## Form **990**

Internal Revenue Service

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.

Open to Public Inspection

OMB No. 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2017 calendar year, or tax year beginning

|                         | . 01 4                   | and en   | aing  |                                       |                               |  |  |  |  |
|-------------------------|--------------------------|--|---|---------------------------------------|-------------------------------|--|--|--|--|
| В                       | Check i<br>applicat      | C Name of organization   |   | D Employer identif                    | ication number                |  |  |  |  |
|                         | Addr<br>chan             | ge SWALLOW HILL MUSIC ASSOCIATION  |   |                                       |                               |  |  |  |  |
| Ļ                       | lchan                    | ge   Doing business as   |   | 84-078                                | 31725                         |  |  |  |  |
| $\vdash$                | Initia                   | Number and street (of P.U. box if mail is not delivered to street address)   | om/suite  | ite E Telephone number                |                               |  |  |  |  |
| L                       | Final<br>retur<br>term   | 71 BAST TALE AVE   |   | 303-777-1003                          |                               |  |  |  |  |
|                         | ated<br>Ame              | City or town, state or province, country, and ZIP or foreign postal code   |   | G Gross receipts \$                   | 5,979,138.                    |  |  |  |  |
| $\vdash$                | —retur<br>☐Appl<br>_tion | C2-  |   | H(a) Is this a group i                |                               |  |  |  |  |
| Ь                       | ⊥ltiòn<br>pend           | F Name and address of principal officer:PAUL LHEVINE SAME AS C ABOVE   |   |                                       | s? Yes X No                   |  |  |  |  |
| _                       |                          |  |   | H(b) Are all subordinates             |                               |  |  |  |  |
|                         | _                        | empt status: X 501(c)(3) 501(c) ( )  | 527   | If "No," attach a                     | a list. (see instructions)    |  |  |  |  |
|                         |                          | te: Www.swallowhillmusic.org   |   | H(c) Group exemption                  |                               |  |  |  |  |
|                         |                          | forganization: X Corporation Trust Association Other Summary   | L Year o  | of formation: 1979                    | M State of legal domicile: CO |  |  |  |  |
| 100                     | 1                        |  |   |                                       |                               |  |  |  |  |
| Se                      | 1                        | Briefly describe the organization's mission or most significant activities: SEE SCHED  | DULE O  | · · · · · · · · · · · · · · · · · · · | <del></del>                   |  |  |  |  |
| Activities & Governance |                          | Charles to the control of the contro |   |                                       | <del> </del>                  |  |  |  |  |
| Ver                     | 2                        | Check this box if the organization discontinued its operations or disposed   | of more   | than 25% of its net a                 | 1                             |  |  |  |  |
| ဇ္ဗ                     | 3                        | Number of voting members of the governing body (Part VI, line 1a)  |   |                                       | 13                            |  |  |  |  |
| ර                       | 4                        | Number of independent voting members of the governing body (Part VI, line 1b)  |   | 4                                     | 13                            |  |  |  |  |
| ij                      | 5                        | Total number of individuals employed in calendar year 2017 (Part V, line 2a)   |   | 5                                     | 95                            |  |  |  |  |
| χį                      | 6                        | Total number of volunteers (estimate if necessary)   |   | 6                                     | 150                           |  |  |  |  |
| Ă                       | 'a                       | Total unrelated business revenue from Part VIII, column (C), line 12   |   |                                       | 0.                            |  |  |  |  |
|                         | <del>  "</del>           | Net unrelated business taxable income from Form 990-T, line 34   |   |                                       | 0.                            |  |  |  |  |
|                         | 8                        | Contributions and grants (Part VIII, line 1h)  |   | Prior Year<br>1,125,386,              | Current Year                  |  |  |  |  |
| Ę                       | 9                        | _  | SACAR TO SERVICE STATE OF THE | 4,283,797.                            | 1,176,750.                    |  |  |  |  |
| Revenue                 | 10                       | Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)   |   | 4,598.                                | 4,696,665.                    |  |  |  |  |
| æ                       | 11                       | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 2322  | 23,072.                               | 13,285.                       |  |  |  |  |
|                         | 12                       | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   |   | 5,436,853.                            | 92,438.<br>5,979,138.         |  |  |  |  |
|                         | 13                       | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   |   | 0.                                    | 3,979,138.                    |  |  |  |  |
|                         | 14                       | Panalita maid to autou manch aux (Part IV anti-use (A) I'm d)  | SHESS   | 0.                                    | 0.                            |  |  |  |  |
| S                       | 15                       | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 2000  | 1,991,194.                            | 2,105,671.                    |  |  |  |  |
| Jse                     |                          | Professional fundraising fees (Part IX, column (A), line 11e)  |   | 0.                                    | 2,103,071.                    |  |  |  |  |
| Expenses                | b                        | Total fundraising expenses (Part IX, column (D), line 25)  |   | 1 W. 5 - W 1 - 5                      | -17401 LES - 151              |  |  |  |  |
| ũ                       |                          | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | 100000000000000000000000000000000000000   | 3,459,991.                            | 3,800,662,                    |  |  |  |  |
|                         | 18                       | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | 1999  | 5,451,185.                            | 5,906,333.                    |  |  |  |  |
|                         | 19                       | Revenue less expenses. Subtract line 18 from line 12   | -   | -14,332,                              | 72,805.                       |  |  |  |  |
| ets or<br>lances        |                          |  |   | inning of Current Year                | End of Year                   |  |  |  |  |
| sets                    | 20                       | Total assets (Part X, line 16)   |   | 2,489,855.                            | 2,594,131.                    |  |  |  |  |
| Net Asse<br>Fund Bal    | 21                       | Total liabilities (Part X, line 26)  | 99.8  | 716,168.                              | 726,274.                      |  |  |  |  |
| 캺                       | 22                       | Net assets or fund balances. Subtract line 21 from line 20   |   | 1,773,687.                            | 1,867,857.                    |  |  |  |  |
|                         | <u>irt II</u>            | Signature Block  |   |                                       |                               |  |  |  |  |
| Unde                    | er pena                  | lties of perjury, I declare that I have examined this return, including accompanying schedules and   | d stateme   | nts, and to the best of m             | y knowledge and belief, it is |  |  |  |  |
| rue,                    | correc                   | t, and complete. Declaration of preparer (other than officer) is based on all information of which   | preparer h  | as any knowledge.                     |                               |  |  |  |  |
|                         |                          | CLIENT COPY  |   |                                       |                               |  |  |  |  |
| Sigr                    | 1                        | Signature of officer   |   | Date                                  |                               |  |  |  |  |
| Here                    | е                        | PAUL LHEVINE, CEO  |   |                                       |                               |  |  |  |  |
|                         |                          | Type or print name and title   |   |                                       |                               |  |  |  |  |
|                         |                          | Print/Type preparer's name Preparer's signature  | Da  | te Check                              | PTIN                          |  |  |  |  |
| Paid                    |                          | DORI J. EGGETT   | 8   | 1/13/2018 self-employe                | P00645252                     |  |  |  |  |
| •                       | arer                     | Firm's name EKS&H LLLP   |   | Firm's EIN ▶                          | 46-1497033                    |  |  |  |  |
| use                     | Only                     | Firm's address 8181 E. TUFTS AVENUE, SUITE 600   |   |                                       |                               |  |  |  |  |
| _                       |                          | DENVER, CO 80237-2579  |   | Phone no.303                          |                               |  |  |  |  |
| May                     | the IF                   | S discuss this return with the preparer shown above? (see instructions)  |   |                                       | X Yes No                      |  |  |  |  |

|               | m 990 (2017) SWALLOW HILL MUSIC ASSOCIATION  | 84-0781725         | Page 2          |
|---------------|--|--------------------|-----------------|
| Pá            | art III Statement of Program Service Accomplishments   |                    |                 |
|               | Check if Schedule O contains a response or note to any line in this Part III   |                    | х               |
| 1             | Briefly describe the organization's mission:   | -                  |                 |
|               | BRINGING THE JOY OF MUSIC TO LIFE EVERY DAY.   |                    |                 |
|               |  |                    |                 |
|               |  |                    |                 |
| _             |  |                    |                 |
| 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 e      | xpenses.        |
|               | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other                         | ers, the total exp | penses, and     |
| 4-            | revenue, if any, for each program service reported.  |                    |                 |
| 4a            | (Code:) (Expenses \$4,985,427. including grants of \$) (Revenion SWALLOW HILL MUSIC EXPERIENCED ANOTHER GREAT YEAR IN 2017 WITH            | ue \$              | 4,769,229.)     |
|               | CONTINUED GROWTH AND EXPANSION OF OUR PROGRAMMING EFFORTS AS OVERALL   |                    |                 |
|               |  |                    |                 |
|               | VISITS ACROSS ALL PROGRAM AREAS INCREASED BY MORE THAN 8%. OUR CONCERTS ATTRACTED NEARLY 84,000 PATRONS AT OUR YALE AVENUE LOCATION AND AT |                    | <u> </u>        |
|               | VENUES THROUGHOUT THE FRONT RANGE. OUR MUSIC SCHOOL HOSTED MORE THAN   |                    |                 |
|               | 1,100 8-WEEK GROUP MUSIC CLASES AND 20,000 PRIVATE LESSONS. THE TWO  |                    |                 |
|               | SATELLITE LOCATIONS IN DENVER'S LOWRY LOCATION AND THE HIGHLANDS   |                    |                 |
|               | NEIGHBORHOOD CONTINUE TO PERFORM WELL BEYOND INITIAL EXPECTATIONS.   |                    |                 |
|               | SWALLOW HILL MUSIC ALSO CONTINUED TO PRIORITIZE PROVIDING UNIQUE MUSIC   |                    |                 |
|               | EXPERIENCES TO UNDERSERVED COMMUNITIES IN 2017. WE GRANTED \$37,000 IN   |                    |                 |
|               | SCHOLARSHIPS (A 9% INCREASE FROM THE PREVIOUS YEAR) PROVIDING ACCESS TO  |                    |                 |
|               | MUSIC EDUCATION FOR LOW-INCOME STUDENTS OF ALL AGES (SEE SCHEDULE O)   | <del></del>        |                 |
| 4b            | (Code:) (Expenses \$ including grants of \$) (Revenue  |                    |                 |
|               | / (Nevent  |                    | <i>'</i>        |
|               |  |                    |                 |
|               |  |                    |                 |
|               |  | <del></del>        | <del></del>     |
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|               |  |                    |                 |
|               |  |                    |                 |
|               |  |                    |                 |
|               |  |                    |                 |
|               |  |                    | ·               |
| 4c            | (Code:) (Expenses \$   | e \$               | )               |
|               |  |                    |                 |
|               |  |                    |                 |
|               |  |                    |                 |
|               |  |                    |                 |
|               |  |                    |                 |
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|               |  |                    |                 |
|               |  |                    | TI .            |
|               |  |                    |                 |
|               |  |                    |                 |
| 4d            | Other program services (Describe in Schedule O.)   |                    |                 |
| _             | (Expenses \$ including grants of \$ ) (Revenue \$  | )                  |                 |
| <del>4e</del> | Total program service expenses ► 4,985,427.  |                    |                 |
|               |  |                    | Earm 990 (2017) |

# Form 990 (2017) SWALLOW HILL MUSIC Part IV Checklist of Required Schedules

|     |   |            | Yes  | No             |
|-----|---|------------|--|----------------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A  |            |  |                |
| 2   | If "Yes," complete Schedule A   | 1 2        | X  | ├-             |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for   | 12         | <del>  ^</del>                                   | -              |
|     | public office? If "Yes," complete Schedule C, Part I  | 3          | l  | x              |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect  | <b> </b>   | <del>                                     </del> | <del>  ^</del> |
|     | during the tax year? If "Yes," complete Schedule C, Part II   | 4          | ľ  | x              |
| 5   | is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or  | <u> </u>   | <del>                                     </del> |                |
|     | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  | 5          |  | x              |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to   |            |  |                |
|     | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6          |  | х              |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,   |            |  |                |
| _   | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7          |  | х              |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete  Schedule D, Part III  Did the organization report on amount in Book V. line Od. (c.       | 8          |  | x              |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for   | ۲          | _  | _              |
|     | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?   |            |  |                |
| 40  | If "Yes," complete Schedule D, Part IV  | 9          |  | х              |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V                    | 10         | x  |                |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X   | A STATE OF | 27.00 c. 50<br>50.00 c. 50                       | 47             |
|     | as applicable.  |            |  |                |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI   | 11a        | х  | -2,0           |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total   | 1 Ia       | <del></del>                                      |                |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b        |  | х              |
| C   | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total  | - 112      |  | _              |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c        |  | х              |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in  |            |  |                |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d        |  | х              |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e        | Х  |                |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses   |            |  |                |
| 40- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f        | Х  |                |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete   |            |  |                |
|     | Schedule D, Parts XI and XII  | 12a        | Х  |                |
| D   | Was the organization included in consolidated, independent audited financial statements for the tax year?   |            |  |                |
| 13  | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 12b        |  | <u> </u>       |
|     | Did the organization maintain an office, employees, or agents outside of the United States?   | 13         |  | X              |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,   | 14a        |  | х              |
| -   | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000  |            |  |                |
|     | or more? If "Yes," complete Schedule F, Parts I and IV  | 14b        | i  | x              |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any   | 140        | $\dashv$   | <del></del> -  |
|     | foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15         | l  | х              |
| 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         | - 1  | x              |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.   |            | $\neg \uparrow$                                  |                |
|     | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  | 17         |  | x              |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  |            |  |                |
|     | 1c and 8a? If "Yes," complete Schedule G, Part II   | 18         |  | х              |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  |            |  |                |
|     | complete Schedule G, Part III   | 19         |  | х              |
|     |   | Form !     | 990 (  | 2017)          |

