

Promotional and Community Event Grant Application

Step 1

Important Information

- **Form Function Note:** In order to go back from a page in the form to a previous page, all required fields on the page must be populated.
- Please read the McKinney Community Development Corporation [Grant Guidelines](#) before completing this application.
- The Grant Guidelines are available on this website. They can also be obtained by calling 214-544-0296 or [emailing Cindy Schneible](#).
- **Please call to discuss your plans for submitting an application in advance of completing this form.**
- A completed application and all supporting documents are required to be submitted via email or on a thumb drive for consideration by the MCDC board. Please submit the application to:

McKinney Community Development Corporation
5900 South Lake Forest Blvd, Suite 110
McKinney, TX 75070

- If you are interested in a preliminary Board of Directors review of your project proposal or idea, please complete and submit the [Letter of Inquiry](#) form which is available on this website, by calling 214-544-0296 or by [emailing Cindy Schneible](#).
- **Applications must be completed in full, using this form electronically (or physically with the requested thumb drive by mail), and received by MCDC by 5 p.m. on the application deadline indicated on the [Grants page](#) of this website.**

Organization Information

Name	Ovation Academy
Federal Tax ID Number	825263677
Incorporation Date	4/9/2018
Mailing Address	404 Power House St.
City	McKinney
State	TX
Zip Code	75071

Phone Number	2148564513
Fax Number	NA
Email Address	aburns@ovationapa.org
Website	www.ovationapa.org
Organization Type	Nonprofit - 501(c) (Attach a copy of IRS Determination Letter)
IRS Determination Letter	501c3 letter.pdf
Professional Affiliations and Organizations to Which Your Organization Belongs	International Thespian Society Texas Thespians Educators of Theatre Association Dallas Dance Council McKinney Chamber of Commerce

Representative & Contact Information

Representative Completing Application:

Name	Angi Burns
Title	Executive Director
Mailing Address	804. Louisiana St.
City	McKinney
State	TX
Zip Code	75069
Phone Number	9729485859
Fax Number	<i>Field not completed.</i>
Email Address	aburns@ovationapa.org

(Section Break)

Contact for Communications Between MDCD and Organization:

Name	Angi Burns
Title	Executive Director

Mailing Address	804, W Louisiana
City	McKinney
State	TX
Zip Code	75069
Phone Number	9729485859
Fax Number	<i>Field not completed.</i>
Email Address	aburns@ovationapaorg

Project Information

Funding - Total Amount Requested	11,500
Are matching funds available?	No
Will funding be requested from any other City of McKinney entity (e.g. McKinney Convention and Visitors Bureau, Arts Commission, City of McKinney Community Support Grant)?	Yes
Describe funding requested from other City of McKinney entities.	<i>Field not completed.</i>
Promotional / Community Event Start and Completion Dates	3/14/2021 - 8/31/2021
Board of Directors	<i>Field not completed.</i>
Leadership Staff	Angi Burns - Executive & Academy Director Amy Lacey - Dean of Students & Office Manager Finn Hardge - Office Assistant
Board of Directors Attachment	Ovation Board (9).pdf

Leadership Staff
Attachment

Field not completed.

Narrative

Using the outline below, provide a written narrative no longer than seven pages in length:

1: Applying Organization

- Describe the mission, strategic goals and objectives, scope of services, day-to-day operations and number of paid staff and volunteers.
- Disclose and summarize any significant, planned organizational changes and describe their potential impact on the Promotion / Community Event for which funds are requested.

2: Promotion / Community Event

- Outline details of the Promotion / Community Event for which funds are requested. Include information regarding scope, goals, objectives and target audience.
- Describe how this initiative will **showcase McKinney and promote the city for the purpose of business development and/or tourism.**
- Describe how the proposed Promotional / Community Event fulfills the strategic goals and objectives for your organization.
- Provide information regarding planned activities in support of the event, time frame / schedule, estimated attendance and admission / registration fees, if planned. **Please note: if admission / registration fees are charged, they must be limited to \$35 or less; event must be open to the public.**
- Include the venue / location for the proposed event.
- Provide a timeline for the production of the event.
- Detail goals for growth / explanation in future years.
- Attract resident and visitor participation and contribute to business development, tourism and growth of McKinney sales tax revenue.
- Highlight and promote McKinney as a unique destination for residents and visitors alike.
- Demonstrate informed budgeting / financial planning – addressing revenue generation, costs and use of net revenue.

