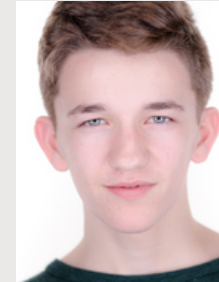
Student testimonials



Shania Jackson

Class of 2021

“The performing arts is what has kept me going for the past sixteen years. In my lifetime I have been through many hardships and many changes, but the one constant was musical theatre and dance”.



Brandon Carty

Class of 2020

“My choice in education was life or death. I wanted to take my life before I had taken Algebra. But now, after finding Ovation Academy, I have a story that has ignited a fire within me to do better. To be better”.



Grace Everett

Class of 2021

“I doubt it would be an exaggeration to say that Ovation has saved my passion for performing and my life. Ovation is the best academic experience, the best arts experience, and the best social experience to have ever made its way into my life”.

Event Information and Details



What

Shakespeare in the Park, McKinney

2-day family friendly event with live performances, costumed characters mingling with attendees, art vendors, local business vendors, kid zone and much more.

Where

Adriatica Village

Adriatica Village is a beautiful European-style village located in McKinney, Texas. Adriatica Village features living, dining and shopping

When

May 7-8, 2022

Saturday 10am-11pm
Sunday 10am-5pm

Activities

10 Shakespeare Productions!

5 companies will perform their Shakespeare play twice throughout the weekend. Local artists' displays and street performers.
Kid's Zone
Beer and wine

Reasons to Sponsor

Marketing!

Immediate results, brand awareness, sample products, face-to-face marketing, philanthropic endeavor

Exclusive Title Sponsor



As the Exclusive Title Sponsor of the 2022 Shakespeare in the Park McKinney, your business receives:

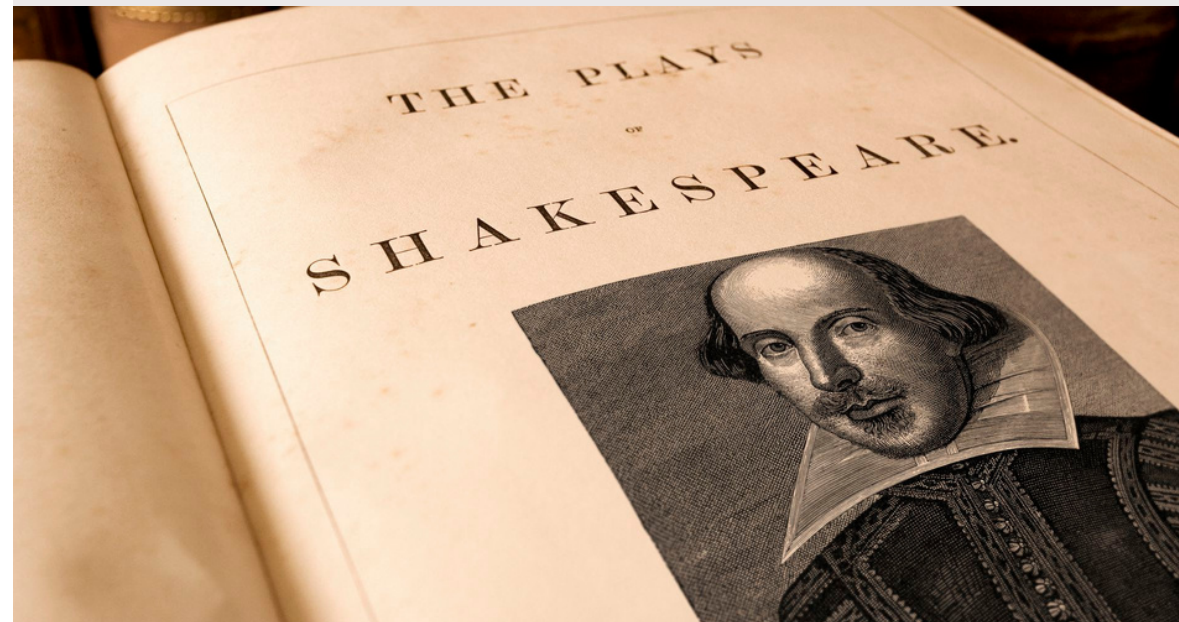
- Your company name appearing prominently with the Shakespeare in the Park McKinney event name.
- Company name inclusion in a minimum of 1500 on-air promotional announcements to air March through May.
- Company name inclusion in a minimum of 1000 online streaming promotional announcements.
- Your logo prominently displayed on printed materials - including posters, flyers, banners and signs.
- Recognition as Title Sponsor on press releases, videos and social media posts. Exclusive sponsorship of the Shakespeare in the Park McKinney webpage main landing page (Ovation Academy website) featuring a 728x90, 300x250 & 320x50 banner ad linked directly to your website or social media.
- Inclusion in two (2) video stream segments prior to the Shakespeare in the Park McKinney event to promote your business, products & services.
- Sponsorship recognition during stage announcements throughout the event.
- Prominent booth space at event to share promotional materials about your business, register people for giveaways, generate leads & sell products/services.
- Industry exclusivity within event.
- Exclusive Title Sponsor will also receive a complimentary table to the Ovation GALA.

**Exclusive Title Sponsorship (Only One Available) =
Net Investment \$8,500**

As the Presenting Sponsor of the
2022 Shakespeare in the Park McKinney,
your business receives:

- Company name inclusion in a minimum of 1500 on-air promotional announcements to air March through May.
- Company name inclusion in a minimum of 1000 online streaming promotional announcements.
- Your logo prominently displayed on printed materials - including posters, flyers, banners and signs.
- Recognition as Title Sponsor on press releases, videos and social media posts. Exclusive sponsorship of the Shakespeare in the Park McKinney webpage main landing page (Ovation Academy website) featuring a 728x90, 300x250 & 320x50 banner ad linked directly to your website or social media.
- Inclusion in one (1) video stream segments prior to the Shakespeare in the Park McKinney event to promote your business, products & services.
- Sponsorship recognition during stage announcements throughout the event.
- Prominent booth space at event to share promotional materials about your business, register people for giveaways, generate leads & sell products/services.
- Industry exclusivity within event.
- Exclusive Title Sponsor will also receive five complimentary tickets to the Ovation GALA.

