Form 990

Department of the Treasury Internal Revenue Service

For Paperwork Reduction Act Notice, see the separate instructions.

### **Return of Organization Exempt From Income Tax**

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.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

2016 Open to Public Inspection

Form 990 (2016)

For the 2016 calendar year, or tax year beginning and ending D Employer identification number Check if applicable: C Name of organization SWALLOW HILL MUSIC ASSOCIATION Address change Doing business as 84-0781725 Name change Number and street (or P.O. box if mail is not delivered to street address) 71 East Yale Ave Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code CO 80210 5,436,853 G Gross receipts\$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending Chris Frank 71 East Yale Avenue H(b) Are all subordinates included? If "No," attach a list. (see instructions) Denver CO 80210 X 501(c)(3) 501(c) ( 4947(a)(1) or ) (insert no.) 527 Tax-exempt status: www.swallowhillmusic.org Website: H(c) Group exemption number X Corporation Trust Association Other Year of formation: 1979 Part Summarv Briefly describe the organization's mission or most significant activities: Activities & Governance 2 Check this box ▶ 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) 12 4 Number of independent voting members of the governing body (Part VI, line 1b) 12 4 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 100 5 6 Total number of volunteers (estimate if necessary) 148 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 1,500 b Net unrelated business taxable income from Form 990-T, line 34 . 0 **Current Year** 8 Contributions and grants (Part VIII, line 1h) 1,039,518 1,125,386 9 Program service revenue (Part VIII, line 2g) 4,546,874 4,283,797 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3.80 4,598 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 29,309 23,072 5,616,081 5,436,853 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 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 1,765,124 1,991,194 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) 

364,300 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,796,161 3,459,991 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 5,561,285 5,451,185 54,796 19 Revenue less expenses. Subtract line 18 from line 12 -14,332Beginning of Current Year End of Year 2,510,046 2,489,855 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 722,027 716,168 22 Net assets or fund balances. Subtract line 21 from line 20 1,788,019 1,773,687 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. Signature of officer Sign Dale Chris Frank Here Treasurer Type or print name and title Print/Type preparer's name Preparer's signature PTIN Check Paid Ken Roth 09/13/17 self-employed P01389203 Preparer Taylor Roth and Company 20-3746583 Firm's name Firm's EIN **Use Only** 800 Grant St Ste 205 Denver, CO 80203-2944 303-830-8109 May the IRS discuss this return with the preparer shown above? (see instructions) Yes

Form	990 (2016) SWALLOW HILL MUSIC ASSOCIATION 84-0781725	Page 2
9	Statement of Program Service Accomplishments	i ugo z
	Check if Schedule O contains a response or note to any line in this Part III	🔲
1	Briefly describe the organization's mission:	
E	uilding community by connecting people to diverse music traditions on tage and in the classroom	the
	***************************************	• • • • • • •
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 [	X 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 [	X 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.	
	the total expenses, and revenue, if any, for each program service reported.	
3 S S S C n	(Code: )(Expenses \$ 4,591,331 including grants of \$ ) (Revenue \$ 4,311,40 n 2016, Swallow Hill Music saw a 4% increase in overall visits, bringing to total music connections made to 164,000. Swallow Hill hosted more the connections made to 164,000. Swallow Hill hosted more the connections made to 164,000. Swallow Hill hosted more the connection assistance and scholarships to families and individuals in new allow Hill dramatically increased its Outreach programming in local chools and community organizations, more than doubling our music connections made from 6,000 students in 2015 to 14,000 in 2016. Over the ext five years, Swallow Hill is committed to to continuing to expand it utreach music classes and experiences that benefit preschool and school ged youth.	nan oup 00 eed.
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 \$	
_		

**Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X is the organization required to complete Schedule B, Schedule of Contributors (see Instructions)? X 2 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 X 3 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 X 4 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, X 5 ...... 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 X 6 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 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, complete Schedule D, Part III X 8 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 9 X 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 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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundralsing, 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 X 14b 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 X 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 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) X 17 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 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII. line 9a? X If "Yes," complete Schedule G, Part III

20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No.
b	***************************************	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete Schedule J	23		X
24a	***************************************			-
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No." go to line 25a	24a		2
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
•	to defeace any tax, exempt hands?	240		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		_
- Cu		-		70
b	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		2
U	o and a management of the proof in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			_
	If "Yes," complete Schedule L, Part I	25b		2
6	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? If "Yes," complete Schedule L, Part II	26		_2
7	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? If "Yes," complete Schedule L, Part III	27		2
8	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	P 110000 P	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	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? If "Yes," complete Schedule L, Part IV	28c		2
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		×
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			-461
	Don't	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			41
		00		70
3	complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		2
•				9.
4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	33		X
*				-
F-	or IV, and Part V, line 1	34		X
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? If "Yes," complete Schedule R, Part V, line 2	35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	197 Note. All Form 990 filers are required to complete Schedule O.	38	x	

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Page 5

	Check if Schedule O contains a response or note to any line in this	Part V				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	92		Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0	-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors reportable gamino (gambling) winnings to prize winners?			40		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1c		
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	100			
b	If at least one is reported on line 2a, did the organization file all required federal employment	tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst		***********************			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year			3a	X	1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in So		***************************************	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature of	or other authori	ty		100	
	over, a financial account in a foreign country (such as a bank account, securities account, or account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See Instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Fin	nancial Accoun	ts			
	(FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter			5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		***************************************	5c	-07	-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, ar	nd did the	************************		_	
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such co		********************	-		-
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	• • • • • • • • • • • • • • • • • • • •				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and pa	rtly for goods				
	and services provided to the payor?	ay lor goods		7a	X	******
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		*********************	7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for wh	ich it was		-10		
	required to file Form 8282?	ينثنت وسنست		7c	38.183.473.713	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	11	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b	enefit contract	?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene		.,	7f	100	X
9	If the organization received a contribution of qualified intellectual property, did the organization			7g	405	1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the c			7h		
3	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund ma	aintained by th	е			
	sponsoring organization have excess business holdings at any time during the year?			8	~~~~	
)	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a	1925	1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person	on?		9b		000000
)	Section 501(c)(7) organizations. Enter:	1				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:					
a	Gross Income from members or shareholders	11a				
b	Gross Income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	116				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu	of Form 10417		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12ь				
3	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	- 2	
	Note. See the instructions for additional information the organization must report on Schedule	0.	<u> </u>			
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b	beautiful contractors			
C	Enter the amount of reserves on hand	13c	Vere"			
la	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in S			14b		

Denver

DAA

Debbie Linster

financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records:

71 E. Yale Ave

CO 80210

303-777-1003

- 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. (F) Name and Title Average Position Reportable Reportable Estimated hours per (do not check more than one compensation compensation from amount of box, unless person is both an from related other (list any officer and a director/trustee) organizations compensation hours for organization (W-2/1099-MISC) from the individual trustee institutional trustee Officer (W-2/1099-MISC) related organization organizations and related employee below dotted compensated organizations line) (1) Catherine Teutsch ٠. 2.00 Chairman 0.00 X X 0 0 0 (2) Jason Robinson 2.00 0.00 Vice Chairman X X 0 0 0 (3) Chris Frank 2.00 0.00 X X Treasurer 0 0 0 (4) George Lyford 2.00 0.00 Secretary X X 0 0 0 (5) Tracy Zabel 1.00 Director 0.00 X 0 0 0 (6) Saul Rosenthal 1.00 Director 0.00 X 0 0 0 (7) Dave Pinkert 1.00 0.00 Director X 0 0 0 (8) Michael Charney 1.00 Director 0.00 X 0 0 0 (9) Tom Greengard 1.00 0.00 Director X 0 0 0 (10) Brad Sandler 1.00 Director 0.00 X 0 0 0 (11) Reggie Bicha 1.00 0.00 Director 0 0 0 DAA Form 990 (2016)

(A) Name and title	(B) (C) Average Positin hours per (do not checks we box, unless pers (list any officer and a dire					s both r/truste	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	related organizations below dotted ilne)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(iv allow miles)	organization and related organizations	
(12) Greg Reese	1.00										
Director	0.00	х						0	0	0	
(13) Lori Fox Director	1.00	x						0	0	0	
(14) Jim Leonard											
Director	1.00 0.00	х						0	0	0	
(15) Paul Lhevine	40.00		<								
CEO	0.00			х				131,791	0	4,076	
					7						
								8			
1b Sub-total								131,791		4,076	
c Total from continuation shee d Total (add lines 1b and 1c)								131,791		4,076	
2 Total number of individuals (increportable compensation from	cluding but not li	mite	d to	those	e list	led al	bove		100,000 of		
3 Did the organization list any for	rmer officer, dire	ector	, or t	ruste	ee, k	ey ei	nplo	yee, or highest compensate	d .	Yes No	
employee on line 1a? If "Yes,"  For any Individual listed on line organization and related organi individual	1a, is the sum izations greater	of re than	porta \$15	ble 0	com	pens	ation	and other compensation from plete Schedule J for such	om the	3 X	
Individual  5 Did any person listed on line 1a for services rendered to the organization.	ganization? If "Y	ue c es,"	comp	ensa olete	Sch	from	any e J f	unrelated organization or in or such person	dividual	5 X	
1 Complete this table for your five compensation from the organization	e highest compe	ensa	ted in	ndep	end	ent c	ontra	ictors that received more that	an \$100,000 of		
Name and t	(A) Dusiness address		,, i, Gel	.011	J1 U	.5 04	SI IU		and organization's tax year of services	(C) Compensation	
					17						

	2520.	Check	ment of Revo		tains a	response	or note to any line	in this Part VIII	• • • • • • • • • • • • • • • • • • • •	
						4.	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated ca	mpaigns	1a				1616166		012-014
San		Membership o		1b		175,126				
A, A	C	Fundralsing e	vents	1c						
	d	Related organ	nizations	1d						
Sing.	е	Government grants	(contributions)	1e		643,783				
흥님	f	All other contribution								
穀			s not included above	1f		306,477				
<b>E</b> E			ons included in lines 1a			6,465				
9 0	h	Total. Add lin	es 1a–1f				1,125,386			
ng						Busn, Code				
Reve	2a					711300	2,767,957		10	
69	b					711130	1,271,249		mate Mint then	
Program Service Revenue   Contributions, Giffs, Grants   and Other Similar Amounts	C					722210	209,276			011-1-11-1-31
SE	a	Merchan				711300 722210	17,290		- 1,0/2	Maria de la companya della companya della companya della companya de la companya della companya
E	f	Studio	am service reve			711300	16,525 1,500		1 500	in the second
2	-		es 2a-2f				4,283,797		1,500	
	3		come (including				7,203,131			
			lar amounts)				4,598			4,598
	4		nvestment of tax		t bond n		2,000			2,330
1	5									1992
			(i) Real			ersonal				
ı	6a	Gross rents	17	465						
	b	Less: rental exps.	14 228 17		4					
	C	Rental inc. or (loss)	17	465						
	d Net rental income or (loss)				17,465			17,465		
	7a	Gross amount from sales of assets	(I) Securities		(ii)	Other				
		other than inventory				Ton mile				
	b	Less: cost or other								
		basis & sales exps.								
		Gain or (loss)								
			ss)							
9	8a		om fundralsing eve	ints						
enne		(not including \$								
8			reported on line 1c							
Other Rev		See Part IV, line	**********	a						
8			penses	p_						
			(loss) from fund		events					
	92		om gaming activitie							
	l.	See Part IV, kne	19	a						
			penses (loss) from gam		rition					
			inventory, less	ing acu	viues , , , ,					
	100	returns and all								
	h	Less: cost of g		b						
			(loss) from sale	s of inve	entory	•				
ı			cellaneous Revenue	0 01 1111	Jittory	Busn. Code				
	11a	All other		0.5		532000	5,607	5,607		
	b		• • • • • • • • • • • • • • • • • • • •		3. 3. 15.			-,,,,,,		
	C					A 100	Est Latin A		The many common to	
	d		ue						100000000000000000000000000000000000000	V
	е	Total. Add line	- 44- 444			<b>&gt;</b>	5,607			
	12	Total revenue	. See Instruction				5,436,853	4,287,904	1,500	22,063

#### 2 at 1% **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 (A) Total expenses (B) Program service (C) Management and Do not include amounts reported on lines 6b, (D) Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expense expenses Grants and other assistance to domestic organizations and domestic governments, See Part IV, line 21 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 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees ..... 135,867 89,672 27,173 19,022 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 1,650,472 1,089,312 347,917 213,243 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 41,156 59,690 9 11,354 7,180 Payroll taxes 145,165 100,316 27,528 17,321 Fees for services (non-employees): Management Legal 12,760 Accounting 12,760 C Lobbying Professional fundraising services. See Part IV. line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 1,484,560 1,484,520 40 189,877 Advertising and promotion 189,877 90,477 73,108 7,282 Office expenses 10,087 Information technology 317,936 251,963 3,579 14 62,394 Royalties 15 68,482 Occupancy 45,198 14,381 8,903 16 Travel 15,484 17 13,781 1,548 155 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 1,120 1,120 19 16,691 11,016 3,505 2,170 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 104,325 68,855 21,908 22 13,562 Insurance 48,970 10,284 32,320 6,366 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.) Facilities rental 924,500 924,500 Bank and credit card fees 115,223 115,223 Dues and licenses 22,301 22,301 Small instruments 17,307 17,307 e All other expenses 29,978 19,786 6,295 3,897 5,451,185 25 Total functional expenses. Add lines 1 through 24e ... 4,591,331 495,554 364,300 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 ▶ ☐ if following SOP 98-2 (ASC 958-720).