Has a request for funding for this Promotional / Community Event been submitted to MCDC in the past? No

3: Financial

- *Provide an overview of the organization’s financial status including the impact of this grant request on organization mission and goals*
- *Please attach your budget for the current year and audited financial statements for the preceding two years. If audited financials are not available, please indicate why.*

Budget [2020-21 Budget Breakdown - Sheet1 \(6\).pdf](#)

Financial Statements [CCF_000803 \(5\).pdf](#)

Overview of Promotional / Community Event Financial Goal

Gross Revenue 38,000

Projected Expenses 35000

Net Revenue 3000

Budget [Grant budget Shakes_Summer.pdf](#)

What percentage of Project / Promotional / Community Event funding will be provided by the applicant? 70%

Are matching funds available? No

Other Funding Sources *Field not completed.*

4: Marketing and Outreach

- *Describe advertising, marketing plans and outreach strategies for this event – and how they are designed to help you achieve current and future goals.*
- *Provide a detailed outline of planned marketing, advertising and outreach activities and the amount budgeted for each.*

5: Metrics to Evaluate Success

- *Outline the metrics that will be used to evaluate success of the proposed Promotional / Community Event. If funding is awarded, a final report will be*
-

required summarizing success in achieving objectives outlined for the event.

Attach Narrative

[CDC Promo Grant Narrative Nov 2020.pdf](#)

Acknowledgements

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

- *The Promotional / Community Event for which financial assistance is sought will be administered by or under the supervision of the applying organization;*
- *All funds awarded will be used exclusively for advertising, marketing and promotion of the Promotional / Community event described in this application.*
- *MCDC will be recognized in all marketing, advertising, outreach and public relations as a funder of the Promotional / Community Event. A logo will be provided by MCDC for inclusion on all advertising, marketing and promotional materials. Specifics for audio messaging will be agreed upon by applicant and MCDC and included in an executed performance agreement.*
- *The organization's officials who have signed the application are authorized by the organization to submit the application.*
- *Applicant will comply with the MCDC Grant Guidelines in executing the Promotional / Community Event for which funds were received.*
- *A final report detailing the success of the Promotional / Community Event, as measured against identified metrics, will be provided to MCDC no later than 30 days following the completion of the Promotional / Community Event.*
- *Grant funding is provided on a reimbursement basis subsequent to submission of a reimbursement request, with copies of invoices and paid receipts for qualified expenses. Up to 20% of the grant awarded may be withheld until the **final report on the Promotional/Community Event is provided to MCDC.***

(Section Break)

Applicant Electronic Signature	Selecting this option indicates your agreement with the above statement.
Chief Executive Officer	Angi Burns
Date	11/21/2020
Representative Completing Application	Angi Burns

Date

11/21/2020

Notes

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

Email not displaying correctly? [View it in your browser.](#)



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, Musical Theatre 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 of 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.

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. Ovation Academy of Performing Arts students are NOT entitled to ANYTHING but quality training and opportunities for success. Egos are not welcome here. Good Humans make great artists who make a strong community.

OUR PROGRAMS

Ovation Academy of Performing Arts offers a Conservatory Academy for students in grades 6-12, a Homeschool Program for students in grades K-12 and After Hours Community Outreach programs for ages 3-Adult.

Project Outline

Ovation Academy will be producing a Shakespeare in the Park event May 14-16 with our production of Romeo & Juliet. We are currently in negotiations with a few venues for this event. This is done through our Conservatory Academy. No additional tuition is charged to participate.