Presenting Sponsorship (Only Three Available) =
Net Investment \$4,500



09

Presenting Sponsor





SHAKESPEARE'S PLAYS.

**As the Exclusive Auto Sponsor of the
2022 Shakespeare in the Park McKinney,
your business receives:**

- Company name inclusion in a minimum of 1500 on-air promotional announcements to air March through May.
- Company name inclusion in a minimum of 1000 online streaming promotional announcements.
- Your logo prominently displayed on printed materials - including posters, flyers, banners and signs.
- Recognition as Title Sponsor on press releases, videos and social media posts. Exclusive sponsorship of the Shakespeare in the Park McKinney webpage main landing page (Ovation Academy website) featuring a 728x90, 300x250 & 320x50 banner ad linked directly to your website or social media.
- Inclusion in one (1) video stream segments prior to the Shakespeare in the Park McKinney event to promote your business, products & services.
- Sponsorship recognition during stage announcements throughout the event.
- Bring up to 3 vehicles to display on-site at the event.
- Exclusive Title Sponsor will also receive five complimentary tickets to the Ovation GALA

**Exclusive Auto Sponsorship (Only one Available) =
Net Investment \$4,500**

Exclusive
Auto
Sponsor





**As the Exclusive Medical Tent Sponsor of the
2022 Shakespeare in the Park McKinney,
your business receives:**

- Company name inclusion in a minimum of 1500 on-air promotional announcements to air March through May.
- Company name inclusion in a minimum of 1000 online streaming promotional announcements.
- Your logo prominently displayed on printed materials - including posters, flyers, banners and signs.
- Recognition as Title Sponsor on press releases, videos and social media posts. Exclusive sponsorship of the Shakespeare in the Park McKinney webpage main landing page (Ovation Academy website) featuring a 728x90, 300x250 & 320x50 banner ad linked directly to your website or social media.
- Inclusion in one (1) video stream segments prior to the Shakespeare in the Park McKinney event to promote your business, products & services.
- Sponsorship recognition during stage announcements throughout the event.
- Tent Set up for First Aid and basic medical intervention
- Medical Tent Sponsor will also receive five complimentary tickets to the Ovation GALA

**Exclusive Auto Sponsorship (Only one Available) =
Net Investment \$3,000**

Exclusive Medical Tent Sponsor



Shakespeare Stage Sponsor

13



As the Shakespeare Show Sponsor of the 2022 Shakespeare in the Park McKinney, your business receives:

- Your logo prominently displayed on printed materials - including posters, flyers, banners and signs.
- Recognition as Title Sponsor on press releases, videos and social media posts. Exclusive sponsorship of the Shakespeare in the Park McKinney webpage main landing page (Ovation Academy website) featuring a 728x90, 300x250 & 320x50 banner ad linked directly to your website or social media.
- Inclusion in one (1) video stream segments prior to the Shakespeare in the Park McKinney event to promote your business, products & services.
- Sponsorship recognition during stage announcements throughout the event.
- Prominent booth space at event to share promotional materials about your business, register people for giveaways, generate leads & sell products/services.
- Shakespeare Stage Sponsor will also receive five complimentary tickets to the Ovation GALA.

**Shakespeare Stage Sponsorship (Only Five Available) =
Net Investment \$2,500**





Kid Zone Sponsor

As the Kid Zone Sponsor of the
2022 Shakespeare in the Park McKinney,
your business receives:

- Your logo prominently displayed on printed materials - including posters, flyers, banners and signs.
- Recognition as Title Sponsor on press releases, videos and social media posts. Exclusive sponsorship of the Shakespeare in the Park McKinney webpage main landing page (Ovation Academy website) featuring a 728x90, 300x250 & 320x50 banner ad linked directly to your website or social media.
- Inclusion in one (1) video stream segments prior to the Shakespeare in the Park McKinney event to promote your business, products & services.
- Sponsorship recognition during stage announcements throughout the event.
- giveaways, generate leads & sell products/services.
- Kid Zone Sponsor will also receive five complimentary tickets to the Ovation GALA.

Kid Zone Sponsorship (Only Two Available) =
Net Investment \$2,500

SHAKESPEARE in the Park



**As a Booth Sponsor of the
2022 Shakespeare in the Park McKinney,
your business receives:**

- Your logo prominently displayed on printed materials - including posters, flyers, banners and signs.
- 10 x 10 booth space during event to share promotional materials about your business, register people for giveaways, generate leads & sell products/services. All vendors should have a FREE family-oriented game or activity within your space to attract more attendees to your booth.

Booth Sponsorship = \$250 or \$500 for a double booth

Booth
Sponsor



2022 SPONSORSHIP AGREEMENT

Name of Business : _____

selects the following 2022 Shakespeare in the Park McKinney Sponsorship level.

My net investment sponsorship level is:

- Exclusive Title Sponsor \$8,500 1 Available
- Presenting Sponsor \$4,500 3 Available
- Exclusive Auto Sponsor \$4,500 1 Available
- Medical Tent Sponsor \$3,000 1 Available
- Kid Zone Sponsor \$2,500 2 Available
- Shakespeare Show Sponsor \$2,500 5 Available
- Booth (Circle Selection) \$250 (Single Booth) or \$500 (Double Booth)

Agreed for Business:

_____/_____/_____/_____

Signature

Printed Name

Title

Date



214-856-4513

Info@OvationAPA.org

www.OvationAPA.org

404 Power House St. McKinney, TX 75071

I. Our Mission

To provide a home for artists to pursue their passions through professional training in performing arts.