**Balance Sheet** 

Check if Schedule O contains a response or note to any line in this Part X ... (B) Beginning of year End of year Cash—non-interest bearing 649,126 638,279 Savings and temporary cash Investments 714,639 211,664 Pledges and grants receivable, net 174,802 163,982 3 Accounts receivable, net 4 5,305 30,077 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 4,298 8 1,818 Prepaid expenses and deferred charges 31,083 9 33,493 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1,675,458 749,369 b Less: accumulated depreciation 10b 889,522 926,089 10c Investments—publicly traded securities 11 419,486 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 Intangible assets ..... 14 Other assets. See Part IV, line 11 52,091 54,147 15 Total assets. Add lines 1 through 15 (must equal line 34) ..... 2,510,046 2,489,855 16 17 Accounts payable and accrued expenses 107,349 17 143,006 Grants payable 18 18 19 Deferred revenue 259,206 19 239,091 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors. trustees, key employees, highest compensated employees, and disqualified persons. Complete Part If of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 342,613 324,145 23 Unsecured notes and loans payable to unrelated third parties 24 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 12,859 9,926 Total liabilities. Add lines 17 through 25 ..... 722,027 26 716,168 Organizations that follow SFAS 117 (ASC 958), check here Vet Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 1,115,159 27 1,209,738 28 Temporarily restricted net assets 620,769 509,802 28 Permanently restricted net assets 52,091 54,147 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Pald-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 1,788,019 1,773,687 Total liabilities and net assets/fund balances 2,510,046 2,489,855

Form 990 (2016)

	n 990 (2016) SWALLOW HILL MUSIC ASSOCIATION 84-0781725			Pac	ge <b>12</b>
2	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)	1.1	5,4	36,8	353
2	rotal expenses (must equal Part IX, column (A), line 25)	2 1	5,4		
3	Revenue less expenses. Subtract line 2 from line 1	3		14,3	
4	Net assets of fund balances at beginning of year (must equal Part X, line 33, column (A))	1 4 1	1,7		
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	investment expenses	1 7 1			
8	Prior penod 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	1,7	73,6	587
Pŧ	art 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		_		
	Schedule O.				
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	**********	X
	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?		2b	X	.00000000
	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			*********	.00000000
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	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		************	000000000000000000000000000000000000000	00000000
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	•••••••		$\neg$	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			For	n 990	(2016)
					· · -/

### 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.

2016

Open to Public Inspection

Employer identification number

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

2/16/11

# SWALLOW HILL MUSIC ASSOCIATION 84-0781725 Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The	orga	nization is no	t a private foundation beca	use it is: (For lines 1 through 1	2, check or	nly one box.	)	
1		A church, co	nvention of churches, or a	ssociation of churches describe	ed in section	on 170(b)(1	XAVI).	
2				)(A)(ii). (Attach Schedule E (F			N. N. P.	
3				vice organization described in			ii).	
4		A medical re	search organization opera	ted in conjunction with a hospit	al describe	d in section	170(bV1VAViii) Enter the I	nosnital's name
		city, and stat		, , , , , , , , , , , , , , , , , , , ,			· · · · · · · · · · · · · · · · · · ·	iospitai s riaitie,
5				t of a college or university own	ed or opera	ated by a go	vernmental unit described in	
	_		(b)(1)(A)(iv). (Complete Pa		ou or opore	accu by a go		
6				governmental unit described in	section 1	70/6V1VAV	(v)	
7		An organizat	ion that normally receives	a substantial part of its support	from a go	vernmental	(v).	
	LI	described in	section 170(b)(1)(A)(vi). (	Complete Part II.)	i iloiti a go	vermmentar	unit or from the general publi	C
8				170(b)(1)(A)(vi). (Complete P	art II.)			
9	П	An agricultur	al research organization de	escribed in section 170(b)(1)(/	Wix) opera	ated in contu	inction with a land-grant colle	000
		or university	or a non-land grant college	of agriculture (see instruction	s). Enter th	e name, city	/, and state of the college or	90
		university:					, and date of the conlege of	
10	X	An organizat	ion that normally receives:	(1) more than 33 1/3% of its si	upport from	contribution	ns, membership fees, and or	oss
		receipts from	activities related to its exe	mpt functions—subject to cert	ain excepti	ons, and (2)	no more than 33 1/3% of its	THE PERSON NAMED IN
		support from	gross investment income:	and unrelated business taxable	Income (le	ess section :	511 fax) from husinesses	
4.4	$\Box$			30, 1975. See section 509(a)				
11	Н	An organizati	on organized and operated	exclusively to test for public s	afety. See	section 509	9(a)(4).	
12	Щ	An organizati	on organized and operated	exclusively for the benefit of,	to perform	the function	s of, or to carry out the purpo	oses
		Check the ho	re publicly supported organ x In lines 12a through 12d	izations described in <b>section</b> that describes the type of supp	509(a)(1) o	r section 50	79(a)(2). See section 509(a)	(3).
	а	Type I A	Supporting organization of	nerted curenized as estable	orung orga	anization and	d complete lines 12e, 12f, an	d 12g.
	u	the suppo	orted organization(s) the re	perated, supervised, or control ower to regularly appoint or ele	ed by its s	upported or	ganization(s), typically by givi	ng
		supportin	g organization. You must	complete Part IV, Sections A	or a majori	ly of the dire	ectors or trustees of the	
	b			upervised or controlled in conr		its support	od organization(a) by bards	
	-	control or	management of the support	orting organization vested in the	e same nei	renne that co	ontrol or manage the current	nd
		organizat	ion(s). You must complet	e Part IV, Sections A and C.	c same per	130113 that C	outed of manage the support	eu
	С	Type III f	unctionally integrated. A	supporting organization operation	ted in conn	ection with.	and functionally integrated w	ith
		its suppo	rted organization(s) (see in	structions). You must comple	te Part IV,	Sections A	, D, and E.	
	d	Type III r	on-functionally integrate	d. A supporting organization o	perated in	connection	with its supported organization	on(s)
		that is no	t functionally integrated. Th	ne organization generally must	satisfy a di	istribution re	equirement and an attentiven	ess
		requireme	ent (see instructions). You	must complete Part IV, Secti	ions A and	D, and Par	rt V.	
	е	Check thi	s box if the organization re	celved a written determination	from the IF	RS that it is	a Type I, Type II, Type III	
		Enter the pure	ity integrated, or Type III no	on-functionally integrated supp	orting orga	nization.		
			nber of supported organiza					
400			A SECOND RESIDENCE	the supported organization(s).				
(1)		of supported	(II) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
	orga	211250011		(described on lines 1–10 above (see instructions))		our governing ument?	support (see Instructions)	other support (see
					Yes	No	in and dictions)	instructions)
(A)						1.0		
. ,								
(B)								
,								
(C)						7	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
(-)								
(D)					+			
,,							* * * * * * * * * * * * * * * * * * *	
E					-			IC SHATAGE -
(E)								

**Total** 

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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

supported organization

Schedule A (Form 990 or 990-EZ) 2016

Part III Support Schedu

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.)