Our Summer Season will consist of **6 productions**; 2 large musicals, 2 small musicals and 2 stage plays along with weekly camps. These will take place at Ovation Academy, MPAC or Church Street Auditorium depending on COVID allowances. If a Covid shutdown arises again we can move some productions virtual. The Summer show titles are pending approval by the Board at our January Board meeting and will be announced by March 1, 2020.

Our Adult Encore productions are free to participate in and are for ages 16+.

Our camps and OCO Junior/Teen productions do have a tuition to participate. This covers the rights, costumes, props, sets and rehearsal materials. The production budget is set based on the tuition paid. 70% of tuition goes directly to the production costs. 30% covers the venue and rights.

Marketing

This event will be promoted throughout the state as well as southern Oklahoma. Ovation will saturate social media with promotional ads, utilize billboards, posters and banners to display throughout McKinney and DFW as well as create radio and potentially, television commercial advertising in the DFW and Texoma markets.

Timeline

All productions will audition and rehearse at Ovation Academy. The performances are as follows:

Romeo & Juliet	May 14-16, 2020
Junior Musical 1	July 8-10
Teen Musical 1	July 15-17
Encore Musical 1	August 5-7
Junior Musical 2	August 12-14
Junior Play 1	July 22-23
Teen Play 1	July 29-31

Production Goals

Our goal is to assist in creating a rich and diverse cultural district within McKinney. Several key factors in establishing such a district are; engaging the youth in the community, providing spaces and opportunities for production and encouraging collaborations. Our project can do each of these. Having a vibrant cultural district in McKinney will attract tourism and grow our local economy.

In addition to the cultural betterment of presenting theatrical productions for the community, youth involved in educational theatre experience tremendous benefits as well.

The arts can open the world of learning to students who have trouble with traditional teaching methods. The arts are intellectual disciplines - requiring complex thinking and problem solving - that offer students the opportunity to construct their own understanding of the world.

- Drawing and painting reinforce motor skills and can also be a way of learning shapes, contrasts, boundaries, spatial relationships, size and other math concepts.
- Music teaches children about rhythm, sound and pitch. Beats can help children learn rhymes and other features of reading such as phonological awareness. Using repetitive songs to learn academic facts (like the alphabet song or multiplication tables) can make the learning experience easier and more fun.
- Dance provides children with a social way to learn about sequencing, rhythm and following directions. While developing coordination and motor control, students can also learn counting and directionality, which can enhance reading and writing concepts - such as understanding the difference between similar looking letters (like p/b/d/q) and telling left from right.
- Performing plays is an opportunity for children to immerse themselves in a theme and learn about it in a profound and personal way. Acting out historical or literary figures and events gives students a sense of ownership about what they've learned, allowing them to acquire a deeper appreciation of the subject matter.
- Crafts offer children the opportunity to express themselves in two- and three-dimensional ways. Students can develop vital problem-solving skills without having to rely on areas of expression that may be more challenging.

Below are a few links regarding the benefits to providing Educational and Community Arts/Theatre opportunities.

<https://www.aate.com/benefits-of-theatre-ed>

<http://theatrewashington.org/content/7-reasons-why-theatre-makes-our-lives-better&favtitle=7%20Reasons%20Why%20Theatre%20Makes%20Our%20Lives%20Better>

<https://speakartloud.wordpress.com/2010/05/21/25-ways-art-impacts-the-community/>

Marketing Budgets

Includes; posters, banners, t-shirts and social media

Romeo & Juliet- \$5000

Teen OCO- \$2500

Junior OCO- \$2500

OCO Encore- \$1500

Total: \$11,500

Ticket Prices

Romeo & Juliet- \$15-\$20 (100 seats, 4 performances)

Summer Musicals- \$12-\$15 (50-150 seats, 4 performances)

Summer plays (50 seats, 2 performances)

Ovation Academy Board of Directors

Angi Burns M.Ed

Executive Director- Board President
804 W. Louisiana St.
McKinney, TX 75069
972-948-5859
aburns@ovationapa.org

Wendy McIntyre

Vice President
1578 Mahogany Drive
Allen, Texas 75002
214.980.5955
mcintyre_wendy@yahoo.com