Ovation Academy is a unique School of Performing Arts. We provide onsite training in the disciplines of Dance, Acting, Music and Theatrical Production & Design as well as the business of being a professional artist and the life-skills needed to succeed in the industry. Our students are trained to be highly technical artists with a sense of community and humility. Philanthropy and Community Outreach are central themes at Ovation Academy. Through the talents our students possess we strive to make a difference in our community by giving back and helping those around us. Ovation Academy encourages constant industry immersion. We provide field-trip opportunities in order for our students to grasp all aspects of the world of performing arts. We bring in industry leaders to assist in the high-level training our students receive, providing different styles and perspectives throughout their education. We encourage students to pursue opportunities to audition and work while continuing their arts education with Ovation Academy. Additionally, we provide networking opportunities with talent scouts, managers, agents and directors as well as elite college recruiters. We equip our students to be good-hearted people as well as hard-working professionals and respectable leaders. Ovation Academy was founded to provide a home for performers to pursue their passion for the Arts through professional style training which provides the technique, life-skills, experiences and connections necessary to succeed in the industry. We focus on each individual student and their unique journey. Ovation Academy strives to produce knowledgeable, respectful, empathetic and impactful artists who will contribute to their communities and to the performing arts industry. We provide a safe, positive, inclusive and supportive learning environment for our students and families.

OUR PHILOSOPHY

At Ovation Academy we believe in a “whole-istic” approach to learning. This means that in order to become the best ARTIST a student can be they must also be the best PERSON they can be. We have high expectations for our students in their art and in their personal conduct. Students at Ovation Academy should be passionate, self-motivated, self-disciplined, engaged, humble and supportive at all times. We are not here to babysit students. We are here to guide young artists through their journey into the professional world. The culture at Ovation Academy is vastly different than most traditional schooling experiences. Students are held accountable for their actions and in return are allowed to make choices in regards to their training. We work as a team with the student, parents and staff to ensure a unique and individualized path that is beneficial to the student and their educational and career goals. Good Humans make great artists who make a strong community.

OUR PROGRAMS

Ovation Academy of Performing Arts offers a Conservatory Academy for college and career bound students in grades 6-12, a Homeschool Program for students in grades K-12, Ovation Community Outreach/Ovation Encore programs offer classes, camps and productions for anyone in the community ages 3-Adult, Ovation Educational Outreach is for preschool-12 grade students off-site.

Ovation Academy has a staff of 18 including 3 Administrators, 2 Academic Instructors and 13 Master Arts Instructors. We have a very active parent organization with members who are instrumental in volunteering in a multitude of ways. The Ovation Community Development Committee consists of 21 Community members who volunteer to support our organization without the full commitment level of being a Board Member. Our Executive Board currently has four members and the Community Board currently has three members totaling seven Board Members.

II. Tourism Related Event

We are requesting funds to help promote **Shakespeare in the Park, McKinney** which is scheduled for May 7 & 8, 2022 in Adriatica Village. This 2-day festival will provide an opportunity for artists, vendors and community members to gather in a unique environment to celebrate the talent of local youth and adult performers through classic works of theatre, dance and music. This family friendly event is open to the public and is designed to be a Collaborative Celebration of Culture, Creativity & Community which will in turn raise awareness & support for the students of Ovation Academy of Performing Arts.

Two Youth and Three Adult Theatre companies will perform productions of a Shakespearean classic play. Other artists will line the village with street performances and displays of their work. Local choirs, musicians and performing artists will also present scenes including, stage combat, soliloquies, music and more on the side stages located on the Harry's peninsula and Bella Donna Chapel porch. Artists and businesses may purchase booth space to share/sell their goods and services with the event attendees. By participating in this fun and exciting family focused event businesses are increasing our community presence and supporting a wonderful nonprofit organization in our community.

This initiative will promote tourism in the City of McKinney by showcasing the different performing arts organizations, artists and artistic opportunities here in McKinney. This event will showcase numerous groups from schools, businesses and local community organizations. Ovation Academy is working with the Adriatica Business and Homeowners associations, the McKinney Creative Community as well as a large committee of community supporters to ensure an incredible, well planned and smoothly run celebration! Ticket sales are tiered to include access to different activities. While the event itself will be free, the local restaurants will be including food and drink tickets, shops are offering coupon books and VIP passes to certain areas, kid zone activities and exclusive "swag bag" options will be for sale. There will be a Food Truck Row as well on site with a portion of sales being donated back to the organization.

This event will be promoted throughout the state as well as Oklahoma, Louisiana and Arkansas. The event committee will saturate social media with promotional ads, create posters and banners to display throughout McKinney and DFW as well as utilize radio and television commercial advertising in the DFW, Texoma, Austin, Houston, San Antonio, Oklahoma, Louisiana,

Arkansas markets. We will also have multiple billboards for additional promotion. Lastly, we plan to place ads in numerous publications in each area. There is a circuit of festivals such as Scarborough Fair and Shakespeare Dallas which many artists and vendors from across the nation participate in annually. Our event will be promoted within these inner circles to further expand our reach and draw. We would love for Shakespeare in the Park McKinney to be a staple for those who regularly attend Renaissance and other cultural festivals.

It is our intention for this festival to become an annual event. We anticipate approximately 5000 participants from all over the region for the first year and growing from there! We want to help McKinney become an arts and cultural destination! With this event being held in Adriatica Village we feel that it expands the Cultural Arts distinction to the entire city and not just the downtown area.

III. Marketing and Research

Our marketing plan includes a coordinated approach which includes billboards, radio ads, TV ads, flyers, banners, social media blitzes and in-person booths at events related to performing arts. Our marketing will cover areas in Texas, Oklahoma, Arkansas and Louisiana. It is our hope that with this marketing strategy we will reach patrons of the arts throughout the region.