# Form 990 (2017) SWALLOW HILL MUSIC ASSOCIAT Part IV Checklist of Required Schedules (continued)

|     |   |              | Yes      | No           |
|-----|---|--------------|----------|--------------|
|     | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a          |          | х            |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b          |          |              |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or   |              |          |              |
|     | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21           |          | 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 | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the   |              |          | <del></del>  |
|     | 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          |          | x            |
| þ   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b          |          | <del>-</del> |
|     | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24c          |          |              |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d          |          | $\vdash$     |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit  | 240          |          | $\vdash$     |
|     | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a          |          | x            |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and  | 254          |          | <del></del>  |
|     | 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          |          | x            |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or   | 235          |          |              |
|     | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II                                       | 26           |          | x            |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial  | 20           |          |              |
|     | 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           |          | x            |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV   | 21           | 19.1VP.  | esant du     |
|     | 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          | 7.555    | 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,   | 1            |          |              |
|     | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 28c          |          | x            |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29           |          | х            |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M                  | 30           |          | x            |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations?  |              |          |              |
|     | If "Yes," complete Schedule N, Part I   | 31           |          | х            |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  | 32           |          | x            |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations  | <del>-</del> |          |              |
|     | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33           |          | х            |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  | 34           |          |              |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a          | $\dashv$ | <u>x</u>     |
| 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          |          |              |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  | 002          | $\dashv$ |              |
|     | If "Yes," complete Schedule R, Part V, line 2   | 36           |          | x            |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization  |              |          |              |
|     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37           | 1        | x            |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  |              |          |              |
|     | Note. All Form 990 filers are required to complete Schedule O   | 38           | х        |              |
|     |   |              | 200 "    | 2045         |

# Form 990 (2017) SWALLOW HILL MUSIC ASSOCIATION Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

| Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable   1   |            | Check if Schedule O contains a response or note to any line in this Part V   |       |                         |                  |  |  |  |  |
|---|------------|--|-------|-------------------------|------------------|--|--|--|--|
| be Enter the number of Forms W2G included in line 1a. Enter o-1. In clappicable Oil the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize wirners?  2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return  5 If all east one is reported on line 22, did the organization fille all required federal employment tax returns?  Notel. If the sum of lines 1 and 2 as is greater than 250, you may be required to e-file (see instructions)  5 If all least one is reported on line 22, did the organization for line of the continuation in Schedule O  5 If Yes, has it field a Form 980-17 file this year? If Yes, Yes, Yes, Yes, Yes, Yes, Yes, Yes,  |            |  |       | Yes                     | No               |  |  |  |  |
| c Dick the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) withmaps to prize withmers?  2a Enter the number of employees reported on Form W.3., Transmittal of Waga and Tax Statements.  1b If all least one is reported on line 2a, did the organization file all required federal employment tax returns?  3b If we can be a subject on the case of th    |            | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 11  | 4     |                         |                  |  |  |  |  |
| gambling) winnings to prize winners?  Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  Mote. If the sum of lines 1 and 2 a is greater than 250, you may be required to e-file (see instructions)  By If at least one is reported on line 2 a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1 and 2 a is greater than 250, you may be required to e-file (see instructions)  By If Yes, 1 as it file a form 9017 for this year If "Not, 1 for 83, your order down ghere in structions)  By If Yes, 2 and 1 file a form 9017 for this year If "Not, 1 for 83, your you'de an explanation in Schedule 0  By If Yes, 2 and 1 file a form 9017 for this year If "Not, 1 for 83, your order an explanation or other authority over, a financial account in a foreign country (such as a bark account, securities account, or other financial account; (PBAR).  By If Yes, 3 and 1 file a for 50, did the organization that a wan or is a party to a prohibited tax shelter transaction at any time during the tax year?  By If Yes, 1 file in 5 ard 50, did the organization that a wan or is a party to a prohibited tax shelter transaction?  By If Yes, 2 did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of the fore 1 file of the progenization solicit any contributions that were not tax deductibles on schrabble contributions or gifts were not tax deductibles as charlable contributions?  By If Yes, 2 did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles of tax deductibles of the progenization receive a parent in excess of 53 made party as a contribution of authorise to the progenization self the organization received and schrabble on the payor?  By If Yes, 2 did the organization self were self-and and a    |            | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  | 이     |                         |                  |  |  |  |  |
| 2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, filed of the teacher's year employ with or within the year covered by this return filed to the calendar year employ with or within the year covered by this return  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3b Id the organization have unrelated business gross income of \$1,000 or more during the year?  3c If Yes, * has it filed a Form 990-T for this year? If *No, * to line 3b, provide an explanation in Schedule O  3c If Yes, * has it filed a Form 990-T for this year? If *No, * to line 3b, provide an explanation in Schedule O  3d A tan yriter during the calendary year, did the organization have uninterest in, or a signature or other authority over, a financial account; a foreign country (such as a bank account, securities account, or other financial account; or financial account; a financial account; a financial account; a financial account; a financial account; and the f   | С          |  | (4)   |                         |                  |  |  |  |  |
| filled for the calendar year ending with or within the year covered by this return    1   | •          | (gambling) winnings to prize winners?  | 1c    | <u> </u>                |                  |  |  |  |  |
| b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to + fell (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  5a If *Yes,* has it filled a Form 990 for this year? If *No,* to line 3b, provide an explanation in Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?  5b If *Yes,* the interest he name of the foreign country.  5c If *Yes,* the interest he name of the foreign country.  5c If *Yes,* to line 5 aor 5b, did the organization that if was or is a party to a prohibited tax shetter transaction?  5c If *Yes,* to line 5 aor 5b, did the organization file Form 8886-1?  6c Doss the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the was enrulal gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6c If *Yes,* to line 5 aor 5b, did the organization file Form 8886-1?  6d Different organization for include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6d Organizations that may receive deductible contributions under section 170(c).  6d If *Yes,* did the organization notify the donor of the value of that goods or services provided?  7b If *Yes,* did the organization notify the donor of the value of the goods or services provided?  7c If Yes,* did the organization selection of the value of the goods or services provided?  7d If *Yes,* did the organization make a distribution of qualified intellectual property, of dithe organization file Form 8899 as required?  7d If the   | 2a         |  |       |                         |                  |  |  |  |  |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3   |            | filed for the calendar year ending with or within the year covered by this return 2a 3   | 5     |                         |                  |  |  |  |  |
| 3a   X   X   No.   1   No.   N    | D          | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b    | Х                       | The state of the |  |  |  |  |
| b if "Yes," has it filled a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, ascurities account, or other financial account)?  4a  | 0-         | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  |       | 3/4                     |                  |  |  |  |  |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?  b If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See in Hill and the support of the support of the support of property for filing filing and property for filing filing and property for which it was required for the property for which it was required to the payor?  See in Hill and the organization neceive a payment in excess of Fis made party as a contribution of any septiment of the goods or services provided?  If the organization received any funds, directly or indirectly, on a personal benefit contract?  For in Hills Form 8282?  If the organization received any funds, directly or indirectly, on a personal benefit contract?  For in Hills Foreign Bank and Financial Form 1098-0.  See in Foreign Foreign Foreign Foreign Foreign Foreign Foreign     |            |  | 3a    |                         | Х                |  |  |  |  |
| financial account in a foreign country (such as a bank account, securities account, or other financial accountity?  by if Yes, "neter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b Did yes, "to line 5 a or 5b, did the organization file Form 886-67?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6a x  b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7b If "Yes," idid the organization notify the donor of the value of the goods or services provided?  7c Did the organization notify the donor of the value of the goods or services provided?  7d If "Yes," indicate the number of Forms 8282 filed during the year  8 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e x  8 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  8 Joint the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C?  8 Sponsoring organization maintaining donor advised funds. Did a donor advised funds and party anot party and party and party and party and party and party and pa   |            |  | 3b    | <u> </u>                | <u> </u>         |  |  |  |  |
| b if "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FIGCRF Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b  | 4a         |  |       |                         |                  |  |  |  |  |
| See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  8 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  8 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  8 Does the organization for a party to a prohibited tax shelter transaction?  8 Does the organization are annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  8 If "Yes," tid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  9 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  10 If "Yes," did the organization on this the donor of the value of the goods or services provided?  11 If "Yes," did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  12 If "Yes," indicate the number of Forms 8282 filed during the year  13 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  14 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  15 Did the organization make any taxable distribution to a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4986?  15 Did the sponsoring organiz   | <b>L</b>   |  | 4a    | 2010/03/2015            | Х                |  |  |  |  |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxbel party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c Dides be organization bave annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6c Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles?  7c Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  8 If "Yes," did the organization notify the donor of the value of the goods or services provided?  9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  10 If "Yes," indicate the number of Forms 8282 filed during the year  10 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  10 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  11 Did the organization might in the payor pay premiums, directly or indirectly, on a personal benefit contract?  12 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C7  13 Sponsoring organization make any taxable distributions under section 4966?  14 Sponsoring organization make any taxable distributions under section 4966?  15 Did the sponsoring organization make any taxable distributions under section 4966?  16 Did the sponsoring organization make any taxable distributions and provided fund maintained by the sponsoring organization make any taxable distribution to a donor, donor advised funds.  16 Cross received from   | D          |  |       |                         |                  |  |  |  |  |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization state may receive deductible contributions under section 170(c).  9 Did the organization reserves a payment in excess of \$75 made partly as contribution and partly for goods and services provided to the payor?  7 Tes," did the organization notify the donor of the value of the goods or services provided?  10 Did the organization of the value of the goods or services provided?  10 Did the organization of sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  10 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  10 Did the organization feedew any funds, directly or indirectly, to pay premiums on a personal benefit contract?  10 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  11 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  12 Seption 4 Did the sponsoring organization make any taxable distributions under section 4966?  13 Did the sponsoring organization make any taxable distributions under section 4966?  14 Did the sponsoring organization make any taxable distributions under section 4966?  15 Did the sponsoring organization make any taxable distributions of a donor advised fund maintained by the sponsoring organizat  | <b>5</b> 0 |  | J. 18 |                         |                  |  |  |  |  |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6b   "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 If "Yes," did the organization notify the done or the value of the goods or services provided?  10 If "Yes," inclinate the number of Forms 8282 filed during the year  2 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to life Form 8282?  4 If "Yes," inclinate the number of Forms 8282 filed during the year  5 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 If Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  8 Sponsoring organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  8 Sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Section 501(c)(7) organizations. Enter:  11a   | _          |  |       |                         |                  |  |  |  |  |
| 6a Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6  |            | If "Voo " to line Fe or Fh. did the annumination file Fermi coop To  |       | _                       | Х                |  |  |  |  |
| any contributions that were not tax deductible as charitable contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 To b X  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 To b X  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  d If "Yes," indicate the number of Forms 8282 filed during the year  d If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 To X  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7 If X  g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Section 501(c)(7) organizations. Enter:  a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  1 Section 501(c)(20) qualified nonprofit health insurance issuers.  a Is the organization increaves the organization is required to maintain provided funds. Did a donor advised funds.  Section 501(c)(20) qualified nonprofit health insurance issuers.  a Is the organization is licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule     |            |  | 5c    |                         |                  |  |  |  |  |
| b If "Yes," idid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7   | Va         | and analysis of the state of th | ١.    |                         |                  |  |  |  |  |
| were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  The payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  The payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  The payment in the payor of the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  To payment in the payor of the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  The payment in the payment in the payment in the payor of the organization received and contribution of cars payment in the payment in the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  Soponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  In initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  The payment of tax exempt interest received or accrued during the year  In the organization and the sponsoring organizations. Enter:  If the gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Forest receipts, included o | h          |  | 6a_   | _                       | X                |  |  |  |  |
| 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7   |            | <del>*</del>   | ١     |                         |                  |  |  |  |  |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7a   | 7          |  | 6b    | 120417-86               |                  |  |  |  |  |
| b if "Yes," did the organization notify the donor of the value of the goods or services provided?  C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  |            |  |       | 100 M                   |                  |  |  |  |  |
| to bit the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?    To   |            | If IIVan II alial the approximation and first out of the state of the  |       |                         |                  |  |  |  |  |
| to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  70  |            |  |       |                         |                  |  |  |  |  |
| d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  76 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  77 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  78 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  79 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?  78 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds.  9 Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  9 bid the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 bid the sponsoring organizations. Enter:  10 line for section 501(c)(7) organizations. Enter:  11 a linitiation fees and capital contributions included on Part VIII, line 12  12 b Gross income from members or shareholders  B Gross income from members or shareholders  B Gross income from members or shareholders  B Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12 Section 501(c)(2) qualified nonprofit health insurance issuers.  13 Section 501(c)(29) qualified nonprofit health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  C Enter the amount of reserves the organization indoor tanning services during the tax year?  14a     | •          | to file Form 8282?   | 70    |                         | x                |  |  |  |  |
| bid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Gross income from members or shareholders  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b  Section 501(c)(21) organization interest received or accrued during the year  12b  Section 501(c)(29) qualified nonprofit health insurance issuers.  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization icensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  Enter the amount of reserves on hand  If the organization receive any payments for indoor tanning services during the tax y    | d          | If "Yes," indicate the number of Forms 8282 filed during the year  | 12.4  | 15 57/                  | · fine &         |  |  |  |  |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  h If the organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make a distribution under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b  12c  Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  If the organization ilicensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  C Enter the amount of reserves on hand  13b  13b  13c  Lith organization is licensed to issue qualified health plans  13c  Enter the amount of reserves on hand  14d  Did the organization receive any payments for indoor tanning services during the tax year?  14a  X  14b  Lith organization in Schedule O.  14b  |            | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e    | il <sup>36</sup> glanta | X                |  |  |  |  |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  10 bid the sponsoring organization make any taxable distributions under section 4966?  10 bid the sponsoring organization make any taxable distributions under section 4966?  10 bid the sponsoring organization make a distribution to a donor, donor advisor, or related person?  10 section 501(c)(7) organizations. Enter:  11 linitiation fees and capital contributions included on Part VIII, line 12  12 a linitiation fees and capital contributions included on Part VIII, line 12  13 Gross income from members or shareholders  14 b Gross income from members or shareholders  15 Gross income from members or shareholders  16 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  17 a mounts due or received from them.)  18 Section 501(c)(29) qualified nonprofit health insurance issuers.  19 b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  20 section 501(c)(29) qualified nonprofit health insurance issuers.  21 a Is the organization licensed to issue qualified health plans in more than one state?  22 Note. See the instructions for additional information the organization must report on Schedule O.  23 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  23 Enter the amount of reserves on hand  24 Did the organization receive any payments for indoor tanning services during the tax year?  14                             | f          | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | -     |                         |                  |  |  |  |  |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  9 Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  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  b Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  11b 11b 12a  12a  12b  13 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  14 If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  13a  13b 13a  13c  13b  13c  13c  13b  13c  13c  13d  14d  15d 16 Hearth amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  13c  13d  13d  14d  15d 16 Hearth amount of reserves on hand  15d  16d the organization receive any payments for indoor tanning services during the tax year?  14a X  15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.   | g          | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | _     |                         |                  |  |  |  |  |
| Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  B Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Gross income from members or shareholders  B Gross income from members or shareholders  B Gross income from members or shareholders  B Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Ith  B Gross income from them.)  Ith  B Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Ith  B Gross income from them of tax-exempt interest received or accrued during the year  B If "Yes," enter the amount of tax-exempt interest received or accrued during the year  B If "Yes," enter the amount of tax-exempt interest received or accrued during the year  B Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  Enter the amount of reserves on hand  B Did the organization receive any payments for indoor tanning services during the tax year?  Ith I Table  B Ith I Table  B    | h          |  |       |                         | _                |  |  |  |  |
| sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  c Enter the amount of reserves on hand  13b  13c  13d  14a   | 8          |  |       |                         | 4                |  |  |  |  |
| a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  |            |  | 8     | 20.6140.6               |                  |  |  |  |  |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  110b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b  12a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  c Enter the amount of reserves on hand  4a Did the organization receive any payments for indoor tanning services during the tax year?  14a  x  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  | 9          | Sponsoring organizations maintaining donor advised funds.  |       |                         | SEC              |  |  |  |  |
| Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12   | а          | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a    |                         |                  |  |  |  |  |
| a Initiation fees and capital contributions included on Part VIII, line 12 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 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13c 4a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b   | b          | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b    |                         |                  |  |  |  |  |
| 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  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12a  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  c Enter the amount of reserves on hand  13b  c Enter the amount of reserves on hand  13c  14a  X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b  |            |  |       |                         | 4 2 4            |  |  |  |  |
| Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  c Enter the amount of reserves on hand  13b Candidate organization receive any payments for indoor tanning services during the tax year?  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b Candidate organization in Schedule O.  14c Candidate organization in Schedule O.  14d Candidate o    | а          | Initiation fees and capital contributions included on Part VIII, line 12   |       |                         |                  |  |  |  |  |
| a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b  12a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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 c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c lide Did the organization receive any payments for indoor tanning services during the tax year? 14a  | b          |  |       |                         |                  |  |  |  |  |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b  12a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  c Enter the amount of reserves on hand  13b  13c  14a  X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b   |            |  |       |                         |                  |  |  |  |  |
| amounts due or received from them.)  11b  12a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b   |            |  | 3/45  |                         |                  |  |  |  |  |
| Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b  | b          |  |       |                         |                  |  |  |  |  |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  It "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  12b  |            | amounts due or received from them.)  |       |                         |                  |  |  |  |  |
| Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  c Enter the amount of reserves on hand  13c  13d  13d  13c  14a  X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b  |            |  | 12a   |                         |                  |  |  |  |  |
| a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  c Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  13a  13b  13b  13c  14a  X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b  |            |  |       |                         |                  |  |  |  |  |
| Note. See the instructions for additional information the organization must report on Schedule O.  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  c Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  14a   |            |  |       |                         |                  |  |  |  |  |
| 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  c Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  13b  14a  x   | а          |  | 13a   | Jugging product         |                  |  |  |  |  |
| organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  13b  13c  14a  X   | l-         |  |       |                         |                  |  |  |  |  |
| c Enter the amount of reserves on hand  4a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  13c  14a  X  14b  | D          | Enter the amount of reserves the organization is required to maintain by the states in which the   |       |                         |                  |  |  |  |  |
| 4a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b   | _          | organization is ilcensed to issue qualified health plans   |       |                         |                  |  |  |  |  |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O   |            |  | 越基    |                         |                  |  |  |  |  |
|   |            |  |       |                         | <u> </u>         |  |  |  |  |
|   | IJ         | in res, mas it filed a rottli /20 to report these payments? If "No," provide an explanation in Schedule O  |       | 000                     | 0047             |  |  |  |  |