Angela Crone PMP

Treasurer
1551 Sandlewood Dr.
Allen, TX 75002
214-557-4281
crone.angela@gmail.com

Ana Gonzalez

Head of Marketing & Publicity
709 Ashcrest Ct.
Allen, TX 75002
972-672-7716
ana@allenfairviewchamber.com

Amy Lacey

Member at Large
116 Birdbrook Dr.
Anna, TX 75409
832-248-2691
amy.lacey@live.com

Dr. Aaron Adair

Member at Large
612 Fenet St.
McKinney, TX 75079
580-380-7000
aaronadairphd@icloud.com

Lacey Combs

Head of Hospitality & Fundraising
6286 CR 123
McKinney, TX 75071
951-813-8190
laceycombs@sbcglobal.net

Shakespeare - Romeo & Juliet - Budget (Included in Spring 2021) \$2300

Show Title	Performance Dates	Audition Dates	Rehearsal Day/Time	Ages	Venue	Venue Cost	Director	Music Director	Choreographer	Tech. Director	Stipends	Budget	Rights	# Needed	Tuition	PROGRAM BUDGET	TOTAL RIGHTS
ACADEMY																	
Lord of the Flies	Feb. 5 & 6	November 20	ACADEMY	ALL	Ovation	0	Finn	NA	NA	Students	NA	\$500	\$500	NA	NA	24,750	\$6,225
Freckle Face Strawberry (MS)	Feb. 18-20	In Class	ACADEMY	MS Only	Ovation	0	Gypsy	Christina	Taryn	Gypsy	NA	\$500	\$1,575	NA	NA		
Law & Order Fairy Tale Unit	TDB	In Class	ACADEMY	TYA Class	Ovation	0	Emmy	NA	NA	NA	NA	\$250	\$50	NA	NA		
Sideshow (HS)	Mar 18-20	December 18	ACADEMY	HS Only/MS optional	MPAC	\$3,000	Angi	Will Varner	Gypsy	Wendy	\$2,500	\$15,000	\$2,000	NA	NA		
The Mad Ones	Dec. 11-13 PP April 23	September 18	ACADEMY	HS Only	Ovation	0	Angi	Christina	NA	Angi	NA	\$1,500	\$1,800	NA	NA		
Romeo & Juliet	May 14-16	March 19	ACADEMY	ALL	Ovation	0	Emmy	NA	NA	NA	NA	\$2,500	\$300	NA	NA		
Industry Showcase	May 23	NA	ACADEMY	ALL	MPAC	0	Staff	NA	NA	NA	NA	\$2,000	NA	NA	NA		
OCO TEEN																	
Yellow Boat	April 2-4	February 4, 6, & 7	Tues 6-9 & Sat 10-1	12-18	Ovation	0	Lisa	NA	NA	Lisa	\$500	\$2,000	\$493.36	12-20 (9)	\$225	17,000	\$4,418
Came	Jan 28-30	November 28 & 30	Mon, Wed 6-9, Sat 2-5	14-18	MPAC	\$3,000	Kiba	Christina	Gypsy	Caleb	\$2,000	\$10,000	\$2,500	20-30 (22)	\$325		
13	April 30-May 2	February 4, 6, & 7	Thurs 6-9 & Sat 2-5	12-18	Ovation	0	Lisa	Christina	Caitlin/Averly	Lisa	\$2,000	\$5,000	\$1,425	15-25 (15)	\$325		
Pluckie Pie Murder	June 18-20	April 22	Tues 6-9	10-18	Ovation	0	Ash	NA	NA	NA	\$500	\$1,000		12-20 (9)	\$199		
OCO JUNIOR																	
Frozen Jr.	Feb. 11-14	November 28 & 30	Tues 6-8 & Sat 10-2	5-14	MPAC	\$3,000	Kiba	Christina	Kiba	Wendy	\$3,000	\$8,000	\$1,600	20-30 (22)	\$325		
Decendants Jr.	Mar. 26-28	February 4, 6, & 7	Wed 6-9 & Thurs 6-9	7-14	Ovation	\$0	Gypsy	Christina	Caitlin/Averly	Edgar	\$2,500	\$6,000	\$1,600	20-30 (22)	\$325		
Pluckie Pie Murder	June 18-20	April 22	Tues 6-9	10-18	Ovation	0	Ash	NA	NA	NA	\$500	\$1,000		12-20 (9)	\$199		
OCO ENCORE																	
American Idiot	Mar. 26-28	January 17 & 18	Mon, Wed 7-10	16+	Ovation	0	Kiba	TBD	TBD	Kiba	\$1,000	\$3,000	\$1,580	NA	NA		
35mm	Apr. 30-May 2	March 22 & 24	Mon, Wed 7-10	16+	Ovation	0	Kiba	TBD	TBD	Kiba	\$1,000	\$3,000	\$1,939.96	NA	NA		