Projected Marketing Plan

Expense	Amount	Description
Marketing Director(s)	\$2500	Carol Sullivan/Shane Nichol
Social Media	\$4500	6 months @ \$750/mo.
Banners	\$550	1 retractable, 2 vinyl hanging, 2 promo boards
Posters	\$250	300 posters
Radio	\$3,000	iheart radio & Local stations 2 weeks prior to event
Commercial	\$2,500	1-2 week run 2 weeks prior to event
Publications	\$4000	3-5 publications, 3 months prior to event
Mailers	\$1,395	7500 pieces @ \$0.186
TOTAL	18,695	

IV. Metrics to Evaluate Success

We will evaluate the success of our event through the number of attendees and their feedback following the festival. We will hope to see an increase in attendees each year as word spreads about the value of this event. As this event grows we plan to utilize more venues and hotels within our city to accommodate the growing number of attendees.

V. TEXAS HOTEL TAX EXPENDITURE REQUIREMENTS

CRITERIA #1: Every expenditure must DIRECTLY enhance and promote tourism AND the convention and hotel industry.

We will be securing hotel room blocks at 2 local hotels (Holiday Inn Express located at 6601 Henneman Way, McKinney, TX 75070 and THE Grand Hotel located at 114 W Louisiana St, McKinney, TX 75069). These will provide 2 distinctive price points and levels of luxury for travelers to choose from. Approximately 150-200 rooms.

CRITERIA #2: Every expenditure of the hotel occupancy tax must clearly fit into one of nine statutorily provided categories for expenditure of local hotel occupancy tax revenues. The nine categories for expenditure of the hotel occupancy tax are as follows:

- 1) Funding the establishment, improvement, or maintenance of a convention center or visitor information center;
- 2) Paying the administrative costs for facilitating convention registration;
- *3) Paying for advertising, solicitations, and promotions that attract tourists and convention delegates to the city or its vicinity;**
- *4) Expenditures that promote the arts;**
- 5) Funding historical restoration or preservation programs;
- 6) Funding certain expenses, including promotional expenses, directly related to a sporting event within counties with a population of under one million;
- 7) Funding the enhancement or upgrading of existing sports facilities or sports fields for certain municipalities;
- 8) Funding transportation systems for tourists; and
- *9) Signage directing tourists to sights and attractions that are visited frequently by hotel guests in the municipality**

Shakespeare in the Park Committee Heads

Executive Director Ovation – Angi Burns

972-948-5859

Aburns@ovationapa.org

Event Chair – Lisa Hammett

214-725-7650

info@lisahammett.com

Sponsorships – Roy Ponder & David Loomis

Roy / 214-642-9928 / ponderonweather@gmail.com

David / 972-814-5905 / David.Loomis@fiveringsfinancial.com

Grants –

Budget – David Loomis

972-814-5905

David.Loomis@fiveringsfinancial.com

Vendors & Volunteers – Kelly Rudiger & Paula Mattei

Kelly / 858-354-1742 / kelly@kellyrudiger.com

Paula / 972-832-7733 / paula@myteamjewelry.com

Set-up / Tear-down - Roy Ponder

214-642-9928

ponderonweather@gmail.com

Ticket sales – in the works

Social media – Amanda Mink

972-439-8657

amandamariemink@gmail.com

Marketing & Merchandise – Hellene Barillas

469-301-8298

info@personalizedtouch11.com

Entertainment – Vanesa Rhodes

972-754-3319

vanesa@ymail.com

Food trucks – Linda Bonner
214-491-8508
Lbonner5899@gmail.com

Stage Manager – Lisa Custer
214-991-1027
lisamartin76@yahoo.com

Genesis Theatre & Dallas Covenant School – Meg Sullivan
megsullivan@genesistheatre.org

McKinney Repertory Theatre – Marilyn Latham & Teresa Miller
Marilyn – milatham1230@gmail.com
Teresa Miller – maxnursemliller@gmail.com

Young Actor's Guild – Julie McCalpin
214-578-9395
greenpalm@sbcglobal.net
greenpalmtx@gmail.com

Shakespeare in the Park Financial Report

Projected Marketing Plan		
Expense	Amount	Description
Marketing Director(s)	\$2,500	Carol Sullivan/Shane Nichol
Social Media	\$4,500	6 months @ \$750/mo.
Banners	\$550	1 retractable, 2 vinyl hanging, 2 promo boards
Posters	\$250	300 posters
Radio	\$3,000	iheart radio & Local stations 2 weeks prior to event
Commercial	\$2,500	1-2 week run 2 weeks prior to event
Publications	\$4,000	3-5 publications, 3 months prior to event
Mailers	\$1,395	7500 pieces @ \$0.186
TOTAL	\$18,695	

Event Budget

Expense	Amount	Description
Stage/Lighting/Sound	\$7,500	Proformance Systems
Tents/Chairs	\$5,000	Alexander Tent
Fencing	\$2,500	
Trash bins	\$1,000	cardboard (Oktoberfest)
Marketing materials	\$18,695	see above
Security	5,000	
Shuttles	\$2,000	Mudpies & Lullabys
Volunteer/Event Shirts	\$25,000	2000+ shirts
Swag Bags	\$5,000	1000 VIP bags
Permits/fees	\$250	
Stipends	\$7,500	see breakdown
TOTAL	\$79,445	

Projected Sponsorships

Title Sponsor	8,500	1 available
Presenting Sponsor	4500	3 available
Auto Sponsor	\$4,500	1-2 available
Medical Sponsor	\$3,000	1 available
Stage Sponsor	\$2,500	5 available
Kid Zone Sponsor	\$2,500	2 available
Booth Sponsors	200-500	Unlimited available (30 @ \$250 = \$7500)
TOTAL	\$55,000	