Form 990 (2017) SWALLOW HILL MUSIC ASSOCIATION 84-0781725 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| Sac | Check if Schedule O contains a response or note to any line in this Part VI  |           |             | Х        |  |  |  |  |
|-----|--|-----------|-------------|----------|--|--|--|--|
| 000 | Mon A. Governing body and Management   |           | 1           | T        |  |  |  |  |
| 12  | Enter the number of voting members of the governing body at the end of the tax year  | 4.0 3585  | Yes         | No       |  |  |  |  |
| Ia  | If there are material differences in voting rights among members of the governing body, or if the governing  | 13        |             |          |  |  |  |  |
|     | body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  | 2 (2)     |             |          |  |  |  |  |
| b   |  |           |             |          |  |  |  |  |
| 2   | ID   | 13        |             |          |  |  |  |  |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other   |           |             | 15.      |  |  |  |  |
| _   | officer, director, trustee, or key employee?   | . 2       |             | X        |  |  |  |  |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision  |           |             |          |  |  |  |  |
|     | of officers, directors, or trustees, or key employees to a management company or other person?   | 3         | <u> </u>    | х        |  |  |  |  |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4         | <u> </u>    | х        |  |  |  |  |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets?   | . 5       |             | Х        |  |  |  |  |
| 6   | Did the organization have members or stockholders?   | . 6       | <u> </u>    | Х        |  |  |  |  |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or   |           |             |          |  |  |  |  |
|     | more members of the governing body?  | . 7a      |             | х        |  |  |  |  |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or   |           | 1           |          |  |  |  |  |
|     | persons other than the governing body?   | . 7b      | L           | х        |  |  |  |  |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |           |             |          |  |  |  |  |
| а   | The governing body?  | 8a        | х           |          |  |  |  |  |
| b   | Each committee with authority to act on behalf of the governing body?  |           | Х           |          |  |  |  |  |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the   |           |             |          |  |  |  |  |
|     | organization's mailing address? If "Yes," provide the names and addresses in Schedule O  | . 9       |             | х        |  |  |  |  |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)   |           |             |          |  |  |  |  |
|     |  |           | Yes         | No       |  |  |  |  |
| 10a | Did the organization have local chapters, branches, or affiliates?   | 10a       |             | х        |  |  |  |  |
| b   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,   |           |             |          |  |  |  |  |
|     | and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b       |             |          |  |  |  |  |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  |           |             |          |  |  |  |  |
| b   | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |           |             |          |  |  |  |  |
| 12a | and the state of t |           |             |          |  |  |  |  |
| b   | ***************************************  |           |             |          |  |  |  |  |
| C   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe   |           |             |          |  |  |  |  |
|     | in Schedule O how this was done  | 12c       | х           |          |  |  |  |  |
| 13  | Did the organization have a written whistleblower policy?  |           | х           |          |  |  |  |  |
| 14  | Did the organization have a written document retention and destruction policy?   |           | х           |          |  |  |  |  |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent   | HOSE AND  | Military IX | ASTOR PL |  |  |  |  |
|     | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |           |             |          |  |  |  |  |
| а   | The organization's CEO, Executive Director, or top management official   | 15a       | Х           |          |  |  |  |  |
|     | Other officers or key employees of the organization  | 15b       |             | х        |  |  |  |  |
|     | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  | 40.510    | TATOE       | 4503.70  |  |  |  |  |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a  |           |             |          |  |  |  |  |
|     | taxable entity during the year?  | 16a       | WIP SHE     | X        |  |  |  |  |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation   | 30        | WAY.        | NEW C    |  |  |  |  |
|     | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's   |           |             |          |  |  |  |  |
|     | exempt status with respect to such arrangements?   | 16b       | 1 12/1/48   |          |  |  |  |  |
| Sec | tion C. Disclosure   | 100       |             |          |  |  |  |  |
| 17  | List the states with which a copy of this Form 990 is required to be filed ▶ NONE  |           |             |          |  |  |  |  |
| 18  | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only  | availah   | <br>le      |          |  |  |  |  |
|     | for public inspection. Indicate how you made these available. Check all that apply.  | , availab |             |          |  |  |  |  |
|     | Own website Another's website X Upon request Other (explain in Schedule O)   |           |             |          |  |  |  |  |
| 19  | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a  | nd finan  | rial        |          |  |  |  |  |
|     | statements available to the public during the tax year.  | iu iiiian | Jal         |          |  |  |  |  |
| 20  | State the name, address, and telephone number of the person who possesses the organization's books and records:  |           |             |          |  |  |  |  |
|     | JESSY CLARK - 303-777-1003   |           |             |          |  |  |  |  |
|     | 71 EAST YALE AVE, DENVER, CO 80210   |           |             |          |  |  |  |  |
|     | 11.00.47   |           |             |          |  |  |  |  |

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

| (A)<br>Name and Title        | (B) Average hours per week   | box                            | not c<br>c, unle      | Pos<br>heck<br>ss pe | more<br>rson | than                         | h an   | ( <b>D</b> )  Reportable  compensation  from | (E) Reportable compensation from related | (F) Estimated amount of other  |
|------------------------------|--|--------------------------------|-----------------------|----------------------|--------------|------------------------------|--------|--|--|--|
|                              | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Officer              | Key employee | Highest compensated employee | Former | the<br>organization<br>(W-2/1099-MISC)       | organizations<br>(W-2/1099-MISC)         | compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) CATHERINE TEUTSCH        | 2.00   |                                |                       |                      |              | Π                            | Г      |  |  |  |
| CHAIRMAN                     | 21   | Х                              |                       | х                    |              |                              | L      | 0.   | 0.                                       | 0  |
| (2) JASON ROBINSON           | 2.00   | ]                              |                       |                      |              |                              | l      |  |  |  |
| VICE CHAIRMAN                |  | Х                              |                       | Х                    | L            | <u>L</u>                     |        | 0.   | 0.                                       | 0  |
| (3) GEORGE LYFORD            | 2.00   |                                |                       |                      |              |                              |        |  |  |  |
| SECRETARY                    |  | Х                              |                       | х                    | _            |                              |        | 0.   | 0.                                       | 0  |
| (4) CHRIS FRANK              | 2,00   | ļ                              |                       |                      |              |                              |        |  |  |  |
| TREASURER                    | <u> </u>   | х                              | Ш                     | X                    |              |                              | _      | 0.   | 0.                                       | 0  |
| (5) REGGIE BICHA             | 1.00   |                                |                       |                      |              |                              |        |  |  |  |
| DIRECTOR                     | 1 22   | х                              | Щ                     |                      | _            | _                            | _      | 0.   | 0.                                       | 0  |
| (6) MICHAEL CHARNEY DIRECTOR | 1.00   |                                |                       |                      |              |                              |        | _ :  |  |  |
| (7) WALT DEHAVEN             | 1 00   | Х                              |                       |                      | _            | $\vdash$                     |        | 0.   | 0.                                       | 0  |
| DIRECTOR                     | 1.00   | x                              |                       |                      |              |                              |        |  |  | _  |
| (8) LORI FOX                 | 1,00   | ^                              | Н                     |                      |              | Н                            |        | 0.   | 0.                                       | 0  |
| DIRECTOR                     | 1.00   | x                              | l I                   |                      |              |                              |        | 0.   |  |  |
| (9) JIM LEONARD              | 1.00   | ^                              | Н                     | $\dashv$             | _            |                              |        | 0.   | 0.                                       | 0  |
| DIRECTOR                     | 1.00   | x                              |                       |                      |              |                              |        | 0.1  | 0.1                                      |  |
| (10) PAUL LHEVINE            | 40.00  | -                              | Н                     | $\dashv$             |              | Н                            |        |  | v.                                       | 0  |
| CEO                          | 10.00  |                                |                       | x                    |              |                              |        | 145,748.                                     | 0.                                       | 4,150  |
| (11) DAVE PINKERT            | 1.00   |                                |                       | -                    |              | Н                            |        | 113,710.                                     |  | 4,130  |
| DIRECTOR                     |  | х                              |                       |                      |              |                              |        | ا. ه   | 0.                                       | 0  |
| (12) GREGG REESE             | 1.00   | _                              | Н                     | $\dashv$             | $\neg$       |                              |        |  |  |  |
| DIRECTOR                     |  | х                              |                       | - 1                  |              |                              |        | 0.   | 0.1                                      | 0.   |
| (13) KAYLA TIBBALS           | 1.00   |                                |                       | $\neg$               |              |                              |        |  |  |  |
| DIRECTOR                     |  | х                              |                       |                      |              |                              |        | 0.   | 0.                                       | 0  |
| (14) TRACY ZABEL             | 1.00   |                                |                       |                      | $\Box$       |                              |        |  |  |  |
| DIRECTOR                     |  | х                              |                       | l                    |              |                              | ĺ      | 0.   | 0.                                       | 0.   |
|                              |  |                                |                       |                      |              |                              |        |  |  |  |
|                              |  | П                              |                       | $\dashv$             | $\exists$    |                              |        |  |  |  |
|                              |  |                                | $\dashv$              | $\dashv$             | $\dashv$     | $\dashv$                     |        |  |  |  |