Summer Budgets Total \$32,380

Show Title	Performance Dates	Audition Dates	Rehearsal Day/Time	Ages	Venue	Venue Cost	Director	Music Director	Choreographer	Tech. Director	Stipends	Budget	Rights	# Needed	Tuition	PROGRAM BUDGET	TOTAL RIGHTS
OCO TEEN																	
Musical 1	July 15-17	TBD	TBD	TBD	TBD	TBD	Angi	TBD	TBD	Lisa	\$1,200	\$3,000	\$2,500.00	15	\$325	14,500	\$10,780
Stage Play 1	July 29-31	TBD	TBD	TBD	TBD	TBD	Angi	TBD	TBD	TBD	\$750	500	\$300	10	\$225		
OCO JUNIOR																	
Musical 1	July 8-10	TBD	TBD	TBD	TBD	TBD	Lisa	TBD	TBD	TBD	\$1,200	3000	\$2,000	15	\$325		
Musical 2	August 12-14	TBD	TBD	TBD	TBD	TBD	Gypsy	TBD	TBD	TBD	\$1,200	3000	\$2,000	15	\$325		
Stage Play 1	July 22-23	TBD	TBD	TBD	TBD	TBD	Brooke	TBD	TBD	TBD	\$750	500	\$300	10	\$225		
OCO ENCORE																	
Musical 1	August 5-7	TBD	TBD	16+	Ovation	TBD	Kiba	TBD	TBD	TBD	\$1,000	1500	\$2,000	10	0		
											\$7,100						

Application for Automatic Extension of Time To File an Exempt Organization Return

(Rev. January 2019)

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. OVATION ACADEMY OF PERFORMING ARTS	Employer identification number (EIN) or 82-5263677
	Number, street, and room or suite no. If a P.O. box, see instructions. 3100 CROSS RIDGE DR.	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MCKINNEY, TEXAS 75071	

Enter the Return Code for the return that this application is for (file a separate application for each return)

0	1
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► RON ALLEN

Telephone No. ► 214 549 8349 Fax No. ► 972 458 8316

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 6/15, 20 20, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► calendar year 20 ____ or
 ► tax year beginning 8/1, 20 18, and ending 7/31, 20 19.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Return of Organization Exempt From Income Tax

2018

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 08/01/18, 2018, and ending 07/31/19, 20

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

C Name of organization: OVATION ACADEMY OF PERFORMING ARTS
 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:
 MCKINNEY, TX 75069

D Employer identification number: 82-5263677
E Telephone number: 469-669-3082
G Gross receipts \$: 248,910

F Name and address of principal officer: ANGI BURNS
 5604 FRUITWOOD DR. MCKINNEY, TX 75071
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: WWW.OVATIONAPA.ORG
H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association 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 HOME 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	9
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5	Total number of individuals employed in calendar year 2018 (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 38	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,324	42,102
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,540	206,808
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,864	248,910
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,452		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		238,801
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		238,801	
	19 Revenue less expenses. Subtract line 18 from line 12		10,109	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	7,822	17,665
	22	Net assets or fund balances. Subtract line 21 from line 20	366	100
		7456	17,565	