Projected Revenue

Ticket Sales	\$90,000	3500 Pre-Sale Tickets: 75% @ approx. \$25
Sponsorships	\$55,000	Sponsor packet included
GALA	\$20,000	approx. 150 seats, \$120/seat or \$1500/table
Silent Auction	\$10,000	Donated items, painting, signed show poster, etc.
Food Truck %	\$25,000	5 trucks, \$5000 per truck (20% of sales)
TOTAL	\$200,000	

Stipend Breakdown	Name	Amount
Stage Manager	Lisa Custer	2500
Production Director	Karen Rhaepour	1000
Event Coordinator	Angi Burns	2500
Technical Crew	Proformance Systems	1500
TOTAL		7500

Actual Marketing Expenses

Expense	Amount
TOTAL	\$0

Actual Event Expenses

Expense	Amount
TOTAL	\$0

Actual Sponsorships

TOTAL	\$0

In-Kind Sponsorships

TOTAL	\$0

Actual Revenue

Ticket Sales	
Sponsorships	
GALA	
Silent Auction	
Food Truck %	
TOTAL	

P&L Totals

Sponsorships	
Revenue	
Grant	
Expenses	
PROFIT	\$0

Budget 2021-22

Staff Pay		Campus Expenses		TOTAL ANNUAL PROFIT/LOSS
				69,925
Annual	Average Monthly	Rent	Monthly	TOTAL ANNUAL REVENUE
258,000.00	21,500	156,000	13,000	561,925
		Utilities		TOTAL ANNUAL EXPENSES
		30,000	2,500	492,000
		Operational		TOTAL MONTHLY EXPENSES
		48000	4000	41,000
		Total		
		234,000	19,500	

***Pre-registration Goal**

Academy	Students	Average Monthly Tuition	# Needed	Annual Revenue
Conservatory		800	40	384,000
Homeschool		210	20	37,800
Elementary		275	15	37,125
				458,925

OCO Productions				
Tickets	Show Tuition	TOTAL	OCO Budget	Total Revenue
32,000	36,000	68,000	40,000	28,000

Additional revenue sources

Grants	Ask	Awarded
	\$100,000	50,000
Fundraisers	Total	
Various		25,000

Ovation Academy of Performing Arts

Balance Sheet As of July 31, 2021

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	\$15,863.59
Accounts Receivable	\$0.00
Other Current Assets	\$1,000.00
Total Current Assets	\$16,863.59
Fixed Assets	\$18,555.26
TOTAL ASSETS	\$35,418.85
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
x1682 ANB LOC	15,963.40
Total Credit Cards	\$15,963.40
Other Current Liabilities	
Valliance LOC	2,300.00
Wilcox Settlement	8,625.00
Total Other Current Liabilities	\$10,925.00
Total Current Liabilities	\$26,888.40
Total Liabilities	\$26,888.40
Equity	
Opening Balance Equity	100.00
Retained Earnings	7,088.34
Net Income	1,342.11
Total Equity	\$8,530.45
TOTAL LIABILITIES AND EQUITY	\$35,418.85

Ovation Academy of Performing Arts

Profit and Loss

August 2020 - July 2021

	TOTAL
Income	
BOD Support	687.00
Donation	64,547.38
Grants Received	41,465.96
Merchandise Income	107.04
Registration & Audition Income	330.00
Sales of Product Income	9,924.23
Service/Fee Income	0.00
Ticket Sales	14,139.64
Tuition and Classes	196,128.66
Uncategorized Income	0.00
Total Income	\$327,329.91
GROSS PROFIT	\$327,329.91
Expenses	
Advertising & Marketing	13,342.64
Bank Charges & Fees	1,061.29
Car & Truck	54.65
Classroom Resources	4,073.50
Contractors	157,952.41
Convention Fees	5,545.00
Equipment Rentals	310.38
Furniture, Office Equipment	10.81
Insurance	3,308.10
Interest Paid	948.73
Job & Show Supplies	4,627.08
Legal & Professional Services	14.06
Meals & Entertainment	342.81
Membership Dues	1,399.50
Merchandise Expense	2,358.65
Merchant Service Fees	4,295.11
Office Supplies & Software	11,315.76
Other Business Expenses	91.09
Payment to loan	11,578.61
Payroll Fees	106.60
Permitting	100.00
Pest Control	198.00
Phone	78.00
Printing and Shipping	35.36
QuickBooks Payments Fees	140.00
Reimbursable Expenses	441.00
Rent for Main Building	48,747.58
Rent for Venues	4,270.20

Ovation Academy of Performing Arts

Profit and Loss

August 2020 - July 2021

	TOTAL
Repairs & Maintenance	4,997.53
Rights and Licenses for Shows	16,671.57
Staff Development	2,009.59
Storage	2,592.81
Technical Support	252.20
Transfer to ANBTX	2,300.00
Unapplied Cash Bill Payment Expense	41.85
Uncategorized Expense	680.49
Utilities	19,696.71
Total Expenses	\$325,989.67
NET OPERATING INCOME	\$1,340.24
Other Income	
Interest earned	1.87
Total Other Income	\$1.87
NET OTHER INCOME	\$1.87
NET INCOME	\$1,342.11

New

My Drive

Computers

Shared with me

Recent

Starred

Trash

Backups

Storage

2 GB of 15 GB used

[UPGRADE STORAGE](#)

Storage

2.1 GB of 15 GB used

[UPGRADE STORAGE](#)

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

DEPARTMENT OF THE TREASURY

Date: JUN 04 2018

OVATION ACADEMY
3100 CROSSRIDGE DRIVE
MCKINNEY, TX 75071-0000

Employer Identification Number:
82-5263677
DLN:
26053538004428
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
July 31
Public Charity Status:
509(a)(2)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
April 9, 2018
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947