Sec	ction A. Public Support			novi, piodoo oo	in proto 1 dit ii.)		
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	872,887	884,032	993,225			
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	3,665,295	3,646,137	4,335,113	1,039,518	1,125,386	4,915,048
3	Gross receipts from activities that are not an unrelated trade or business under section 513	13,200					13,200
4	Tax revenues levied for the organization's benefit and either pald to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	4,551,382	4,530,169	5,328,338	5,593,505	5,413,290	25,416,684
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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						1
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						25,416,684
	tion B. Total Support		*			1	4
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	4,551,382	4,530,169	5,328,338	5,593,505	5,413,290	25,416,684
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	247	32,671	19,441	20,476	22,063	94,898
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				STORES IN	23,003	727030
C	Add lines 10a and 10b	247	32,671	19,441	20,476	22,063	94,898
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	16,952	940	1,950		500	20,342
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		1 km 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		I par province		
13	Total support. (Add lines 9, 10c, 11, and 12.)	4,568,581	4,563,780	5,349,729	5,613,981	5,435,853	25 521 024
14	First five years. If the Form 990 is for the			h. or fifth tax year	as a section 501/c	1/3)	25,531,924
	organization, check this box and stop here						
Sec	tion C. Computation of Public Su	pport Percenta	ge		TES IT		
5	Public support percentage for 2016 (line 8,	column (f) divided b	y line 13, column (	(f))		15	99.55%
6	Public support percentage from 2015 Schei	dule A, Part III, line	15			16	99.62%
Sec	tion D. Computation of Investmer	nt Income Perc	entage				333.00
7	Investment income percentage for 2016 (lin	ie 10c, column (f) di	ivided by line 13, c	olumn (f))		17	%
8	investment income percentage from 2015 S	Schedule A, Part III,	fine 17			18	%
9a	33 1/3% support tests—2016. If the organ	ization did not chec	k the box on line 14	4, and line 15 is m	ore than 33 1/3%,	and line	
ь	17 Is not more than 33 1/3%, check this box	x and stop here. Th	ne organization qua	lifies as a publicly	supported organiz	zation	<b>&gt;</b> X
_	line 18 is not more than 33 1/3%, check this	s box and ston here	a box of fille 14 (	or nino 154, 200 IIN ornalifias as a sub	o to is more than	oo 1/3%, and	
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b, check this box a	and see instruction	S	b

Part IV Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2016

(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

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

	Yes	No
100000000	162	NO
**********	***********	************
1		
2		
	-00000000000000000000000000000000000000	
3a		
30	20010100500000	500000000000000000000000000000000000000
***************************************	0.0000000000000000000000000000000000000	
3b		
		***********
3c		
4a		
4b		***************************************
40	500000000000000000000000000000000000000	*****************
	**********	***********
4c		
5a		
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10a		
40h		
10b		

Schedule A (Form 990 or 990-EZ) 2015

	Supporting Organizations (continued)	1123		Page 5
		1	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		1/1 5
	A family member of a person described in (a) above?	11b	-carr	
Soci	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
3600	ion B. Type I Supporting Organizations	-	ne le mar	100
1	Did the directors triptons as memberable of one recovery	teggeroom	Yes	No
•	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? 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.	2000		
2	Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		6300000000
Sect	ion C. Type II Supporting Organizations		ABAUT.	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			<b>(%</b>
	or management of the supporting organization was vested in the same persons that controlled or managed			
•	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	nice	e innov	J. C
		work	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? If "No," explain in Part VI how			
3	the organization maintained a close and continuous working relationship with the supported organization(s).	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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.			
Secti	on E. Type III Functionally-Integrated Supporting Organizations	3	201 10	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)			
а	The organization satisfied the Activities Test. Complete line 2 below.	onsj.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions)		
	The state of the s	a dolloridy.		
2 A	ctivities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in 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.	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? 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.	2b		************
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
Ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
AA	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 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 Other expenses (see Instructions) 7 Other expenses (see Instructions) 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).		
Instructions. All other Type III non-functionally integrated supporting organizations must complete Section A - Adjusted Net Income  (A) P  1  Net short-term capital gain	ns A through E.	
Section A - Adjusted Net Income  1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Other gross income (see instructions) 3 Depreciation and depletion 5 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 Pother expenses (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4). 8 Section B - Minimum Asset Amount (A) Prior 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 b Average monthly cash balances c Fair market value of other non-exempt-use assets 1 to d Total (add lines 1a, 1b, and 1c) 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. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6)		
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3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 5 Depreciation and depletion 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) 7 Other expenses (see Instructions) 7 Other expenses (see Instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4). 8 Section B - Minimum Asset Amount (A) Production of short tax year or assets held for part of year):  a Average monthly value of securities b Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recoverles of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6)		10,700,100,7
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a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI):  2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035. 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6)		
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4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).  5 Net value of non-exempt-use assets (subtract line 4 from line 3)  6 Multiply line 5 by .035.  7 Recoveries of prior-year distributions  7 Minimum Asset Amount (add line 7 to line 6)		
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6 Multiply line 5 by .035. 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8		
7 Recoveries of prior-year distributions 7  8 Minimum Asset Amount (add line 7 to line 6) 8		
8 Minimum Asset Amount (add line 7 to line 6) 8		
		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A) 1		
2 Enter 85% of line 1. 2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3		
4 Enter greater of line 2 or line 3.		
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).		
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting		