732007 11-28-17

| -3 | Section A. Officers, Directors, Trus            |                     | рюу                            | ees                   |             |              | ighe                         | st (     | Compensated Employe             | es (continued)     |              |                   |        |
|----|---|---------------------|--------------------------------|-----------------------|-------------|--------------|------------------------------|----------|---------------------------------|--------------------|--------------|-------------------|--------|
|    | (A)   | (B)                 |                                |                       | _           | C)           |                              |          | (D)                             | (E)                |              | (F                | F)     |
|    | Name and title                                  | Average             | (do                            |                       | Pos<br>heck |              | than                         | one      | Reportable                      | Reportable         | -            | Estim             | ated   |
|    |   | hours per           | box                            | , unle                | ss pe       | rson         | is bot                       | h an     | compensation                    | compensation       |              | amou              | nt of  |
|    |   | week                | -                              | Ler all               | T           | I            | Ji/4 US                      | 166,     | - irom                          | from related       |              | oth               | er     |
|    |   | (list any hours for | irecto                         |                       |             |              |                              |          | the                             | organizations      |              | comper            |        |
|    |   | related             | or d                           | ee                    |             |              | sated                        |          | organization<br>(W-2/1099-MISC) | (W-2/1099-MISC     | <b>)</b>     | from              |        |
|    |   | organizations       | ruste                          | trus                  |             | <br>  25     | Den<br>Den                   |          | (44-2/1099-141120)              |                    |              | organi:<br>and re |        |
|    |   | below               | lual t                         | tiona                 | ١. ا        | gloy         | ye st                        | _        |                                 |                    |              | organiz           |        |
|    |   | line)               | Individual trustee or director | Institutional trustee | Officer     | Key employee | Highest compensated employee | Former   |                                 |                    |              | Or garnz          | ations |
|    |   |                     | _                              | _                     | Ť           | Î            |                              | <u> </u> |                                 |                    | $\dashv$     |                   |        |
|    |   |                     |                                |                       |             | l            |                              |          |                                 |                    |              |                   |        |
|    |   |                     |                                |                       |             | $\vdash$     | Н                            |          |                                 |                    | +            |                   |        |
|    |   |                     |                                |                       |             |              |                              |          |                                 |                    | - 1          |                   |        |
|    |   |                     |                                | $\Box$                |             |              |                              |          |                                 |                    | +            |                   |        |
|    |   |                     |                                |                       |             |              |                              |          |                                 |                    |              |                   |        |
|    |   | -                   | Н                              | Н                     | _           | $\vdash$     | Н                            |          | <del> </del>                    |                    | +            |                   |        |
|    |   |                     |                                |                       |             |              |                              |          |                                 |                    | - 1          |                   |        |
| _  |   |                     | Н                              |                       |             | _            | Н                            |          |                                 |                    | ┿            |                   |        |
|    |   |                     |                                |                       |             |              |                              |          |                                 |                    |              |                   |        |
|    |   |                     | Н                              | $\dashv$              |             | _            | Н                            |          | -                               |                    | +            |                   |        |
|    |   |                     |                                |                       |             |              | Ш                            |          | ]                               |                    |              |                   |        |
|    |   |                     | $\dashv$                       |                       | $\vdash$    | _            | Н                            |          |                                 |                    | +            |                   |        |
|    |   |                     |                                |                       |             |              |                              |          |                                 |                    |              |                   |        |
|    |   |                     | $\vdash$                       | $\dashv$              | -           |              | Н                            |          |                                 |                    | +            |                   |        |
|    |   |                     |                                |                       |             |              | H                            |          |                                 |                    |              |                   |        |
|    |   |                     | 7                              | $\dashv$              | -           | _            | $\vdash$                     |          |                                 |                    | +            |                   |        |
|    |   |                     |                                |                       |             |              |                              |          |                                 |                    |              |                   |        |
| 46 | Cub Ashal                                       |                     |                                |                       |             |              | щ                            | _        | 145 740                         | <del></del>        | <del>_</del> |                   | 1 150  |
|    | Sub-total                                       |                     |                                |                       |             |              |                              |          | 145,748.                        | ·                  | 0.           |                   | 4,150. |
|    | Total from continuation sheets to Part VI       |                     |                                |                       |             |              |                              |          | 0.                              |                    | 0.           |                   | 0.     |
|    | Total (add lines 1b and 1c)                     |                     |                                |                       |             |              |                              | <u> </u> | 145,748.                        |                    | ٥.           |                   | 4,150. |
| 2  | Total number of individuals (including but n    | ot limited to th    | ose                            | liste                 | d at        | OOVE         | e) wh                        | o re     | eceived more than \$100         | ,000 of reportable |              |                   |        |
|    | compensation from the organization              |                     |                                |                       |             |              |                              |          |                                 |                    |              | 157               | 1      |
| •  | Did the supplies that a second of               |                     |                                |                       |             |              |                              |          |                                 |                    | -            | Ye                | s No   |
| 3  | Did the organization list any former officer,   | director, or tru    | stee                           | , ke                  | y en        | olqr         | yee,                         | or I     | highest compensated er          | nployee on         |              |                   |        |
|    | line 1a? If "Yes," complete Schedule J for si   | uch individual      |                                |                       |             |              |                              |          |                                 |                    | 8 L          | 3                 | X      |
| 4  | For any individual listed on line 1a, is the su | m of reportable     | e co                           | mpe                   | ensa        | tion         | and                          | oth      | ner compensation from t         | he organization    | 100          | ten line          |        |
| _  | and related organizations greater than \$150    | ),000? If "Yes,"    | ' cor                          | nple                  | te S        | che          | dule                         | J f      | or such individual              |                    | <i>.</i>     | 4                 | х      |
| 5  | Did any person listed on line 1a receive or a   |                     |                                |                       |             |              |                              | elate    | ed organization or indivi       | dual for services  | 15           |                   |        |
| 6  | rendered to the organization? If "Yes," comp    | olete Schedule      | J fc                           | or su                 | ch p        | oers         | on .                         |          |                                 |                    | (E)          | 5                 | Х      |
|    | tion B. Independent Contractors                 |                     |                                |                       |             |              |                              |          |                                 |                    |              |                   |        |
| 1  | Complete this table for your five highest con   |                     |                                |                       |             |              |                              |          |                                 |                    | nsati        | ion from          | ı      |
|    | the organization. Report compensation for t     | he calendar ye      | ear e                          | ndir                  | ng w        | ith c        | or wi                        | thin     |                                 | ear.               |              |                   |        |
|    | (A)<br>Name and business                        | addross             |                                | -                     |             |              |                              |          | (B)                             |                    |              | (C)               |        |
|    | Traine and business                             | address             | NON                            | IR                    |             |              |                              | 4        | Description of se               | ervices            | Con          | npensat           | ion    |
|    |   |                     |                                |                       |             |              |                              |          |                                 | j                  |              |                   |        |
|    |   |                     |                                |                       |             |              |                              | +        |                                 |                    |              |                   |        |
|    |   |                     |                                |                       |             |              |                              |          |                                 |                    |              |                   |        |
|    |   |                     |                                |                       |             |              |                              | +        |                                 |                    |              |                   |        |
|    |   |                     |                                |                       |             |              |                              |          |                                 |                    |              |                   |        |
|    |   |                     |                                |                       |             |              |                              | 4        | <u> </u>                        |                    |              |                   |        |
|    |   |                     |                                |                       |             |              |                              |          |                                 |                    |              |                   |        |
|    | 10  |                     |                                |                       |             |              |                              | 4        | <del></del>                     |                    |              |                   |        |
|    |   |                     |                                |                       |             |              |                              |          |                                 |                    |              |                   |        |
|    |   |                     |                                |                       |             |              |                              |          |                                 |                    |              | 1571              |        |
| 2  | Total number of independent contractors (in     |                     | ot lim                         | nited                 | l to 1      |              |                              | ted      | above) who received me          | ore than           |              |                   |        |
|    | \$100,000 of compensation from the organiz      | ation -             |                                |                       |             |              |                              |          | <u></u>                         |                    |              |                   |        |
|    |   |                     |                                |                       |             |              |                              |          |                                 |                    | Fo           | rm <b>99</b> 0    | (2017) |

# Form 990 (2017) SWALLOW HIL Part VIII Statement of Revenue

| (ut      | Check if Schedule O cont                  |             |            |               | (A)<br>Total revenue                  | (B) Related or exempt function revenue   | (C)<br>Unrelated<br>business<br>revenue | Revenue excludifrom tax under sections 512 - 514 |
|----------|---|-------------|------------|---------------|---------------------------------------|--|---|--|
| 1 a      | Federated campaigns                       | 1           | а          |               | WART TO WALL                          |  | 2 W W 182                               | H. Whather.                                      |
| b        | Membership dues                           |             | b          | 151,307.      |                                       | · 2011年  |   |  |
| С        | Fundraising events                        | 1           | С          |               |                                       | - When His a   |   | 7.1 1000, 00                                     |
| d        | Dolated eventimes                         |             | d          |               | Standard Control                      | A. 2 70 . 2 70 . 2 70 70 70 70 70 70 70 70 70 70 70 70 70  |   | 事一书 五  |
| е        | Government grants (contributi             | ons) 1      | e          | 625,761.      | 18 1 2 0 W                            |  |   | 1 2 S.   |
| f        | All other contributions, gifts, grant     | s, and      |            |               | · 特。唯 5                               | 能成了成為為   | क्षित्रकृति । अ                         |  |
|          | similar amounts not included above        | /e <b>1</b> | f          | 399,682.      | THE SECOND                            |  |   |  |
| g        | Noncash contributions included in lines   | 1a-1f: \$   |            | 2,860.        |                                       |  | 45%。计人名                                 | 10000000000000000000000000000000000000           |
| h        | Total. Add lines 1a-1f                    |             |            |               | 1,176,750.                            | The same of the sa | A MILE                                  | A PER SEL  |
|          |   |             |            | Business Code | 学。"明我没多                               | and a state of the state of  | · 特。 为是人物                               | 9 4 40 38  |
| 2 a      | TICKET SALES                              |             | [          | 711300        | 3,152,168.                            | 3,152,168.   |   |  |
| b        | TUITION                                   |             |            | 711130        | 1,326,423.                            | 1,326,423.   |   |  |
| C        | FOOD AND BEVERAGE                         |             |            | 722210        | 153,743.                              | 153,743.   |   |  |
| d        | MERCHANDISE                               |             | $\equiv$ [ | 711300        | 25,357.                               | 25,357.  |   |  |
| е        | STUDIO FEES                               |             | $\equiv$ [ | 722210        | 24,974.                               | 24,974.  |   |  |
| f        | All other program service rever           | nue         |            | 711300        | 14,000.                               | 14,000.  |   |  |
| g        | Total. Add lines 2a-2f                    |             |            |               | 4,696,665.                            | TO THE STATE OF  | ad we do not                            |  |
| 3        | Investment income (including              | dividends,  | interes    | st, and       |                                       |  |   |  |
|          | other similar amounts)                    |             |            |               | 13,285.                               |  |   | 13,28  |
| 4        | Income from investment of tax             | exempt b    | ond pr     | oceeds 🕨      |                                       |  |   |  |
| 5        | Royalties                                 |             | i          |               |                                       |  |   |  |
|          | Л   | (i) Rea     | al         | (ii) Personal | Property of                           | Christian All  | Carlo de S                              | e i i i i i i i i i i i i i i i i i i i          |
| 6 a      | - 314114123141414144444444444444444444444 | 19,         | 874.       |               |                                       |  |   | in the second                                    |
| b        | #87X*#2*                                  |             | 0.         |               |                                       |  |   |  |
| C        | Rental income or (loss)                   | 19,         | 874.       |               |                                       |  |   |  |
| d        | Net rental income or (loss)               |             |            |               | 19,874.                               |  |   | 19,87  |
| 7 a      | Gross amount from sales of                | (i) Securi  | ities      | (ii) Other    |                                       | 18 78  |   | 15元 表表 15.1                                      |
|          | assets other than inventory               |             |            |               | Salah nala                            |  |   |  |
| b        | Less: cost or other basis                 |             |            |               | B.J. 156 . 114                        | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |   |  |
|          | and sales expenses                        |             |            |               |                                       |  |   | 103-25-16  |
| С        | Gain or (loss)                            |             |            |               | The Table                             | a replied by the   |   |  |
| d        | J   |             |            |               |                                       |  |   |  |
| 8 a      | Gross income from fundraising             | events (n   | ot         |               |                                       | P. W.  |   | Contacts   |
|          | including \$                              | of          |            |               |                                       |  |   |  |
|          | contributions reported on line            | •           |            |               |                                       |  |   |  |
|          | Part IV, line 18                          |             |            |               | 10 A 1880                             |  |   | Re Village Va                                    |
|          | Less: direct expenses                     |             |            |               | The second of                         | # T(CL, "- 'A  |   | 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1           |
|          | Net income or (loss) from funda           | -           |            |               |                                       | SC 977E  |   |  |
| 9 а      | Gross income from gaming act              |             |            | 9             | de the of                             | THE THE PARTY OF T | A LOUI                                  | 10 1 10 20 10                                    |
| _        | Part IV, line 19                          |             |            |               |                                       | 4.74 7 1 1 1 1 1   |   |  |
|          | Less: direct expenses                     |             |            | 0             | · · · · · · · · · · · · · · · · · · · | Tall & Disker  | water to River                          | 144.5  |
|          | Net income or (loss) from gamin           | -           | es         |               |                                       |  |   |  |
| ıv a     | Gross sales of inventory, less r          |             |            | 7             |                                       | A. A. P. S. T. A.  |   | - FLEWAT   |
| <b>A</b> | and allowances                            |             |            |               | THE THE PARTY                         |  |   | 17. 10 KE  |
|          | Less: cost of goods sold                  |             |            |               | LE ALL POTT TO BE AL.                 | 2 - 22 FB (57.70)  |   | 1 13 13  |
| С        | Net income or (loss) from sales           |             |            |               |                                       |  |   |  |
| 44       | Miscellaneous Revenue OTHER INCOME        |             | В          | Susiness Code |                                       | LUM, WALE MAN  |   | WAST TEST  |
| 11 a     | OTHER INCOME                              |             | <b></b>    | 532000        | 72,564.                               | 72,564.  |   |  |
| b        |   |             | —          |               |                                       |  |   |  |
|          |   |             | _ ⊦        |               |                                       |  |   |  |
| C        | All male an manage.                       |             |            |               |                                       |  |   |  |
| d        | Total. Add lines 11a-11d                  |             | L          |               | 72,564.                               |  |   |  |