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 if self-employed PTIN: P-01423374
 Firm's name ▶ STOCK & CO. Firm's EIN ▶ 84-4599261
 Firm's address ▶ 9101 LBJ FREEWAY DALLAS, TX 75243 Phone no. 214.696.9269

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

Part III Statement of Program Service Accomplishments

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

- 1 Briefly describe the organization's mission:
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 \$ 222,172 including grants of \$) (Revenue \$ 206,808)
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 in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 222,172

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<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? If "Yes," complete Schedule C, Part I	<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? If "Yes," complete Schedule C, Part II	<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? If "Yes," complete Schedule C, Part III	<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? If "Yes," complete Schedule D, Part I	<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? If "Yes," complete Schedule D, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<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? If "Yes," complete Schedule D, Part IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<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? If "Yes," complete Schedule D, Part VI	<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? If "Yes," complete Schedule D, Part VII	<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? If "Yes," complete Schedule D, Part VIII	<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? If "Yes," complete Schedule D, Part IX	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<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)? If "Yes," complete Schedule D, Part X	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<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? If "Yes," complete Schedule F, Parts I and IV	<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? If "Yes," complete Schedule F, Parts II and IV	<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? If "Yes," complete Schedule F, Parts III and IV	<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? If "Yes," complete Schedule G, Part I (see instructions)	<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? If "Yes," complete Schedule G, Part II	<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? If "Yes," complete Schedule G, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<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?	<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? If "Yes," complete Schedule I, Parts I and II	<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>		✓
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>		✓
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>		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		✓
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		✓
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		✓
25a	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>		✓
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>		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		
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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		✓
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>		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
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>		✓
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>		✓
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>		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
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>		✓
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>		✓
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.	✓	

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?	✓	

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► _____
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►
 ANGI BURNS 5604 FRUITWOOD DR. MCKINNEY, TX 75071

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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	✓		✓				12,601		
(2) WENDY MCINTYRE VICE PRESIDENT	3	✓		✓				0.0		
(3) ANGELA CRONE PMP TREASURER	1	✓		✓				0.0		
(4) MIKE KAMMERDIENER SECRETARY	1	✓		✓				0.0		
(5) AMY LACEY DIRECTOR	1	✓						0.0		
(6) DAPHNE LEBLANC DIRECTOR OF PUBLICITY & PROMOTION	3	✓						0.0		
(7) LACEY COMBS DIRECTOR OF HOSPITALITY & FUNDRAISING	3	✓						0.0		
(8) DANA PALMER ESQ. DIRECTOR	1	✓						0.0		
(9) MELISSA SIMMONS CPA, EA DIRECTOR	1	✓						0.0		
(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 Sub-total							0			
c Total from continuation sheets to Part VII, Section A							12,601			
d Total (add lines 1b and 1c)							12,601			

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 **0.0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
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	42,102				
	g Noncash contributions included in lines 1a-1f: \$		7,500				
	h Total. Add lines 1a-1f ▶			42,102			
Program Service Revenue	Business Code						
	2a TUITION & FEES			206,808	206,808		
	b -----						
	c -----						
	d -----						
	e -----						
	f All other program service revenue .						
	g Total. Add lines 2a-2f ▶						
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				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities. See Part IV, line 19	a					
		b Less: direct expenses	b				
		c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances	a					
		b Less: cost of goods sold	b				
		c Net income or (loss) from sales of inventory . . ▶					
Miscellaneous Revenue			Business Code				
11a -----							
b -----							
c -----							
d All other revenue							
e Total. Add lines 11a-11d ▶							
12 Total revenue. See instructions ▶				248,910	206,808		

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				
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 (non-employees):				
a Management				
b Legal				
c Accounting	188		188	
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	3,452			3,452
13 Office expenses	9,160		9,160	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	370	370		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	22,203	22,203		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	2,167		2,167	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SCHEDULE O	201,261	199,602	1,659	
b -----				
c -----				
d -----				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	238,801	222,175	13,174	3,452
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 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	241,410
2	Total expenses (must equal Part IX, column (A), line 25)	2	238,801
3	Revenue less expenses. Subtract line 2 from line 1	3	10,109
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,456
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	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	17,565