Schedu Pai	lle A (Form 990 or 990-EZ) 2016 SWALLOW HILL MU:  Type III Non-Functionally Integrated 509(a)(		tions (continued)	725 Page 7				
Sect	ion D - Distributions	of capporting organiza	dons (continued)	Current Year				
1	Amounts paid to supported organizations to accomplish exempt pu	Imoses		Current Year				
2	Amounts paid to perform activity that directly furthers exempt purp							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purposes of s	upported organizations						
4	Amounts paid to acquire exempt-use assets	appointed organization of						
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See Instructions.							
7	Total annual distributions. Add lines 1 through 6.		1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1					
8	Distributions to attentive supported organizations to which the organizations	anization is responsive						
	(provide details in Part VI). See Instructions.							
9	Distributable amount for 2016 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount							
	Section E - Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(ili) Distributable Amount for 2016				
1	Distributable amount for 2016 from Section C, line 6							
	Underdistributions, if any, for years prior to 2016							
2	(reasonable cause required-explain in Part VI). See							
	instructions.							
3	Excess distributions carryover, if any, to 2016:							
<u>a</u>								
b								
	From 2013							
d	From 2014							
	From 2015							
	Total of lines 3a through e	, ,						
	Applied to underdistributions of prior years							
	Applied to 2016 distributable amount							
	Carryover from 2011 not applied (see instructions)							
	Remainder, Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2016 from							
_	Section D, line 7: \$							
	Applied to underdistributions of prior years							
	Applied to 2016 distributable amount							
	Remainder. Subtract lines 4a and 4b from 4.							
5								
	any. Subtract lines 3g and 4a from line 2. For result							
_	greater than zero, explain in Part VI. See Instructions.							
6	Remaining underdistributions for 2016. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
-	Part VI. See instructions.							
7	Excess distributions carryover to 2017. Add lines 3j							
-	and 4c.							
8	Breakdown of line 7:							
-	E COMPANIE C							
	Excess from 2013							
	Excess from 2014							
	Excess from 2015							
e	Excess from 2016							

	rm 990 or 990-EZ) 2016	SWALLOW	HILL MUSI	C ASSOCIAT	CION	84-0781725	Page 8
Part VI	B, lines 1 and 2; F	/, Section A, lines Part IV, Section C, , line 1; Part V, Se	1, 2, 3b, 3c, 4t , line 1; Part IV ection B. line 1	b, 4c, 5a, 6, 9a, 9 ', Section D, lines e: Part V. Sectio	9b, 9c, 11a, 11 s 2 and 3; Part n D. lines 5, 6	; Part II, line 17a or 1 b, and 11c; Part IV, S IV, Section E, lines 1 and 8; and Part V, So uctions.)	7b; Part lection
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Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

SWALLOW HILL MUSIC ASSOCIATION

### **Schedule of Contributors**

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OMB No. 1545-0047

2016

Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

84-0781725

Employer identification number

Organization type (check	one):
Filers of:	Section:
Form 990 or 990-EZ	X 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
	Is covered by the <b>General Rule</b> or a <b>Special Rule</b> . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributions.
Special Rules	
regulations under a 13, 16a, or 16b, ar	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support test of the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line and that received from any one contributor, during the year, total contributions of the greater of (1) of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
contributor, during	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
contributor, during contributions totals during the year for General Rule app	the year, contributions exclusively for religious, charitable, etc., purposes, but no such and exclusively religious, charitable, etc., purposes, but no such an \$1,000. If this box is checked, enter here the total contributions that were received an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the lies to this organization because it received nonexclusively religious, charitable, etc., contributions more during the year
990-EZ, or 990-PF), but it	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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 , to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
SWALLOW HILL MUSIC ASSOCIATION

Employer identification number 84-0781725

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	<u>ż</u>	\$ 20,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name address and 7IP + 4	(c) Total contributions	(d) Type of contribution
4	· S	\$ 643,783	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 20,000	Person  Payroli  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

### 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.

OMB No. 1545-0047

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

ime of the org	anization		Employer identification number
SWALL	OW HILL MUSIC ASSOCIATION		84-0781725
Part I	Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" on I	nds or Other Similar Funds Form 990, Part IV, line 6.	or Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
	umber at end of year		
2 Aggreg	gate value of contributions to (during year)		p - u u u u u u u u u u u u u u u u u u
3 Aggreg	gate value of grants from (during year)	La Villa Charles III	J. Nurvey
4 Aggreg	gate value at end of year		
5 Did the	organization inform all donors and donor advisors in writing that	the assets held in donor advised	
funds a	are the organization's property, subject to the organization's excl	usive legal control?	Yes 7
6 Did the	organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used	
only for	r charitable purposes and not for the benefit of the donor or dono	or advisor, or for any other purpose	
conferr	ing impermissible private benefit?		Yes
Part II	Conservation Easements.		
	Complete if the organization answered "Yes" on F		
1 Purpos	e(s) of conservation easements held by the organization (check	all that apply).	
Pre	eservation of land for public use (e.g., recreation or education)	Preservation of a historically	Important land area
Pro	etection of natural habitat	Preservation of a certified his	
Pre	eservation of open space		
2 Comple	ete lines 2a through 2d if the organization held a qualified conser	vation contribution in the form of a co	onservation
easem	ent on the last day of the tax year.		Held at the End of the Tax Y
a Total n	umber of conservation easements		2a
n Total a	creage restricted by conservation easements	,	2h
c Numbe	or of conservation easements on a certified historic structure inclu	uded in (a)	2c
d Numbe	or of conservation easements included in (c) acquired after 8/17/0	06. and not on a	
historic	about the first that the state of the state		2d
	r of conservation easements modified, transferred, released, ext	inquished, or terminated by the orga	
tax yea		and dispersional state of the dispersion of the	medon during the
1 Numbe	r of states where property subject to conservation easement is k	ocated >	
	ne organization have a written policy regarding the periodic monitor		
violation	ns, and enforcement of the conservation easements it holds?		Yes
Staff ar	nd volunteer hours devoted to monitoring, inspecting, handling of	violations, and enforcing conservation	on easements during the year
•	of map sounds, manager and man	Thoragons, and amoraling with an	on easements during the year
7 Amoun	t of expenses incurred in monitoring, inspecting, handling of viola	ations and enforcing consentation of	ecoments during the year
▶\$	the same and the s	addis, and emorally conservation ea	asements during the year
	ach conservation easement reported on line 2(d) above satisfy the	se requirements of section 470/b)/4)	(DVI)
and sec	ction 170/hV4VBVii)2		
	XIII, describe how the organization reports conservation easeme	ate in its sevenue and amount of the	Yes N
balance	e sheet, and include, if applicable, the text of the footnote to the	manization's financial statements th	ent describes the
organiz	ation's accounting for conservation easements.	riganization s infancial statements th	lat describes trie
art III	Organizations Maintaining Collections of Art, I Complete if the organization answered "Yes" on F	Historical Treasures, or Oth	er Similar Assets.
a If the or	ganization elected, as permitted under SFAS 116 (ASC 958), no		and halance cheet
works o	f art, historical treasures, or other similar assets held for public e	whibition advertion as seement !- 5	ind paratice sneet
nuhlic e	ervice, provide, in Part XIII, the text of the footnote to its financia	Ambiguit, equication, or research in t	urunerance or
	canization elected, as permitted under SFAS 116 (ASC 958), to		

works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of

(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

public service, provide the following amounts relating to these items:

Sche	edule D (Form 990) 2016 SWALLOW	HILL MUSIC	ASSOCIATIO	N 84-0	781725		Page 2
	art III Organizations Maintaini	ng Collections of	Art, Historical Tr	reasures, or Othe	er Similar Asse	ts (continue	ed)
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and other records	s, check any of the foll	lowing that are a signi	ficant use of its		
а	Public exhibition	' d □ ı	oan or exchange pro-	orams			790
b	Scholarly research		Other				
C	Preservation for future generations			*******************			
4	Provide a description of the organization's	collections and explain	how they further the d	organization's exempt	numose in Part		
	XIII.				purposs in trait		
5	During the year, did the organization solicit	or receive donations of	f art, historical treasur	es, or other similar			
	assets to be sold to raise funds rather than	to be maintained as p	art of the organization	's collection?		Yes	No
?	ift IV Escrow and Custodial A	rrangements.					
	Complete if the organization 990, Part X, line 21.	on answered "Yes"	on Form 990, Pa	rt IV, line 9, or rep	orted an amour	t on Form	
1a	Is the organization an agent, trustee, custo	dian or other intermedi	ary for contributions of	r other assets not			
	included on Form 990, Part X?  If "Ves " explain the agrangement in Part XI	The state of the s	ary for contributions of	outer assets flot		□ van	□ Ma
b	If "Yes," explain the arrangement in Part XI	Il and complete the foll	owing table		• • • • • • • • • • • • • • • • • • • •	Yes	☐ No
			table.			Amount	
C	Beginning balance				1c	Amount	
ď	Additions during the year			• • • • • • • • • • • • • • • • • • • •	1d		
е	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 custo	odial account liability?		Yes	No
b	If "Yes," explain the arrangement in Part XI	II. Check here if the ex	planation has been pro	ovided on Part XIII	***************************************		HO
Pa	rt V Endowment Funds.					***********	
	Complete if the organization	n answered "Yes"	on Form 990, Par	t IV, line 10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance	52,091	56,313	56,090		(9). 54. 75	
b	Contributions	1,321	260	1,500	54,66	6	-
C	Net investment earnings, gains, and						
	losses	3,953	-1,160	2,902	1,53	6	
d	Grants or scholarships						
е	Other expenditures for facilities and						
	programs	-2,687	-2,772	-2,804			
f	Administrative expenses	-531	-550	-570	-9	2	
g	End of year balance	54,147	52,091	56,313			
2	Provide the estimated percentage of the cu	rrent year end balance	(line 1g, column (a)) h	neld as:			
	Board designated or quasi-endowment	%					
b	Permanent endowment ▶ 100.00 %						
C	Temporarily restricted endowment ▶	%					
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.					
3a	Are there endowment funds not in the poss-	ession of the organizati	on that are held and a	dministered for the			
	organization by:					Ye	s No
	(ii) unrelated organizations					3a(i) 2	
	in rolated organizations					120/1111	х
-	in 100 of the outing are the related organia	ations iisted as require	d on Schedule R?	*******************	•••••	3b	1
4	Describe in Part XIII the intended uses of the	e organization's endow	ment funds.	*******************	******************	[	
20	nt VI Land, Buildings, and Equ	ipment.		. = 1			
	Complete if the organization	n answered "Yes"	on Form 990, Parl	l IV, line 11a. See	Form 990, Part	X. line 10.	
	Description of property	(a) Cost or other bas	sis (b) Cost or oth		ccumulated	(d) Book valu	e
		(investment)	(other)	de	preciation		
	Land		11	5,192		115	,192
b	Buildings		1,23	7,037	559,038		,999
C	Leasehold improvements						
d	Equipment		32	3,229	190,331	132	,898
е	Other						
	Add lines 1a through 1e. (Column (d) must		Column (B) line 10c	1		026	000

Part VII	form 990) 2016 SWALLOW HILL MUSIC A. Investments—Other Securities.	STEEDING TO STATE OF THE STATE	84-0781725	Page 3
	Complete if the organization answered "Yes" or	Form 990, Part IV, li	ne 11h See Form 990 P	art X line 12
	(a) Description of security or category	(b) Book value	(c) Method of	
	(Including name of security)		Cost or end-of-year	
(1) Financial	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)		74		• 12 - 10 - 10
(F)				1
(G)				N
(H)				
Total. (Columi	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶	Maria Area de la compansión de la compan		
Part VIII	Investments—Program Related.			
JAMES S	Complete if the organization answered "Yes" or	Form 990, Part IV, lir	ne 11c. See Form 990, Pa	ort X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of v Cost or end-of-year	aluation:
(1)				
(2)				
(3)				
(4)				
(5)				
(6)			1.01 - 4-45 76	
(7)			addection	0.000
(8)			1 Sallaces	
(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, lir	e 11d. See Form 990, Pa	rt X, line 15.
	(a) Description			(b) Book value
(1)	·			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	"1			
i otal. (Column	(b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on line 25.	Form 990, Part IV, lin	e 11e or 11f. See Form 9	90, Part X,
	(a) Description of liability	(b) Book value		
	ncome taxes			
(2) Copie	r lease	9,926		
(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

9,926

	edule D (Form 990) 2016 SWALLOW HILL MUSIC ASSOCI		84-0781725	Page 4
	Reconciliation of Revenue per Audited Financial St. Complete if the organization answered "Yes" on Form 9	atements With F 990, Part IV, line	Revenue per Return.	
1	Total revenue, gains, and other support per audited financial statements	Towns to the second	1	5,466,164
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			, , , , , , , , ,
a	de la company de	2a		
þ	Donated services and use of facilities	2b	29,311	
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	29,311
3	Subtract line 2e from line 1		3	5,436,853
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		
Þ	Other (Describe in Part XIII.)	4b		
C E	Add lines 4a and 4b  Total revenue Add lines 3 and 4c (This must equal Form 900 Part I line 12)		4c	
annaman.	1 Table 10 This thus equal to the 950, Fart I, line 12.		3	5,436,853
	Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 9	tatements With I 190. Part IV. line 1	Expenses per Returr 2a.	1.
1	Total expenses and losses per audited financial statements		1	5,480,496
2	Amounts Included on line 1 but not on Form 990, Part IX, line 25:	*****************		0,100,150
a		2a	29,311	
b		2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	29,311
3	Subtract line 2e from line 1		3	5,451,185
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	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	)	5	5,451,185
	rt XIII Supplemental Information.			
'rovi	de 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, li	ne
; Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pr	ovide any additional i	nformation.	
• • • •				
• • • •				
••••	······································			
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			· · · · · · · · · · · · · · · · · · ·	

SCHEDULE O (Form 990 or 990-EZ) 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.