## Part IX Statement of Functional Expenses

| Do | Check if Schedule O contains a response not include amounts reported on lines 6b,  | (A)            | this Part IX(B)          | (C) T  | (D)                       |
|----|--|----------------|--------------------------|--|---------------------------|
|    | 8b, 9b, and 10b of Part VIII.  | Total expenses | Program service expenses | Management and general expenses  | Fundraising expenses      |
| 1  | Grants and other assistance to domestic organizations  | 77             | -                        |  |                           |
|    | and domestic governments. See Part IV, line 21   | 7//            |                          |  |                           |
| 2  | Grants and other assistance to domestic  |                |                          |  |                           |
| _  | individuals. See Part IV, line 22  |                |                          |  |                           |
| 3  | Grants and other assistance to foreign   |                |                          |  |                           |
|    | organizations, foreign governments, and foreign  |                |                          |  |                           |
|    | individuals. See Part IV, lines 15 and 16  |                |                          |  |                           |
| 4  | Benefits paid to or for members  |                |                          |  |                           |
| 5  | Compensation of current officers, directors,   | 140 000        |                          |  |                           |
| _  | trustees, and key employees  Compensation not included above, to disqualified  | 149,898.       | 98,933.                  | 31,478.  | 19,48                     |
| 6  | persons (as defined under section 4958(f)(1)) and  |                |                          | i  |                           |
|    | percape described in section 40E0/s\/2\/D\   |                |                          |  |                           |
| 7  |  | 1,273,252.     | 002 215                  | 200 106  |                           |
| 8  | Other salaries and wages Pension plan accruals and contributions (include  | 1,273,232.     | 902,315.                 | 229,106.   | 141,831                   |
| 5  | section 401(k) and 403(b) employer contributions)  |                |                          |  |                           |
| 9  | Other employee benefits  | 518,466.       | 342,484.                 | 100.050  | 65.00                     |
| 0  | Payroll taxes  | 164,055.       | 108,277.                 | 108,050.   | 67,932                    |
| 1  | Fees for services (non-employees):   | 104,033.       | 100,277.                 | 34,451.  | 21,327                    |
| a  | Management   | 300,131.       | 232,653.                 | 67 479   |                           |
|    | Legal  | 300,131.       | 232,033.                 | 67,478.  |                           |
|    | Accounting   | 13,345.        |                          | 13,345.  |                           |
|    | Lobbying   |                |                          | 13,343.  | <del></del>               |
| e  | Professional fundraising services. See Part IV, line 17  | IS             |                          | YAN AMIN'NY MENERALA   |                           |
| f  | Investment management fees   | 2,993.         |                          | 2,993.   |                           |
|    | Other. (If line 11g amount exceeds 10% of line 25,   | -,,,,,,        |                          |  |                           |
| 3  | column (A) amount, list line 11g expenses on Sch O.)   | 1,671,018.     | 1,671,018.               |  |                           |
| 2  | Advertising and promotion  | 198,436.       | 198,436.                 |  |                           |
|    | Office expenses  | 109,787.       | 87,428.                  | 9,959.   | 12,400                    |
| 4  | Information technology   | 310,006.       | 248,005.                 |  | 62,001                    |
| 5  | Royalties  |                | 330,000.                 |  | 02,001                    |
| 6  | Occupancy  | 89,015.        | 58,749,                  | 18,693.  | 11,573                    |
| 7  | Travel   | 10,049.        | 8,943.                   | 1,005.   | 101                       |
|    | Payments of travel or entertainment expenses   | ,              |                          | 2,000.   |                           |
|    | for any federal, state, or local public officials  |                |                          |  |                           |
| 9  | Conferences, conventions, and meetings   | 6,211.         | 4,487.                   | 1,065.   | 659                       |
|    | Interest   | 13,713.        | 9,050.                   | 2,880.   | 1,783                     |
| 1  | Payments to affiliates   |                |                          |  |                           |
| 2  | Depreciation, depletion, and amortization  | 109,769.       | 72,448.                  | 23,051.  | 14,270                    |
|    | Insurance  | 51,826.        | 34,205.                  | 10,884.  | 6,737                     |
|    | 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 Q.) |                |                          |  |                           |
|    | FACILITY RENTAL  | 715,945.       | 715,945.                 | - United the State of the State | Car tellerala, deputat ex |
| b  | MERCHANT AND BANK FEES   | 133,178.       | 133,178.                 |  |                           |
| С  | DUES AND LICENSES  | 42,635.        | 42,635.                  |  |                           |
| d  | INSTRUMENTS  | 7,797.         | 7,797.                   |  |                           |
| е  | All other expenses   | 14,808.        | 8,441.                   | 4,705,   | 1,662                     |
|    | Total functional expenses. Add lines 1 through 24e   | 5,906,333.     | 4,985,427.               | 559,143.   | 361,763                   |
|    | Joint costs. Complete this line only if the organization   |                |                          |  |                           |
|    | reported in column (B) joint costs from a combined   |                |                          | 1  |                           |
|    | educational campaign and fundraising solicitation.   |                |                          |  |                           |
|    |  |                |                          |  |                           |

Form 990 (2017)

Part X | Balance Sheet

|  |  |  | (A)<br>Beginning of year   |          | <b>(B)</b><br>End of year |
|--|--|--|----------------------------|----------|---------------------------|
|  | 1 Cash - non-interest-bearing  | *************************************  | 638,279.                   | 1        | 366,062                   |
|  | 2 Savings and temporary cash investments   |  | 211,664.                   | 2        | 542,216                   |
| : ا  | Pledges and grants receivable, net   |  | 174,802.                   | 3        | 221,095                   |
| 4  | Accounts receivable, net   |  | 30,077.                    | 4        | 39,886                    |
|  | Loans and other receivables from current and forme   |  | TERRITARIE TRANSPORTE      |          |                           |
|  | trustees, key employees, and highest compensated   |  |                            |          |                           |
|  | ***************************************  |  |                            | 5        |                           |
| ١,   |  |  |                            |          |                           |
|  | section 4958(f)(1)), persons described in section 495  |  |                            |          |                           |
| ,  | employers and sponsoring organizations of section  |  |                            |          |                           |
| Assets   | employees' beneficiary organizations (see instr). Cor  |  |                            | 6        |                           |
| Ass  | 2227   |  | 1 010                      | 7        |                           |
| `  [   | Dunnald annual and defend a late   |  | 1,818.                     | 8        | 2,143                     |
| ] ,  |  | 33,493.  | 9                          | 43,074   |                           |
| "  | a Land, buildings, and equipment: cost or other  | 1 (52 072  |                            |          |                           |
|  | basis. Complete Part VI of Schedule D  |  | 205.000                    | Mark 18  |                           |
| 1.   | b Less: accumulated depreciation 10  | <del></del>  | 926,089.                   | 10c      | 856,575                   |
| 11   |  | ***************************************  | 419,486.                   | 11       | 442,068                   |
| 12   |  |  |                            | 12       |                           |
| 13   | p 9  |  |                            | 13       | <u> </u>                  |
| 14   |  |  |                            | 14       |                           |
| 15   |  |  | 54,147.                    | 15       | 81,012,                   |
| 16   |  |  | 2,489,855.                 | 16       | 2,594,131.                |
| 17   |  |  | 143,006.                   | 17       | 162,558.                  |
| 18   |  |  |                            | 18       |                           |
| 19   |  |  | 239,091.                   | 19       | 262,303.                  |
| 20   | •  |  |                            | 20       |                           |
| 21   |  |  | CONTRACTOR ACTOR DOWN 1994 | 21       |                           |
| Se 22  | ,  | and the second s |                            |          |                           |
|  | key employees, highest compensated employees, a  | 1 1  |                            |          |                           |
| Liabilities 22                                       |  |  |                            | 22       |                           |
| _ 23   | 5 5 · · · · · · · · · · · · · · · · · ·  |  | 324,145.                   | 23       | 295,116.                  |
| 24   | The second secon |  |                            | 24       |                           |
| 25   | tan, payan.  |  | ì                          |          |                           |
|  | parties, and other liabilities not included on lines 17-   | 24). Complete Part X of  |                            |          |                           |
|  | Schedule D   |  | 9,926.                     | 25       | 6,297.                    |
| 26   |  |  | 716,168.                   | 26       | 726,274.                  |
|  | Organizations that follow SFAS 117 (ASC 958), ch   |  |                            |          |                           |
| <u>ة</u>   ق   | complete lines 27 through 29, and lines 33 and 34  |  |                            |          |                           |
| 27 8 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32 | ***************************************  |  | 1,209,738.                 | 27       | 1,139,887.                |
| <b>感   28</b>  | ***************************************  | 509,802.   | 28                         | 673,107. |                           |
| g   29   | ***************************************  |  | 54,147.                    | 29       | 54,863.                   |
|  | Organizations that do not follow SFAS 117 (ASC 9   | )58), check here ▶└──  |                            |          |                           |
| 0  | and complete lines 30 through 34.  |  |                            |          |                           |
| 30   |  |  |                            | 30       |                           |
| 31   | ,  |  |                            | 31       |                           |
| 32   | • , , , , , , , , , , , , , , , , , , ,  |  |                            | 32       |                           |
| _   33   | ***************************************  |  | 1,773,687.                 | 33       | 1,867,857.                |
| 34   | Total liabilities and net assets/fund balances   |  | 2,489,855.                 | 34       | 2,594,131.                |