OVATION ACADEMY

Sincerely,

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2019

Name of the organization
Ovation Academy

Employer identification number
82-5263677

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Ovation Academy	Employer identification number 82-5263677
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BETTNER FOUNDATION ----- 110 EAST DAVIS STREET NO 200 ----- Mc Kinney TX 75069 -----	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	LOVE LIFE FOUNDATION ----- 290 Adriatic Pkwy ----- Mckinney TX 75072 -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Ovation Academy	Employer identification number 82-5263677
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----

Name of organization Ovation Academy	Employer identification number 82-5263677
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Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization Ovation Academy	Employer identification number 82-5263677
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 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 or 990-EZ).)
- 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)(vii)**. (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 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.)
- 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 in 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)						
Total					0	0

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	0	0	0	0	0	0
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11 Total support. Add lines 7 through 10						0
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	0 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	0 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	0 %

19a 33 1/3% support tests—2019. 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—2018. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
4c	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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
5b	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?		
5c	Substitutions only. 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 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?	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section 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 instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a 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? <i>If "Yes," then in Part VI 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.</i>	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a 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? <i>Provide details in Part VI.</i>	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	

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	0	0
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 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
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 Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035.	6	0	0
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		0
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)

Section D—Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	0
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	0
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	0
4 Amounts paid to acquire exempt-use assets	0
5 Qualified set-aside amounts (prior IRS approval required)	0
6 Other distributions (describe in Part VI). See instructions.	0
7 Total annual distributions. Add lines 1 through 6.	0
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	0
9 Distributable amount for 2019 from Section C, line 6	0
10 Line 8 amount divided by line 9 amount	0

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.		0	
3 Excess distributions carryover, if any, to 2019			
a From 2014	0		
b From 2015	0		
c From 2016	0		
d From 2017	0		
e From 2018			
f Total of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2019 distributable amount			0
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4 Distributions for 2019 from Section D, line 7: \$ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2019 distributable amount			0
c Remainder. Subtract lines 4a and 4b from 4.	0		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.		0	
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			0
7 Excess distributions carryover to 2020. Add lines 3j and 4c.	0		
8 Breakdown of line 7:			
a Excess from 2015	0		
b Excess from 2016	0		
c Excess from 2017	0		
d Excess from 2018	0		
e Excess from 2019	0		

**SCHEDULE E
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Schools

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Ovation Academy

Employer identification number
82-5263677

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	x	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	x	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	x	
THE NONDISCRIMINATORY POLICY HAS BEEN POSTED ONLINE AND ON THE ORGANIZATION'S WEBSITE AND IS STATED IN THE STUDENT AND EMPLOYEE HANDBOOKS		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	x	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	x	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	x	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	x	
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		x
b Admissions policies?		x
c Employment of faculty or administrative staff?		x
d Scholarships or other financial assistance?		x
e Educational policies?		x
f Use of facilities?		x
g Athletic programs?		x
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		x
6a Does the organization receive any financial aid or assistance from a governmental agency?		x
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on either line 6a or line 6b, explain on Part II.		x
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	x	

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization
Ovation Academy

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 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number
82-5263677

PART VI 990 IS REVIEWED BY THE OFFICER SIGNING THE FORM

PART VI, LINE 12(C) CONFLICTS OF INTEREST ARE REVIEWED AND MONITORED BY THE BOARD OF DIRECTORS

PART VI, LINE 15 COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS

PART VI, LINE 19 TO THE EXTENT NOT OTHERWISE PROVIDED IN THE 990, THE ITEMS ARE AVAILABLE UPON REQUEST

PART IX, LINE 24 OTHER EXPENSES

EXPENSE	TOTAL	PROGRAM SERVICES	MANAGEMENT	FUNDRAISING
---------	-------	------------------	------------	-------------

BAD DEBT	1,650	1,650		
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BANK AND MERCHANT SERVICE FEES	4,076		4,076	
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CAR AND TRUCK	463	463		
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CONTRACT LABOR	95,170	95,170		
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CONVENTION FEES	9,616	9,616		
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DUES AND SUBSCRIPTIONS	396	396		
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EQUIPMENT RENTALS	4,424	4,424		
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Name of the organization Ovation Academy	Employer identification number 82-5263677		
---	--	--	--

JOB SUPPLIES	8,580	8,580	
MEALS AND ENTERTAINMENT	222		222
PERMITS AND LICENSING	5,188	5,188	
PRINTING AND SHIPPING	1,918	1,857	61
REPAIRS AND MAINTENANCE	23,875	23,875	
UTILITIES	15,701	15,701	
TOTAL:	171,279	166,920	4,359

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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: Ovation Academy; Employer identification number: 82-5263677

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

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

Form for Part II with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes and a table for 'Held at the End of the Tax Year' with rows 2a-2d.

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.

Form for Part III with questions (1a, 1b, 2) regarding collections of art and historical treasures, including revenue and asset reporting requirements.

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 |
|--|--------|
| c Beginning balance | 0 |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | 0 |
- 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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0	0	0	0	0

- 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 |
|------------------------------------|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? **3b**
- 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
1a Land				0
b Buildings				0
c Leasehold improvements	3,162			3,162
d Equipment	976			976
e Other				0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,138

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	0	
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	0	

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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	0	

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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	0

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	
	(2)	
	(3)	
	(4)	
	(5)	
	(6)	
	(7)	
	(8)	
	(9)	
	Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	0

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.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c . <i>(This must equal Form 990, Part I, line 12.)</i>		5	0

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.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c . <i>(This must equal Form 990, Part I, line 18.)</i>		5	0

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.