2016

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

SWALLOW HILL MUSIC ASSOCIATION

84-0781725

Employer identification number

Form 990 - Organization's Mission or Most Significant Activities
Founded in 1979, Swallow Hill Music is a nonprofit community for musicians
and music lovers who appreciate the ability of music to bring people
together. As a home for individuals and families who want to learn about,
listen to and perform music, Swallow Hill Music enhances Colorado's
cultural vitality and is a model for experiential music schools and
performance spaces across the country. The Organization serves over
164,000 people through its school, outreach programming and concerts
annually. Swallow Hill Music also presents and produces concerts at a wide
range of venues across Denver.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

A draft of the 990 is made available to the entire board prior to filing
the return.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

Swallow Hill Music determines the compensation for our CEO by 1) reviewing

past history, 2) reviewing salary data from Mountain States Employers

Council and the Colorado Nonprofit Association, and 3) through discussion

at both the Finance Committee and Board of Directors. Minutes of the Board

of Directors reflect these practices.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Swallow Hill Music Assocation makes its governing documents, conflict of

interest policy and all monthly and annual financial statements available

000 T		Everent Ore	onization Rusin	000 1	noome T	av Da	4	OMB No. 1545-0	687
Form <b>990-T</b>	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))						2016	6	
	For cale	ndar year 2016 or other tax	year beginning orm 990-T and its instructi		and ending				
Department of the Treasury Internal Revenue Service	Do	not enter SSN number	s on this form as it may be	ons is a made o	vallable at ww Jublic if your o	<i>w.irs.gov.</i> roanizatio	n is a 501(c)(3).	esche berichte Euligikhterensen	
A Check box if address changed		Name of organization	( Check box if name chang				D Employer Iden		STICKSTILL BE
B Exempt under section					Toronto a			t, see instructions.)	
X 501( C)( 3)	Print	SWALLOW H	LLL MUSIC ASS	OCIA	ATION				
408(e) 220(e)	or		sulte no. If a P.O. box, see instruction	ons.			84-07	81725	
408A 530(a)	Туре	71 East Ya	-					ness activity codes	
529(a)			nce, country, and ZIP or foreign po				(See instruction		
C Book value of all assets		Denver		CO	80210		54180	0	
at end of year			er (See Instructions.)						
			X 501(c) corpor	ation	501(c	) trușt	401(a) trust	Other trus	st
H Describe the organization  ▶ Advertisi:			s activity.						
During the tax year, was	s the corp	oration a subsidiary in	n an affiliated group or a p	arent-s	ubsidiary cont	rolled gro	oup?	Yes	X No
If "Yes," enter the name	and iden	tifying number of the	parent corporation.						
I The Land	() D	abbis Times			_ 27		_ 1 90 _ 0	Communication of the Communica	
J The books are in care o		ebbie Linst					phone number >	303-777-	1003
		or Business Inc	come		(A) Incon	ne	(B) Expenses	(C) Net	1
1a Gross receipts or sale									
b Less returns and allow			c Balance	1c					<u> </u>
2 Cost of goods sold (S	chequie A	and the second of		2					
3 Gross profit, Subtract				3					97
4a Capital gain net incom	ne (attach	Schedule D)	71	4a					
b Net gain (loss) (Form 479	r, Part II, III	ne 17) (attach Form 479)	7)	4b					
<ul> <li>Capital loss deduction</li> <li>Income (loss) from partnership</li> </ul>	i ior trusts			4c					
6 Rent Income (Schedu	s and 5 corpo	rations (attach statement)		5				*	
7 Unrelated debt-finance	ed income	(Cabadula E)		7			1 -	STE IN TO	
8 Interest, annuities, royalti	ec and ran	to from controlled among	zations (Schedule F)	8					
9 Investment income of a s	cotion 501/	o)/7) (0) or (47) omenim	ation (Schedule G)	9					
10 Exploited exempt activ	with incom	c)(1), (9), 0) (11) 0)gailiza	ation (Scriedule S)	10					
11 Advertising income (S	chedule I	11		11		1,500			1,500
12 Other income (See ins	structions:	attach schedule)	6034 JH 34	12		1,300			1,500
13 Total. Combine lines			*************************	13		1,500			1,500
			a /See instructions for				ns \ /Eveent fo	r contributions	1,500
deduction	s must	be directly connec	e (See instructions for cted with the unrelated	ed bus	iness incor	ne.)	ins.) (Except it	or Contributions	š,
14 Compensation of offic			hedule K)					14	
15 Salaries and wages								15	
16 Repairs and maintena	ince							6	
17 Bad debts					• • • • • • • • • • • • • • • •			17	N THE
18 Interest (attach sched	ule)	•••••••						18	
19 Taxes and licenses								9	4 -
20 Charitable contributions (	See instruct	tions for limitation rules)	***************************************		• • • • • • • • • • • • • • •			20	
21 Depreciation (attach F	orm 4562	2)			21				1 117
22 Less depreciation clai	med on S	chedule A and elsewi	nere on return	1 1 1 1	222		2	2b	0
23 Depletion								23	
24 Contributions to defen	red compe	ensation plans						24	
25 Employee benefit prog	grams	SATMAT.						25	
Excess exempt expen	ses (Sche	edule I)						26	4 14
zr Excess readership cos	sis (Scried	aule J)						27	m- II
26 Other deductions (atta	ich sched	ule)						28	
es lotal deductions. Ad	d lines 14	through 28						29	
Onrelated business tax	xable inco	me before net operat	ing loss deduction. Subtra	act line	29 from line 1	3	1 :	30 1	1,500
31 Net operating loss dec	fuction (lir	nited to the amount o	n line 30)						L,500
32 Unrelated business ta:	xable inco	me before specific de	eduction. Subtract line 31	from lin	e 30			32	
33 Specific deduction (Get	enerally \$	1,000, but see line 33	instructions for exception	s)				33 1	L, 000
34 Unrelated business t	axable in	come. Subtract line 3	33 from line 32. If line 33 l	s greate	er than line 32	1		11 '= ' =	
enter the smaller of ze	or line	22							

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888. <b>≥K</b> ∴i	Statements Regarding Certain Activities and Other Information (see instructions)			
	At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority		Yes	N-
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country	-		
	here			X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
	If YES, see instructions for other forms the organization may have to file.			
53	Enter the amount of tax-exempt interest received or accrued during the tax year			
	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 be			
Cia.		14	41.4	

Sign the IRS discuss this return the preparer shown below instructions)? Here Treasurer Signature of officer Title Print/Type preparer's name Preparer's signature Check Paid Ken Roth 09/13/17 self-employed P01389203 Preparer Firm's name Taylor Roth and Company 20-3746583 Firm's EIN **Use Only** 800 Grant St Ste 205 Denver, CO 80203-2944 Firm's address 303-830-8109 Form 990-T (2016)