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection

| Nan   | lame of the organization Employer identification number |   |   |   |                                     |                                  |                 |              |                            |  |  |  |  |
|-------|---|---|---|---|-------------------------------------|----------------------------------|-----------------|--------------|----------------------------|--|--|--|--|
|       |   |   | OW HILL MUSIC A                               |   |                                     |                                  |                 | 8            | 4-0781725                  |  |  |  |  |
| Pa    | rt I  | Reason for Public   | <b>Charity Status</b>                         | (All organizations must o   | omplete ti                          | nis part.) S                     | ee instruction  | s.           |                            |  |  |  |  |
| The   | organ   | ization is not a private foun   |   |   |                                     |                                  |                 | - W-         |                            |  |  |  |  |
| 1     |   | A church, convention of ch  |   |   |                                     |                                  |                 |              |                            |  |  |  |  |
| 2     |   | A school described in sec   |   |   |                                     |                                  |                 |              |                            |  |  |  |  |
| 3     |   | A hospital or a cooperative   |   |   |                                     |                                  | iii).           |              |                            |  |  |  |  |
| 4     |   | A medical research organia  |   |   |                                     |                                  |                 | Miii). Ente  | r the hospital's name.     |  |  |  |  |
|       |   | city, and state:  |   |   |                                     |                                  |                 |              |                            |  |  |  |  |
| 5     |   | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in |   |   |                                     |                                  |                 |              |                            |  |  |  |  |
|       |   | section 170(b)(1)(A)(iv). (Complete Part II.)   |   |   |                                     |                                  |                 |              |                            |  |  |  |  |
| 6     |   | A federal, state, or local go   |   | mental unit described in  | section 1                           | 70(b)(1)(A                       | )(v).           |              |                            |  |  |  |  |
| 7     |   | An organization that norma  |   |   |                                     |                                  |                 | he genera    | I nublic described in      |  |  |  |  |
|       |   | section 170(b)(1)(A)(vi). (C  |   |   |                                     |                                  |                 | o gonora     | ii pablic acsoribca ii i   |  |  |  |  |
| 8     |   | A community trust describ   |   | (1)(A)(vi). (Complete Par   | rt II.)                             |                                  |                 |              |                            |  |  |  |  |
| 9     |   | An agricultural research or   |   |   |                                     | ed in coni                       | unction with a  | land-gran    | t college                  |  |  |  |  |
|       |   | or university or a non-land-  |   |   |                                     |                                  |                 |              |                            |  |  |  |  |
|       |   | university:   |   | (   |                                     |                                  | ,, a otato o    |              | go oi                      |  |  |  |  |
| 10    | Х   | An organization that norma  | ally receives: (1) more                       | e than 33 1/3% of its su  | pport from                          | contributi                       | ons members     | ship fees    | and gross receipts from    |  |  |  |  |
|       |   | activities related to its exer  |   |   |                                     |                                  |                 |              |                            |  |  |  |  |
|       |   | income and unrelated busi   |   |   |                                     |                                  |                 |              |                            |  |  |  |  |
|       |   | See section 509(a)(2). (Co  |   | ,   |                                     |                                  |                 | ga           |                            |  |  |  |  |
| 11    |   | An organization organized   | and operated exclus                           | sively to test for public sa  | afetv. See                          | section 5                        | 09(a)(4).       |              |                            |  |  |  |  |
| 12    |   | An organization organized   |   |   |                                     |                                  |                 | arry out the | e purposes of one or       |  |  |  |  |
|       |   | more publicly supported or  |   |   |                                     |                                  |                 |              |                            |  |  |  |  |
|       |   | lines 12a through 12d that  |   |   |                                     |                                  |                 |              |                            |  |  |  |  |
| а     |   | Type I. A supporting orga   |   |   |                                     |                                  |                 |              | v aivina                   |  |  |  |  |
|       |   | the supported organization  |   |   |                                     |                                  |                 |              |                            |  |  |  |  |
|       |   | organization. You must o  |   |   |                                     |                                  |                 |              |                            |  |  |  |  |
| b     |   | Type II. A supporting org   |   |   | tion with i                         | ts support                       | ed organizatio  | n(s), by ha  | avina                      |  |  |  |  |
|       |   | control or management of  |   |   |                                     |                                  |                 |              |                            |  |  |  |  |
|       |   | organization(s). You mus  |   |   | ·                                   |                                  |                 | •            |                            |  |  |  |  |
| C     |   | Type III functionally inte  | grated. A supportin                           | g organization operated   | in connec                           | tion with.                       | and functiona   | liv integrat | ed with.                   |  |  |  |  |
|       |   | its supported organizatio   |   |   |                                     |                                  |                 | .,           | ,                          |  |  |  |  |
| d     |   | Type III non-functionally   |   |   |                                     |                                  |                 | rted organ   | ization(s)                 |  |  |  |  |
|       |   | that is not functionally int  |   |   |                                     |                                  |                 |              |                            |  |  |  |  |
|       |   | requirement (see instruct   |   |   |                                     |                                  |                 |              |                            |  |  |  |  |
| е     |   | Check this box if the orga  |   |   |                                     |                                  |                 | II. Type III |                            |  |  |  |  |
|       |   | functionally integrated, or   |   |   |                                     |                                  |                 |              |                            |  |  |  |  |
| f     | Ente  | r the number of supported o   |   |   |                                     |                                  |                 |              |                            |  |  |  |  |
| g     | Prov  | ide the following information   | about the supporte                            | ed organization(s).   |                                     |                                  |                 |              |                            |  |  |  |  |
|       | (i)   | ) Name of supported   | (ii) EIN                                      | (iii) Type of organization<br>(described on lines 1-10  | (iv) Is the orga<br>in your governi | nization listed<br>ing document? | (v) Amount of   | monetary     | (vi) Amount of other       |  |  |  |  |
|       |   | organization  |   | above (see instructions))   | Yes                                 | No                               | support (see in | structions)  | support (see instructions) |  |  |  |  |
|       |   |   |   |   |                                     |                                  |                 |              |                            |  |  |  |  |
|       |   |   |   |   |                                     |                                  |                 |              |                            |  |  |  |  |
|       |   |   |   |   |                                     |                                  |                 |              |                            |  |  |  |  |
|       |   |   |   |   |                                     |                                  |                 |              |                            |  |  |  |  |
|       |   |   |   |   |                                     |                                  |                 |              |                            |  |  |  |  |
|       |   |   |   |   |                                     |                                  |                 |              |                            |  |  |  |  |
|       |   |   |   |   |                                     |                                  |                 |              |                            |  |  |  |  |
|       |   |   |   |   |                                     |                                  |                 |              |                            |  |  |  |  |
|       |   |   |   |   |                                     |                                  |                 |              |                            |  |  |  |  |
|       |   | ·-·   | New York, Calaborate processes and the second | Tre Land Santage State of the |                                     | W. Bred P.                       |                 |              |                            |  |  |  |  |
| Total |   |   |   |   |                                     | <b>经经济的特别</b>                    |                 |              | 1                          |  |  |  |  |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017

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# Schedule A (Form 990 or 990-EZ) 2017 SWALLOW HILL MUSIC ASSOCIATION 84-0781725 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Se  | ction A. Public Support  |                      | •                     |                            | <del></del>                |                           |                 |
|-----|--|----------------------|-----------------------|----------------------------|----------------------------|---------------------------|-----------------|
| Cal | endar year (or fiscal year beginning in)   | (a) 2013             | <b>(b)</b> 2014       | (c) 2015                   | (d) 2016                   | (e) 2017                  | (f) Total       |
| 1   | Gifts, grants, contributions, and  |                      | (-,                   | (0) 20.0                   | (4) 2010                   | (0) 2017                  | (i) Iolai       |
|     | membership fees received. (Do not  |                      |                       |                            |                            |                           |                 |
|     | include any "unusual grants.")   |                      |                       |                            |                            |                           |                 |
| 2   |  |                      |                       |                            |                            |                           |                 |
|     | ization's benefit and either paid to   |                      |                       |                            |                            |                           |                 |
|     | or expended on its behalf  | İ                    |                       |                            |                            |                           |                 |
| 3   | The value of services or facilities  |                      |                       |                            | <u> </u>                   |                           |                 |
|     | furnished by a governmental unit to  | i                    |                       |                            |                            |                           |                 |
|     | the organization without charge  |                      |                       |                            |                            |                           |                 |
| 4   | Total. Add lines 1 through 3   |                      |                       |                            |                            |                           |                 |
| 5   | The portion of total contributions   | <b>以</b> 所称了         | <b>见处标志企业</b>         | THE RESIDENCE OF THE       | SHIPS TO ALL               |                           |                 |
|     | by each person (other than a   |                      |                       |                            |                            |                           |                 |
|     | governmental unit or publicly  |                      |                       |                            |                            | <b>建</b> 物研究设置            |                 |
|     | supported organization) included   |                      |                       |                            |                            |                           |                 |
|     | on line 1 that exceeds 2% of the   |                      |                       |                            |                            |                           |                 |
|     | amount shown on line 11,   |                      |                       |                            | Total and the              |                           |                 |
|     | column (f)   |                      |                       |                            |                            |                           |                 |
|     | Public support. Subtract line 5 from line 4.   |                      |                       |                            | 1.16.276.007               |                           |                 |
| Se  | ction B. Total Support   |                      |                       |                            |                            |                           |                 |
|     | ndar year (or fiscal year beginning in) 🕨  | (a) 2013             | <b>(b)</b> 2014       | (c) 2015                   | (d) 2016                   | (e) 2017                  | (f) Total       |
| 7   | Amounts from line 4  |                      |                       |                            |                            |                           |                 |
| 8   | Gross income from interest,  |                      |                       |                            |                            |                           |                 |
|     | dividends, payments received on  |                      |                       |                            |                            |                           |                 |
|     | securities loans, rents, royalties,  |                      |                       |                            |                            |                           |                 |
|     | and income from similar sources  |                      |                       |                            |                            |                           |                 |
| 9   | Net income from unrelated business   |                      |                       |                            |                            |                           |                 |
|     | activities, whether or not the   |                      |                       |                            |                            |                           |                 |
|     | business is regularly carried on   |                      |                       |                            |                            | 13                        |                 |
| 10  | Other income. Do not include gain  |                      |                       |                            |                            |                           |                 |
|     | or loss from the sale of capital   |                      |                       |                            |                            |                           |                 |
|     | assets (Explain in Part VI.)   |                      |                       |                            |                            |                           |                 |
|     | Total support. Add lines 7 through 10  |                      |                       |                            |                            | La transfer de la Company |                 |
|     | Gross receipts from related activities,  |                      |                       |                            |                            | 12                        |                 |
| 13  | First five years. If the Form 990 is for   |                      | s first, second, thir | d, fourth, or fifth ta     | ax year as a sectio        | n 501(c)(3)               |                 |
| Sar | organization, check this box and stop  | here                 |                       |                            |                            | ····                      | <b>&gt;</b>     |
|     | tion C. Computation of Publ  |                      |                       |                            |                            |                           |                 |
| 14  | Public support percentage for 2017 (I  | ine 6, column (f) di | vided by line 11, o   | olumn (f))                 |                            | 14                        | %               |
| 15  | Public support percentage from 2016  | Schedule A, Part     | II, line 14           |                            |                            | 15                        | %               |
| 16a | 33 1/3% support test - 2017. If the o  | rganization did no   | t check the box or    | n line 13, and line        | 14 is 33 1/3% or m         | nore, check this bo       | x and           |
|     | stop here. The organization qualifies  | as a publicly supp   | orted organization    |                            |                            | •••••                     | ▶∟              |
| D   | 33 1/3% support test - 2016. If the o  | rganization did no   | t check a box on l    | ine 13 or 16a, and         | line 15 is 33 1/3%         | or more, check th         | is box          |
| 172 | and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,                                 |                      |                       |                            |                            |                           |                 |
| 1/2 | and if the organization master the ""  | - 2017. If the orga  | anization did not c   | neck a box on line         | : 13, 16a, or 16b, a       | and line 14 is 10%        | or more,        |
|     | and if the organization meets the "fact  | ts-and-circumstand   | ces" test, check tr   | is box and <b>stop h</b>   | <b>ere.</b> Explain in Par | t VI how the organi       | zation          |
| h   | meets the "facts-and-circumstances"  | test. The organizat  | tion qualifies as a   | publicly supported         | organization               |                           | ▶└─┘            |
| D   | 10% -facts-and-circumstances test  | - 2016. If the orga  | anization did not c   | neck a box on line         | : 13, 16a, 16b, or 1       | 7a, and line 15 is 1      | 0% or           |
|     | more, and if the organization meets the  | e iacis-and-circui   | mstances" test, ch    | eck this box and s         | stop nere. Explain         | in Part VI how the        | . —             |
| 12  | organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions |                      |                       |                            |                            |                           |                 |
| 10  | ate ioundation. II the organization  | i did not check a l  | oox on line 13, 16a   | <u>i, 160, 17a, or 17b</u> |                            |                           |                 |
|     |  |                      |                       |                            | Sche                       | dule A (Form 990          | or 990-EZ) 2017 |