Part XIII Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 08/01, 20 19, and ending 07/31, 20 20	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Ovation Academy Doing business as
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 804 W LOUISIANA ST
	City or town, state or province, country, and ZIP or foreign postal code Mc Kinney, TX, 75069
	F Name and address of principal officer: ANGI BURNS 804 W LOUISIANA ST, Mc Kinney, TX, 75069
D Employer identification number 82-5263677	
E Telephone number (469)669-3082	
G Gross receipts \$ 334,703	
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions)	
H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ OVATIONAPA.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 2018 M State of legal domicile: TX

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE STUDIO PROVIDES A PLACE FOR PERFORMERS TO PURSUE THEIR PASSION OF THE ARTS THROUGH PROFESSIONAL STYLE TRAINING IN TECHNIQUE, LIFE-SKILLS, EXPERIENCES, AND THE CONNECTIONS NECESSARY TO SUCCEED IN THE ARTS INDUSTRY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	20
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 42,102	Current Year 153,207
	9 Program service revenue (Part VIII, line 2g)	206,808	181,496
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	248,910	334,703
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		22,998
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 6,281		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	238,801	274,877
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	238,801	297,875	
19 Revenue less expenses. Subtract line 18 from line 12	10,109	36,828	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 17,665	End of Year 45,178
	21 Total liabilities (Part X, line 26)	100	0
	22 Net assets or fund balances. Subtract line 21 from line 20	17,565	45,178

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
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name WALTER STOCK	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01423374
	Firm's name ▶ STOCK AND COMPANY	Firm's EIN ▶ 84-4599261		Phone no. (214)550-2862	
	Firm's address ▶ 14675 N Dallas Pkwy Ste 575 Dallas TX 75254				

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2019)

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:

OVATION ACADEMY WAS FOUNDED TO PROVIDE A HOME FOR PERFORMERS TO PURSUE THEIR PASSION OF THE ARTS THROUGH PROFESSIONAL STYLE TRAINING WHICH PROVIDES THE TECHNIQUE, LIFE-SKILLS, EXPERIENCES, AND CONNECTIONS NECESSARY TO SUCCEED IN THE INDUSTRY. OVATION ACADEMY STRIVES TO PRODUCE KNOWLEDGABLE, RESPECTFUL, EMPATHETIC, AND IMPACTFUL ARTISTS WHO WILL POSITIVELY CONTRIBUTE TO THEIR COMMUNITIES AND THE PERFORMING ARTS INDUSTRY.

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 \$ 259,851 including grants of \$ _____) (Revenue \$ 181,496)
ARTS EDUCATION INCLUDING DANCE, THEATRE, AND MUSIC WHILE COMPLETING A HIGH SCHOOL CURRICULUM.

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

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

4e Total program service expenses ▶ 259,851

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)? <i>If "Yes," complete Schedule A</i>	1 <input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2 <input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3 <input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>	6 <input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7 <input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9 <input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VI</i>	11a <input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b <input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c <input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d <input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e <input type="checkbox"/>	<input checked="" type="checkbox"/>
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f <input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a <input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b <input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13 <input checked="" type="checkbox"/>	<input type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a <input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b <input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	17 <input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 <input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19 <input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a <input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b <input type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 <input type="checkbox"/>	<input checked="" type="checkbox"/>

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? <i>If "Yes," complete Schedule I, Parts I and III</i>		x
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? <i>If "Yes," complete Schedule J</i>		x
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		x
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		x
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?		x
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		x
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		x
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? <i>If "Yes," complete Schedule L, Part I</i>		x
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? <i>If "Yes," complete Schedule L, Part II</i>		x
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? <i>If "Yes," complete Schedule L, Part III</i>		x
28 Was the organization a party to a business transaction with one of the following parties (see 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? <i>If "Yes," complete Schedule L, Part IV</i>		x
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		x
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		x
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		x
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		x
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		x
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		x
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? <i>If "Yes," complete Schedule R, Part I</i>		x
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		x
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		x
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		x
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		x
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? <i>If "Yes," complete Schedule R, Part VI</i>		x
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.		x

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 in 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?	x	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 3 main columns: Question, Yes, No. Rows include 2a-2b, 3a-3b, 4a-4a, 5a-5c, 6a-6b, 7 Organizations that may receive deductible contributions under section 170(c), 8 Sponsoring organizations maintaining donor advised funds, 9 Sponsoring organizations maintaining donor advised funds, 10 Section 501(c)(7) organizations, 11 Section 501(c)(12) organizations, 12a Section 4947(a)(1) non-exempt charitable trusts, 13 Section 501(c)(29) qualified nonprofit health insurance issuers, 14a-14b, 15, and 16.

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 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 and/or Box 7 of Form 1099-MISC) 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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(1) ANGI BURNS PRESIDENT & EXECUTIVE DIRECTOR	40	X		X			0	22,998	0	
(2) WENDY MCINTYRE VICE PRESIDENT	3	X		X			0	0	0	
(3) ANGELA CRONE PMP TREASURER	1	X		X			0	0	0	
(4) ANA GONZALEZ DIRECTOR	1	X					0	0	0	
(5) AMY LACEY DIRECTOR	1	X					0	0	0	
(6) DR. AARON ADAIR DIRECTOR	1	X					0	0	0	
(7) LACEY COMBS DIRECTOR	1	X					0	0	0	
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal							0	22,998	0	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							0	22,998	0	

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
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		x
4 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>		x
5 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>		x