	90-T (2016) SWALL						84-0	781725	Page 3	
Sche	dule A - Cost of Go	ods Sold. Enter	meth	od of invento	ry valuation ▶					
1 li	nventory at beginning of ye	ear 1		6	Inventory at end		/ear		6	
2 F	Purchases	2		7	Cost of goods	solo	1. Subtra	act line 6 from		
3 (	Cost of labor	3		line 5. Enter here and in Part  8 Do the rules of section 263A				E/	7	
	dditional sec. 263A osts (attach schedule)								Yes No	
	Other costs attach schedule)			A. 5-				ed for resale) apply	I GS NO	
5 T	otal. Add lines 1 through	4b 5								
Sche	dule C - Rent Incom	ne (From Real P	roper	ty and Perso	onal Property	v Le	ased	With Real Prope	rtv)	
	Instructions)									
	pilon of property									
1) ]	N/A									
2)										
(3)										
(4)										
	1	2. Rent receive	ed or accn	ued						
(	a) From personal property (if the p	errenlane of rent		(h) Erom real and	personal property (if	the		9/-> Daduation di		
,	for personal property is more tha				r personal property ex			3(a) Deductions directly connected with the Income In columns 2(a) and 2(b) (attach schedule)		
	more than 50%)				based on profit or Inc					
1)										
2)		J. 10								
3)			7,							
4)					9					
Total			Total					0.5		
	al income. Add totals of co	olumne 2(a) and 2(b						(b) Total deductions		
nere an	d on page 1, Part I, line 6,	column (A)	). Enter					Enter here and on page Part I, line 6, column (E		
Sched	dule E – Unrelated D	eht-Financed l	ncom	e (see instruct	ione)			T art i, iiile o, column (c	5)	
	2000	obt i manoca n	100111	c (see msude	10113)	-				
				2. Gross	Income from or				nected with or allocable to ced property	
	1. Description of debt-fin	anced property			to debt-financed		111			
				property (a) S			(a) S	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
1) N	I/A							(diadi so localo)	(attacti scriedure)	
2)	1/									
					The second second					
3) 4)										
	4. Amount of average	E Augenes adverted by	a de			$\dashv$				
	acquisition debt on or	<ol><li>Average adjusted be of or allocable to</li></ol>	35(5		Column		7.6	iross Income reportable	8. Allocable deductions	
	locable to debt-financed operty (attach schedule)	debt-financed proper	ty		divided column 5			column 2 x column 6)	(column 6 x total of columns	
	openy (anadi screddia)	(attach schedule)				_			3(a) and 3(b))	
1)						%			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2)						%				
3)						%				
l)						%				
							Enter	here and on page 1,	Enter here and on page 1,	
							Part I,	line 7, column (A).	Part I, line 7, column (B).	
otals .						▶ [				
-4-9-42	والمراج المراجع والمراجع والمراجع والمراجع والمراجع	49 9 . 9 . 4	-							

Schedule F - Interest, Ann	idities, Royald	es, and iten	Exempt Controlle	ed Organia	zations	(see msuuc	uons)		
Name of controlled     organization lo		Employer entification number     (loss) (see Instructions)		4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross inc.		6. Deductions directly connected with Income in column 5	
(1) N/A									
(2)									
(3)			7 2 2 9 9						
(4)	4 7			*					
Nonexempt Controlled Organiz	ations	<u></u>							
7 Teveble Income		iet unrelated income ss) (see instructions)		payments made		10. Part of column 9 that is included in the controlling organization's gross income		11. Deductions directly connected with income in column 10	
(1)									
(2)									
(3)									
(4)									
Totals Schedule G – Investment I		***********			Enter here as Part I, line 8	s 5 and 10. nd on page 1, , column (A).	Ente	ld columns 8 and 11. er here and on page 1, t I, line 8, column (B).	
Schedule G – Investment I	ncome of a Se	ection 501(c)	(7), (9), or (17) (	Organiza	tion (see i	nstructions)			
1. Description of Income		2. Amount of in	come directi			4. Set-asides attach schedule)		5. Total deductions and set-asides (col. 3 plus col.4)	
(1) N/A									
(2)									
(3)									
(4)									
Totals Schedule I – Exploited Exe	2. Gross	Part I, line 9, col	er Than Advertis	(loss)	me (see in			art I, line 9, column (B).	
Description of exploited activity	unrelated business income from trade or business	connected production unrelate business in	with or business (c 2 mlnus colun d If a gain, con	olumn nn 3). ipute	from activity that is not unrelated business income	ty that attributable stated column 5		expenses (column 6 minus column 5, but not more than column 4).	
1) N/A									
2)						1 1			
3)								L'ELAN EQUI	
4) Fotals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here a page 1, Pa	irt I,					Enter here and on page 1, Part II, line 26.	
Schedule J – Advertising I	ncome (see inst	ructions)						XI	
			Consolidated B	asis					
			4. Advertisi				1985	7. Excess readership	
1. Name of periodical	2. Gross advertising income	3. Direct advertising	gain or (loss)	(col. 3), if oute	5. Circulation income	6. Read cos		costs (column 6 minus column 5, but not more than column 4).	
1) Swallow Hill Newsle	1,50	00							
2)									
3)									
4)									

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.) 4. Advertising gain or (loss) (col. 2 minus col. 3), if 7. Excess readership 2. Gross costs (column 6 3. Direct 5. Circulation 6. Readership advertising 1. Name of periodical minus column 5, but advertising costs income costs Income a gain, compute not more than cols. 5 through 7. column 4). (1) N/A (2) (3) (4) **Totals from Part I** 1,500 Enter here and on Enter here and on Enter here and page 1, Part I, line 11, col. (B). page 1, Part I, on page 1, Part II, line 27. line 11, col. (A). Totals, Part II (lines 1-5) 1,500

Schedule K -	Compensation of	Officers.	Directors.	and Trustees	(see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1) N/A		%	
2)		%	
3)		%	
4)		%	
Total, Enter here and on page 1, Part II, line 14			

Form 990-T (2016)

**Net Operating Loss Carryover Worksheet** 

Form 990-T

For calendar year 2016, or tax year beginning

, ending

2016

Name

### SWALLOW HILL MUSIC ASSOCIATION

Employer Identification Number 84-0781725

		Prior Year	Current Year		
Preceding Taxable Year	Adj. To NOL Inc/(Loss) After Adj.	NOL Utilized (Income Offset)	Carryovers to Current Year	Income Offset By NOL Carryback / Carryover Utilized	Next Year Carryover
19th 12/30/97					
18th 12/30/98					
17th 12/30/99					8
16th 12/31/00					
15th 12/31/01					
14th 12/31/02					
13th 12/31/03					
12th 12/31/04	*//				
12/31/05		842 - 1	4 9		
10th 12/31/06		-			
oth 12/31/07					
Bith 12/31/08					
rth 12/31/09					*
Sth 12/31/10	-2,519	2,519			
ith 12/31/11	-4,557	3,279	1,278	1,278	
th 12/31/12	-12,025		12,025	222	11,80
12/31/13	1,940	-1,940			
2nd 12/31/14	2,950	-2,950			
st 12/31/15	908	-908			
NOL carryover available t	to current year		13,303		1. K.
Current year	1,500	4.40.1		1,500	
NOL carryover available t					
					11,80