## Schedule A (Form 990 or 990-EZ) 2017 SWALLOW HILL MUSIC ASSOCIATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

| Se  | ction A. Public Support  | elow, please comp                       | nete Part II.)                        |  | <del>.</del>        |   |             |
|-----|--|---|---------------------------------------|--|---------------------|---|-------------|
| _   | endar year (or fiscal year beginning in)   | (a) 2013                                | <b>(b)</b> 2014                       | (c) 2015   | (d) 2016            | (e) 2017  | (f) Total   |
|     | Gifts, grants, contributions, and  |   |                                       | 1-7  | ,_,                 | (5) = 5 11  | 1.7 . 5     |
|     | membership fees received. (Do not  |   |                                       |  |                     |   |             |
|     | include any "unusual grants.")   | 884,032.                                | 993,225.                              | 1,039,518.   | 1,125,386.          | 1,176,750.  | 5,218,911.  |
| 2   | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose | 3,646,137.                              | 4,335,113.                            | 4,553,987.   | 4,287,904.          | 4,769,229.  | 21,592,370. |
| 3   | Gross receipts from activities that  | , ,                                     |                                       |  |                     | 2,100,000   | 42,332,370. |
|     | are not an unrelated trade or business under section 513   |   |                                       |  |                     |   |             |
| 4   | Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>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   | 4,530,169.                              | 5,328,338.                            | 5,593,505.   | 5,413,290.          | 5,945,979.  | 26,811,281. |
|     | Amounts included on lines 1, 2, and  | , |                                       | -,,,   | -,120,200.          | 0,313,313.  | 20,011,201. |
|     | 3 received from disqualified persons   |   |                                       | İ  |                     |   | 0.          |
| t   | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the  |   |                                       |  |                     |   |             |
|     | amount on line 13 for the year   |   |                                       |  | <u>.</u>            |   | 0.          |
|     | Add lines 7a and 7b  | Also a managed and the control          | an dies de la lamba delle communicati | 011 10 0 0 0 1 1 2 1 1 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Not also an inches  | F 820 556 Cat Cat Cat Cat Cat Cat Cat Cat Cat Cat | 0.          |
| 8   | Public support. (Subtract line 7c from line 6.)  |   | 在 混乱 医性阴道结束                           |  |                     |   | 26,811,281. |
|     | ction B. Total Support   | т                                       |                                       |  | <del></del>         |   |             |
|     | ndar year (or fiscal year beginning in)  | (a) 2013                                | (b) 2014                              | (c) 2015   | (d) 2016            | (e) 2017  | (f) Total   |
|     | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties,  | 4,530,169.                              | 5,328,338.                            | 5,593,505.   | 5,413,290.          | 5,945,979.  | 26,811,281. |
| b   | and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  | 32,671.                                 | 19,441.                               | 20,476.  | 22,063.             | 33,159.   | 127,810.    |
| c   | Add lines 10a and 10b  | 32,671.                                 | 19,441.                               | 20,476.  | 22,063.             | 33,159.   | 127,810.    |
|     | Net income from unrelated business activities not included in line 10b, whether or not the business is regulately carried on   | 940.                                    | 1,950.                                | ,  | 500.                | 33,233.   | 3,390.      |
| 12  | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  |   |                                       |  | 333.                |   | 3,330.      |
| 13  | Total support. (Add lines 9, 10c, 11, and 12.)   | 4,563,780.                              | 5,349,729.                            | 5,613,981.   | 5,435,853.          | 5,979,138.  | 26,942,481. |
| 14  | First five years. If the Form 990 is for   | the organization's                      | first, second, third                  | fourth, or fifth tax                                 | year as a section   | 501(c)(3) organiza                                | <u> </u>    |
|     | check this box and stop here   |   | <u></u>                               |  |                     |   |             |
| Sec | tion C. Computation of Publi   | c Support Per                           | centage                               |  |                     |   |             |
| 15  | Public support percentage for 2017 (li   | ne 8, column (f) div                    | rided by line 13, co                  | lumn (f))  | TOP PATHABILITATION | 15  | 99.51 %     |
| 16  | Public support percentage from 2016  | Schedule A, Part I                      | II, line 15                           |  |                     | 16  | 99.55 %     |
| Sec | tion D. Computation of Inves   | tment Income                            | Percentage                            |  |                     |   |             |
|     | Investment income percentage for 20  |   |                                       | 13, column (f))                                      |                     | 17  | .47 %       |
|     | Investment income percentage from 2  |   |                                       | 41405410410  |                     | 18  | .37 %       |
|     | 33 1/3% support tests - 2017. If the   |   |                                       |  |                     |   |             |
|     | more than 33 1/3%, check this box ar 33 1/3% support tests - 2016. If the  | d stop here. The                        | organization qualifi                  | es as a publicly su                                  | pported organiza    | tion  | <b>▶ x</b>  |
| ~   | line 18 is not more than 33 1/3%, check  |   |                                       |  |                     |   |             |
| 20  | Private foundation. If the organization  |   |                                       |  |                     |   |             |
|     | 3 10-06-17   | . a.a not oneon a b                     | OX OIT III 19 14, 19d,                | or 190, Check this                                   |                     | dule A (Form 990                                  |             |

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (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?
- 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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.)

| Par and a second | Yes          | No      |
|------------------|--------------|---------|
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| 10b              | 300          |         |

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| Pa     | rt IV   Supporting Organizations (continued)   |             |             |           |
|--------|--|-------------|-------------|-----------|
|        |  |             | 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         |             |           |
|        | A family member of a person described in (a) above?  | 11b         | <u> </u>    | <u> </u>  |
|        | 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         |             |           |
| Sec    | tion B. Type I Supporting Organizations  |             |             |           |
|        |  |             | Yes         | No        |
| 1      | Did the directors, trustees, or membership of one or more supported organizations have the power to                          |             |             |           |
|        | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the           |             |             |           |
|        | tax year? 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                    |             |             | Street of |
|        | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.                       | 1           |             |           |
| 2      | Did the organization operate for the benefit of any supported organization other than the supported                          |             |             |           |
|        | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in                   |             |             |           |
|        | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,                  |             | Track)      | A. A. L.  |
| _      | supervised, or controlled the supporting organization.   | 2           |             |           |
| Sec    | tion C. Type II Supporting Organizations   |             | _           |           |
|        |  |             | Yes         | No        |
| 1      | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors             |             |             |           |
|        | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control                |             | 13110       |           |
|        | or management of the supporting organization was vested in the same persons that controlled or managed                       |             |             |           |
|        | the supported organization(s).   | 1           |             |           |
| Sec    | tion D. All Type III Supporting Organizations  | _           |             |           |
|        |  |             | Yes         | No        |
| 1      | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the               | 177         |             |           |
|        | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax        | 200         |             |           |
|        | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the       | 1375        |             |           |
|        | 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             |             |             | 30.0      |
|        | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how           |             |             | UNITED BY |
|        | 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                   |             | 10.5%       |           |
|        | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's                 |             | 100         |           |
|        | supported organizations played in this regard.   | 3           |             | <u> </u>  |
| Sec    | tion E. Type III Functionally Integrated Supporting Organizations  |             |             |           |
| 1      | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction | ıs).        |             |           |
| а      | The organization satisfied the Activities Test. Complete line 2 below.   |             |             |           |
| b      | The organization is the parent of each of its supported organizations. Complete line 3 below.                                |             |             |           |
| С      | The organization supported a governmental entity, Describe in Part VI how you supported a government entity (see in          | nstructions | s <u>).</u> |           |
| 2      | Activities 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          |             |           |
| þ      | 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                 | 2000 TO     | 380         |           |
|        | 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.   |             |             | A VI      |
| 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          | - 4         |           |
| b      | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each          | <b>引发置性</b> |             |           |
|        | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.            | 3b          |             |           |
| 732025 | Schedule A (Form   | 990 or 90   | 10-EZ       | 2017      |

| art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. A |                                 |                            |                                |  |
|---|---------------------------------|----------------------------|--------------------------------|--|
| 1 Check here if the organization satisfied the Integral Part Test as a qualify other Type III non-functionally integrated supporting organizations must   |                                 |                            | Part VI.) See instruction      |  |
| outer Type in normalizationally integrated supporting organizations must  | complete Se                     | ctions A through E.        | (D) Comment Veer               |  |
| Section A - Adjusted Net Income   |                                 | (A) Prior Year             | (B) Current Year<br>(optional) |  |
| 1 Net short-term capital gain   | 1                               |                            |                                |  |
| 2 Recoveries of prior-year distributions  | 2                               |                            |                                |  |
| 3 Other gross income (see instructions)   | 3                               |                            |                                |  |
| 4 Add lines 1 through 3   | 4                               |                            |                                |  |
| 5 Depreciation and depletion  | 5                               |                            |                                |  |
| 6 Portion of operating expenses paid or incurred for production or  |                                 |                            |                                |  |
| collection of gross income or for management, conservation, or  |                                 |                            |                                |  |
| maintenance of property held for production of income (see instructions)  | 6                               |                            |                                |  |
| 7 Other expenses (see instructions)   | 7                               |                            |                                |  |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  | 8                               |                            |                                |  |
| ection B - Minimum Asset Amount   |                                 | (A) Prior Year             | (B) Current Year<br>(optional) |  |
| 1 Aggregate fair market value of all non-exempt-use assets (see   |                                 |                            | SECTION OF SECTION             |  |
| instructions for short tax year or assets held for part of year):   |                                 |                            |                                |  |
| a Average monthly value of securities   | 1a                              |                            |                                |  |
| b Average monthly cash balances   | 1b                              |                            |                                |  |
| c Fair market value of other non-exempt-use assets  | 1c                              |                            |                                |  |
| d Total (add lines 1a, 1b, and 1c)  | 1d                              |                            |                                |  |
| e Discount claimed for blockage or other  |                                 |                            |                                |  |
| factors (explain in detail in Part VI):   |                                 |                            |                                |  |
| 2 Acquisition indebtedness applicable to non-exempt-use assets  | 2                               |                            |                                |  |
| 3 Subtract line 2 from line 1d  | 3                               |                            |                                |  |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,  |                                 |                            |                                |  |
| see instructions)   | 4                               |                            |                                |  |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5                               |                            |                                |  |
| 6 Multiply line 5 by .035   | 6                               |                            |                                |  |
| 7 Recoveries of prior-year distributions  | 7                               |                            |                                |  |
| 8 Minimum Asset Amount (add line 7 to line 6)   | 8                               |                            |                                |  |
| ection C - Distributable Amount   | 787<br>127<br>127<br>137<br>141 |                            | Current Year                   |  |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A)   | 1                               |                            |                                |  |
| 2 Enter 85% of line 1   | 2                               |                            |                                |  |
| Minimum asset amount for prior year (from Section B, line 8, Column A)  | 3                               |                            |                                |  |
| 4 Enter greater of line 2 or line 3   | 4                               |                            |                                |  |
| 5 Income tax imposed in prior year  | 5                               |                            |                                |  |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to  | 757.55                          |                            |                                |  |
| emergency temporary reduction (see instructions)  | 6                               |                            |                                |  |
| 7 Check here if the current year is the organization's first as a non-functional  | ally integrate                  | d Type III supporting orga | anization (see                 |  |

Schedule A (Form 990 or 990-EZ) 2017

| 14 4 4 4                                     | Type III Non-runctionally integrated 50  | e(a)(3) Supporting Org   | anizations (continued)   |  |
|--|--|--|--|--|
|  | ion D - Distributions  |  |  | Current Year                                   |
| 1_   | Amounts paid to supported organizations to accomplish ex                           |  |  |  |
| 2  | Amounts paid to perform activity that directly furthers exem                       | pt purposes of supported   |  |  |
| _  | organizations, in excess of income from activity                                   |  |  |  |
| 3  | Administrative expenses paid to accomplish exempt purpos                           | ses of supported organization  | ns   |  |
| 4  | Amounts paid to acquire exempt-use assets  |  |  |  |
| 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.                                 |  |  |  |
| В  | Distributions to attentive supported organizations to which t                      | the organization is responsiv  | e  |  |
|  | (provide details in Part VI). See instructions.                                    |  |  |  |
| 9  | Distributable amount for 2017 from Section C, line 6                               |  |  |  |
| )  | Line 8 amount divided by line 9 amount   |  |  |  |
| ecti   | on E - Distribution Allocations (see instructions)                                 | (i)<br>Excess Distributions  | (ii)<br>Underdistributions<br>Pre-2017   | (iii)<br>Distributable<br>Amount for 2017      |
| ı  | Distributable amount for 2017 from Section C, line 6                               |  |  |  |
| 2  | Underdistributions, if any, for years prior to 2017 (reason-                       |  | Commence of the Comment of the Comme |  |
|  | able cause required- explain in Part VI). See instructions.                        |  |  |  |
| 3  | Excess distributions carryover, if any, to 2017                                    |  |  |  |
| а  |  |  |  |  |
| b  | From 2013  |  |  |  |
|  | From 2014  |  |  |  |
|  | From 2015  |  |  |  |
|  | From 2016  |  |  |  |
| _  | Total of lines 3a through e  | A SECTION OF THE PROPERTY OF T |  |  |
|  | Applied to underdistributions of prior years                                       |  |  |  |
|  | Applied to 2017 distributions of prior years  Applied to 2017 distributable amount |  | Mar Peril of Market Enterior Control Statement   |  |
|  |  |  |  | TO SEE CASE OF THE PROPERTY OF THE PROPERTY OF |
| <u>i</u>                                     | Carryover from 2012 not applied (see instructions)                                 |  |  |  |
| <u>.                                    </u> | Remainder. Subtract lines 3g, 3h, and 3i from 3f.                                  | \$ 10 mag on 2007 - 2009 - 2000 12 - 402 P2004   |  |  |
| ŀ  | Distributions for 2017 from Section D,   |  |  |  |
|  | line 7:  |  |  |  |
|  | Applied to underdistributions of prior years                                       |  | Waster of the state of the stat |  |
|  | Applied to 2017 distributable amount   |  |  |  |
|  | Remainder. Subtract lines 4a and 4b from 4.  | OF CHERTY SIG IN LIME AND ADDRESS OF   |  |  |
| 5  | Remaining underdistributions for years prior to 2017, if                           |  |  |  |
|  | any. Subtract lines 3g and 4a from line 2. For result greater                      |  |  |  |
|  | than zero, explain in Part VI. See instructions.                                   |  |  |  |
| ,  | Remaining underdistributions for 2017. Subtract lines 3h                           |  |  |  |
|  | and 4b from line 1. For result greater than zero, explain in                       |  |  |  |
|  | Part VI. See instructions.   |  |  |  |
|  | Excess distributions carryover to 2018. Add lines 3j                               |  |  |  |
|  | and 4c.  |  |  |  |
|  | Breakdown of line 7:   |  |  | 学的 化基础设置 医多种                                   |
| a  | Excess from 2013   |  |  |  |
| b  | Excess from 2014   |  |  |  |
|  | Excess from 2015   |  |  |  |
| _  | Excess from 2016   |  | A CONTROL OF THE PROPERTY OF T |  |
|  | Excess from 2017   |  |  |  |