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

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	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	153,207				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f ▶		153,207				
Program Service Revenue	2a	TUITION & FEES	Business Code	181,496	181,496			
	b	-----						
	c	-----						
	d	-----						
	e	-----						
	f	All other program service revenue . . .						
	g	Total. Add lines 2a-2f ▶		181,496				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶						
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶						
	6a	Gross rents	(i) Real	(ii) Personal				
			6a					
			6b					
	c	Rental income or (loss)	0	0				
	d	Net rental income or (loss) ▶		0				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			7a					
			7b					
	c	Gain or (loss)	0	0				
	d	Net gain or (loss) ▶						
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	c	Net income or (loss) from fundraising events . . ▶		0				
	9a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities . . . ▶		0					
10a	Gross sales of inventory, less returns and allowances							
		10a						
		10b						
c	Net income or (loss) from sales of inventory . . . ▶		0					
Miscellaneous Revenue	11a	-----	Business Code					
	b	-----						
	c	-----						
	d	All other revenue						
	e	Total. Add lines 11a-11d ▶		0				
12	Total revenue. See instructions ▶		334,703	181,496	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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	22,998	5,749	17,249	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	1,162		1,162	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	12,481	6,200		6,281
13 Office expenses	9,677	8,709	968	
14 Information technology				
15 Royalties				
16 Occupancy	76,680	69,012	7,668	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	228	228		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	0			
23 Insurance	3,370	3,033	337	
24 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.)				
a SCHEDULE O	171,279	166,920	4,359	
b				
c				
d				
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	297,875	259,851	31,743	6,281
26 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) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	5,654	1	12,051
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	10,222	4	28,989
	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		5	
	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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,138		
	b Less: accumulated depreciation	10b 0	1,789	10c 4,138
	11 Investments—publicly traded securities		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 Total assets. Add lines 1 through 15 (must equal line 33)		17,665	16	45,178
Liabilities	17 Accounts payable and accrued expenses	100	17	0
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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		25	
	26 Total liabilities. Add lines 17 through 25		100	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	17,565	29	45,178
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	0
32 Total net assets or fund balances	17,565	32	45,178	
33 Total liabilities and net assets/fund balances	17,665	33	45,178	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	334,703
2	Total expenses (must equal Part IX, column (A), line 25)	2	297,875
3	Revenue less expenses. Subtract line 2 from line 1	3	36,828
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,565
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-9,215
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	45,178

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	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		x
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		x
c	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.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		x
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		

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning 08/01, 2019, and ending 07/31, 20 20

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

2019

Name of exempt organization

OVATION ACADEMY

Employer identification number

82-5263677

Name and title of officer

ANGI BURNS

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>334,702</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize STOCK AND COMPANY to enter my PIN

6	3	6	7	7
---	---	---	---	---

 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

Date 06 / 14 / 2021

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

7	5	2	4	8	0	4	5	2	8	2
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date 06 / 14 / 2021

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Future Developments

For the latest information about developments related to Form 8879-EO and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form8879EO.

Purpose of Form

An organization officer and an electronic return originator (ERO) use Form 8879-EO when the organization officer wants to use a personal identification number (PIN) to electronically sign an organization's electronic return and, if applicable, authorize an electronic funds withdrawal. In the case of Form 990-PF, Form 1120-POL, and Form 8868 with payment, Form 8879-EO is used to authorize an electronic funds withdrawal. An organization officer who does not use Form 8879-EO must use Form 8453-EO, Exempt Organization Declaration and Signature for Electronic Filing. For more information, see the instructions for Form 8453-EO.

The ERO must retain Form 8879-EO. Do not send this form to the IRS.

ERO Responsibilities

The ERO will:

- Enter the name and employer identification number of the organization at the top of the form;
- Complete Part I by checking the box for the type of return being filed and using the amount, if any, from the organization's 2019 return;
- Enter on the authorization line in Part II the ERO firm name (not the name of the individual preparing the return) if the ERO is authorized to enter the officer's PIN;
- Give the officer Form 8879-EO for completion and review. The acceptable delivery methods include hand delivery, U.S. mail, private delivery service, email, Internet website, and fax; and
- Complete Part III by entering the ERO's EFIN/PIN and include a signature and date.



Form 8879-EO must be completed and signed before submission of the electronic return.

Officer's Responsibilities

The officer of an organization has the following responsibilities.

- Verify the accuracy of the organization's prepared return.
- Verify the type of return being filed in Part I.
- Check the appropriate box in Part II to either authorize the ERO to enter the officer's PIN or to choose to enter it in person.
- Indicate or verify his or her self-selected PIN when authorizing the ERO to enter it (the PIN must be five numbers other than all zeros).
- Sign and date Form 8879-EO.
- Return the completed Form 8879-EO to the ERO. The acceptable delivery methods include hand delivery, U.S. mail, private delivery service, email, Internet website, and fax.

Important Notes for EROs

- Do not send Form 8879-EO to the IRS unless requested to do so. Retain the completed Form 8879-EO for 3 years from the return due date or the date the IRS received the return, whichever is later. Form 8879-EO can be retained electronically in accordance with the recordkeeping guidelines in Rev. Proc. 97-22, which is on page 9 of Internal Revenue Bulletin 1997-13 at www.irs.gov/pub/irs-irbs/irb97-13.pdf.
- Enter the organization officer's PIN on the input screen only if the organization officer has authorized you to do so.
- Provide the officer with a copy of the signed Form 8879-EO upon request.
- Provide the officer with a corrected copy of the Form 8879-EO if changes are made to the return (for example, based on the officer's review).
- See Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Paperwork Reduction Act Notice.

We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990, Form 990-EZ, and Form 990-PF, are covered in Code section 6104. All other tax returns (Form 1120-POL) and return information are generally confidential, as required by Internal Revenue Code section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

Recordkeeping 3 hr., 49 min.

Learning about the law or the form 18 min.

Preparing the form 22 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can send us comments from www.irs.gov/FormComments. Or you can also send your comments to the Internal Revenue Service, Tax Forms and Publications Division, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224.

Do not send the form to this address. Instead, keep it for your records.

TITLE	2019 990 SIGNATURE NEEDED
FILE NAME	Ovation_Academy_2019 (3).pdf and 1 other
DOCUMENT ID	74532252e78e77fcd2d78382f676668309eb63bb
AUDIT TRAIL DATE FORMAT	MM / DD / YYYY
STATUS	● Completed

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