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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 in 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?
- 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 in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		✓
2b		✓
2c		
3a		
3b		✓

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

2018

Open to Public Inspection

Name of the organization OVATION ACADEMY OF PERFORMING ARTS	Employer identification number 82-5263677
---	---

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)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box 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						

Schedule of Contributors

2018

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

Name of the organization OVATION ACADEMY OF THE ARTS	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 (entering "N/A" in column (b) instead of the contributor name and address), 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 OF THE ARTS	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	ROGER WILCOX ----- MCKINNEY, TX ----- -----	\$ 21,809	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	WYLIE, ISD ----- WYLIE, TEXAS ----- -----	\$ 7,500	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization OVATION ACADEMY OF THE ARTS	Employer identification number 82-5263677
---	--

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
2	UIL SET UP ----- ----- -----	\$ 7,500	08/12/2018 -----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

Name of organization OVATION ACADEMY OF THE ARTS	Employer identification number 82-5263677
---	--

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

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

2018

Open to Public Inspection

Name of the organization: OVATION ACADEMY OF PERFORMING ARTS; 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 1-6 for various fund metrics and control questions.

Part II Conservation Easements.

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

Form with multiple sections for conservation easement details, including purpose, acreage, and monitoring expenses.

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 with sections 1a, 1b, and 2 for reporting on art and historical treasures collections.

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 are a 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 programs
 - 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 | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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					

- 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** Temporarily restricted 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				
b Buildings				
c Leasehold improvements				
d Equipment		1,789		1,789
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				1,789

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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 FIN 48 (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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-column boxes (2a-2d, 4a-4b), and numerical line numbers (1, 2e, 3, 4c, 5).

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-column boxes (2a-2d, 4a-4b), and numerical line numbers (1, 2e, 3, 4c, 5).

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.

Series of horizontal dashed lines for providing supplemental information.

Part XIII Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

**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

2018

Open to Public Inspection

Name of the organization
OVATION ACADEMY OF PERFORMING ARTS

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?	1	✓	
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?	2	✓	
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	3	✓	
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?	4a	✓	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	✓	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	✓	
d Copies of all material used by the organization or on its behalf to solicit contributions?	4d	✓	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5 Does the organization discriminate by race in any way with respect to:			
a Students' rights or privileges?	5a		✓
b Admissions policies?	5b		✓
c Employment of faculty or administrative staff?	5c		✓
d Scholarships or other financial assistance?	5d		✓
e Educational policies?	5e		✓
f Use of facilities?	5f		✓
g Athletic programs?	5g		✓
h Other extracurricular activities?	5h		✓
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a Does the organization receive any financial aid or assistance from a governmental agency?	6a	✓	
b Has the organization's right to such aid ever been revoked or suspended?	6b		✓
If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
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	7	✓	

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

ITEM 6(A) : THE ORGANIZATION HAS RECEIVED A DONATION IN KIND TO USE THE FACILITY OF THE WYLIE INDEPENDANT SCHOOL DISTRICT.

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

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ
Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization OVATION ACADEMY OF PERFORMING ARTS	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 1X, LINE 24, OTHER EXPENSES

	TOTAL	PROGRAM SERVICES	MANAGEMENT
BAD DEBT	12,814	12,814	
BANK CHARGES	685		685
CAR & TRUCK	725	725	
CONTRACT LABOR	77,698	77,698	
MEALS & ENTERTAINMENT	74		74
EQUIPMENT RENTAL	875	875	
JOB SUPPLIES	2,253	2,253	
DUES & SUBSCRIPTIONS	900		900
PRINTING & SHIPPING	1,610	1,610	
RENT & STORAGE	73,144	73,144	
REPAIRS & MAINTENANCE	9,676	9,676	
RIGHTS & LICENSES	8,860	8,860	
UTILITIES	11,947	11,947	
TOTAL:	201,261	199,602	1,659

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,