Schedule A (Form 990 or 990-EZ) 2017

| Schedule A | (Form 990 or 990-EZ) 2017 SWALLOW HILL MUSIC ASSOCIATION   | 84-0781725  | Page 8 |
|------------|--|---|--------|
| Part VI    | <b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any a | ines 1 and 2; Part IV, Secti<br>Part V. Section B. line 1e: I | on C.  |
|            | (See instructions.)  | dditional information.  |        |
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

| Name of the organization  | Employer identification number   |                                      |  |  |
|---|--|--------------------------------------|--|--|
| s   | WALLOW HILL MUSIC ASSOCIATION  | 84-0781725                           |  |  |
| Organization type (check  | cone):   |                                      |  |  |
| 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   |                                      |  |  |
|   |  |                                      |  |  |
|   | n is covered by the <b>General Rule</b> or a <b>Special Rule</b> .   |                                      |  |  |
| Note: Only a section 501(   | c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F   | tule. See instructions.              |  |  |
| General Rule  |  |                                      |  |  |
|   | ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor   |                                      |  |  |
| Special Rules   |  |                                      |  |  |
| sections 509(a)(1<br>any one contribu   | on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a tor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amo Z, line 1. Complete Parts I and II.   | a, or 16b, and that received from    |  |  |
| year, total contrib   | on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fron<br>outions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or edulate for the control of t |                                      |  |  |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year |  |                                      |  |  |
| but it <b>must</b> answer "No" o  | that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its for the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).   |                                      |  |  |
| LHA For Paperwork Rec   | duction Act Notice, see the instructions for Form 990, 990-FZ, or 990-PE. Schedule   | R (Form 990 990-F7 or 990-PF) (2017) |  |  |

| Schedule B (Form 990, 990-EZ, or 990-PF) (2017) | Page                           |
|---|--------------------------------|
| Name of organization                            | Employer identification number |
| SWALLOW HILL MUSIC ASSOCIATION                  | 84-0781725                     |

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additi            | onal space is needed.      |                             |
|------------|--|----------------------------|-----------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions    | (d) Type of contribution    |
| 1          | KELLEY KNOX FAMILY FOUNDATION  1555 BLAKE ST STE 200  DENVER, CO 80202               | <b>\$</b> \$               | Person X Payroll            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions    | (d)<br>Type of contribution |
| 2          | DENVER FOUNDATION - YOUNGGREN FAMILY FUND  55 MADISON ST 8TH FLOOR  DENVER, CO 80206 | -<br>-<br>\$\$             | Person X Payroll            |
| (a)<br>No. | (b) Name, address, and ZIP + 4   | (c) Total contributions    | (d) Type of contribution    |
| 3          | FAIRFIELD AND WOODS, PC  670 FOX ST  DENVER, CO 80204                                | \$\$                       | Person X Payroll            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions    | (d)<br>Type of contribution |
| 4          | ANITA C SMITH  3290 S. CLERMONT ST.  DENVER, CO 80222                                | 5,000.                     | Person X Payroll            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution |
| 5          | ROCKY MOUNTAIN AUDIO FEST  363 COOK ST  DENVER, CO 80206                             | 5,000.                     | Person X Payroll            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution |
| 6          | PINKERT FOUNDATION  705 POTOMAC KNOLLS DR  MCLEAN, VA 22102                          | \$5,000.                   | Person X Payroll            |
| 23452 11-0 | 1 17   | Ontrodula D./Farris        | 000 000 E7 000 DE\/0047\    |

| Name of o  | rganization  |                                  | Pa<br>Employer identification number                                     |
|------------|--|----------------------------------|--|
| SWALLOW    | HILL MUSIC ASSOCIATION   |                                  | 84-0781725   |
| Part I     | Contributors (see instructions). Use duplicate copies of Part                | I if additional space is needed. | <u> </u>   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contribution        | (d) Type of contribution   |
| 7          | THE HBB FOUNDATION   |                                  | Person X Payroll   |
|            | DEKALB, IL 60115   | \$ 5,                            | O00. Noncash (Complete Part II for noncash contributions.)               |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contribution        | (d) Type of contribution   |
| 8          | THE KENNETH KING FOUNDATION  100 FILLMORE STREET SUITE 500  DENVER, CO 80206 | \$5,                             | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contribution        | (d)<br>s Type of contribution  |
| 9          | CHARLES VASILIUS  11201 LINDA VISTA DR.  LAKEWOOD, CO 80215                  | \$\$,                            | Person X Payroll Noncash (Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contribution        | (d)<br>s Type of contribution  |
| 10         | LAUREN FISHER  PO BOX 1166  SILVERTHORNE, CO 80498                           | \$6,                             | Person X Payroll Noncash (Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b) Name, address, and ZIP + 4   | (c) Total contribution           | (d)<br>S Type of contribution  |
| 11         | INTELLISOURCE  1899 WYNKOOP STREET, SUITE 200  DENVER, CO 80202              |                                  | Person X Payroll Noncash (Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions       | (d)  Type of contribution  |
| 12         | INVESTMENT COMMUNITY OF THE ROCKIES  |                                  | Person X   |

Person Payroll

Noncash (Complete Part II for

noncash contributions.)

PO BOX 2165

FORT COLLINS, CO 80522

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization Employer identification number SWALLOW HILL MUSIC ASSOCIATION 84-0781725

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional      | al space is needed.            |   |
|------------|--|--------------------------------|---|
| (a)        | (b)  | (c)                            | (d)   |
| No.        | Name, address, and ZIP + 4   | Total contributions            | Type of contribution  |
| 13         | RIGHT ON PRODUCTIONS  4438 TENNYSON ST.  DENVER, CO 80212                          | \$6,798.                       | Person X Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)                            | (d)   |
| 140.       | Name, address, and ZIF + 4   | Total contributions            | Type of contribution  |
| 14         | OFFICE OF CHILDREN'S AFFAIRS  201 W COLFAX AVE DEPT 1101  DENVER, CO 80202         | \$8,183.                       | Person X Payroll  |
| (a)<br>No. | (b) Name, address, and ZIP + 4   | (c)                            | (d)   |
| 15         | ANSCHUTZ FOUNDATION  1727 TREMONT PLACE  DENVER, CO 80202                          | Total contributions  \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b) Name, address, and ZIP + 4   | (c) Total contributions        | (d) Type of contribution  |
| 16         | IMPLANT AND ORAL SURGERY CENTER  6179 S. BALSAM WAY STE. 100  LITTLETON, CO 80123  | \$10,000.                      | Person X Payroll  |
| (a)<br>No. | (b) Name, address, and ZIP + 4   | (c)<br>Total contributions     | (d)<br>Type of contribution   |
| 17         | E. BLUM FUND FOR CONSERVATION & COMMON GOOD  3182 S JOSEPHINE ST  DENVER, CO 80210 | \$12,000.                      | Person X Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions     | (d) Type of contribution  |
| 18         | PEYBACK FOUNDATION  PO BOX 3367  ENGLEWOOD, CO 80155                               | \$15,000.                      | Person X Payroll  Noncash (Complete Part II for noncash contributions.) |

Name of organization Employer identification number SWALLOW HILL MUSIC ASSOCIATION 84-0781725

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if addition                              | al space is needed.        |  |
|------------|--|----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions    | (d)<br>Type of contribution  |
| 19         | THE DENVER FOUNDATION  55 MADISON ST 8TH FLOOR  DENVER, CO 80206   | \$20,000.                  | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 20         | PHILIPPA MARRACK  4350 MONTVIEW BLVD  DENVER, CO 80207   | \$25,000.                  | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions    | (d) Type of contribution   |
| 21         | BONFILS-STANTON FOUNDATION  1601 ARAPAHOE ST  DENVER, CO 80202   | \$25,000.                  | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions    | (d)<br>Type of contribution  |
| 22         | LOGAN FAMILY CHATHAM FUND  575 MARKET ST., STE. 3165  SAN FRANCISCO, CA 94105                            | \$5,000.                   | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 23         | THE JAMES A.C. & MAUREEN A. KENNEDY CHARITABLE GIVING FUND  4229 S. BELLAIRE CIRCLE  ENGLEWOOD, CO 80113 | \$12,000.                  | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution   |
| 24         | THE SPROUT FOUNDATION  1500 WYNKOOP ST. SUITE 200  DENVER, CO 80202                                      | \$                         | Person X Payroll   |

|            | B (Form 990, 990·EZ, or 990·PF) (2017)  |                            | Page   |
|------------|---|----------------------------|--|
| Name of o  | rganization   | [                          | Employer identification number                                       |
| SWALLOW    | HILL MUSIC ASSOCIATION  |                            | 84-0781725   |
| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | al space is needed.        |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d) Type of contribution   |
| 25         | KLAU FAMILY FOUNDATION FUND AT COMMUNITY FIRST FOUNDATION                     |                            | Person X Payroll   |
|            | 1133 14TH ST. STE 3020<br>DENVER, CO 80202-2265                               | \$15,0                     | (Complete Part II for noncash contributions.)                        |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d) Type of contribution   |
| 26         | PITON FOUNDATION - GARY COMMUNITY INVESTMENTS                                 |                            | Person X Payroll   |
|            | 1705 17TH ST SUITE 200  DENVER, CO 80202                                      | \$5,0                      | (Complete Part II for noncash contributions.)                        |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d)<br>Type of contribution  |
|            |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
|            |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.) |

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| Name of org                  | 3 (Form 990, 990-EZ, or 990-PF) (2017)<br>panization           |   | Pa<br>Employer identification number |
|------------------------------|--|---|--------------------------------------|
| SWALLOW 1                    | HILL MUSIC ASSOCIATION   |   | 84-0781725                           |
| Part II                      | Noncash Property (see instructions). Use duplicate copies of F | Part II if additional space is needed           | l.                                   |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                     | (c)<br>FMV (or estimate)<br>(See instructions,  | I Data received                      |
|                              |  | \$  |                                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                     | (c)<br>FMV (or estimate)<br>(See instructions.) |                                      |
|                              |  | \$  |                                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                     | (c)<br>FMV (or estimate)<br>(See instructions.) | I Data received                      |
|                              |  | \$  |                                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                     | (c)<br>FMV (or estimate)<br>(See instructions.) | Doto received                        |
|                              |  | \$  |                                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                     | (c)<br>FMV (or estimate)<br>(See instructions.) |                                      |
|                              |  | <br>\$  |                                      |
| (a)<br>No.<br>from           | (b)  Description of noncash property given                     | (c) FMV (or estimate) (See instructions.)       | (d)<br>Date received                 |

723454 11-01-17

Relationship of transferor to transferee

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

Open to Public Inspection

Name of the organization

SWALLOW HILL MUSIC ASSOCIATION

**Employer identification number** 84-0781725

OMB No. 1545-0047

|           | organization answered "Yes" on Form 990, Part IV, line 6.   | (a) Donor advised funds  | (b) Fu                         | nds and other accounts   |
|-----------|---|--|--------------------------------|--|
| 4         | Total number at end of year   | (a) Bollot davised failes  | (6) 1 0                        | ids and other accounts   |
| 1 2       | Aggregate value of contributions to (during year)   |  |                                |  |
|           |   |  |                                |  |
| 3         | Aggregate value of grants from (during year)  |  |                                |  |
| 4         | Aggregate value at end of year  |  |                                |  |
| 5         | Did the organization inform all donors and donor advisors in writi  |  |                                |  |
| _         | are the organization's property, subject to the organization's exc  |  |                                | Yes No   |
| 6         | Did the organization inform all grantees, donors, and donor advis   |  | •                              |  |
|           | for charitable purposes and not for the benefit of the donor or do  |  | _                              |  |
| Pa        | impermissible private benefit?  rt II Conservation Easements. Complete if the organize  | retion annuared #Vee!! on Form 200 Peak!   |                                |  |
| 100       | 3   | <del></del>  | v, line i                      | ·  |
| 1         | Purpose(s) of conservation easements held by the organization (   |  |                                |  |
|           | Preservation of land for public use (e.g., recreation or educ   |  |                                |  |
|           | Protection of natural habitat   | Preservation of a certified  | historic                       | structure  |
| _         | Preservation of open space  |  |                                |  |
| 2         | Complete lines 2a through 2d if the organization held a qualified   | conservation contribution in the form of a   | conser                         |  |
|           | day of the tax year.  |  | No.                            | Held at the End of the Tax Year  |
| а         | Total number of conservation easements  |  |                                |  |
| b         | Total acreage restricted by conservation easements  |  |                                |  |
| С         | Number of conservation easements on a certified historic structu  |  | 2c                             |  |
| d         | Number of conservation easements included in (c) acquired after   |  |                                |  |
|           | listed in the National Register   |  | 2d                             |  |
| 3         | Number of conservation easements modified, transferred, release   | ed, extinguished, or terminated by the org   | anizatio                       | n during the tax   |
|           | year -  |  |                                |  |
| 4         | Number of states where property subject to conservation easem   |  |                                |  |
| 5         | Does the organization have a written policy regarding the periodi   |  |                                |  |
|           | violations, and enforcement of the conservation easements it hold   |  |                                |  |
| 6         | Staff and volunteer hours devoted to monitoring, inspecting, han  | dling of violations, and enforcing conserva  | tion ea                        | sements during the year  |
|           |   |  |                                |  |
| 7         | Amount of expenses incurred in monitoring, inspecting, handling   | of violations, and enforcing conservation  | easeme                         | nts during the year  |
|           | <b>▶</b> \$   |  |                                |  |
| 8         | Does each conservation easement reported on line 2(d) above sa  | tisfy the requirements of section 170(h)(4)  | (B)(i)                         |  |
|           | and section 170(h)(4)(B)(ii)?   |  |                                | Yes  |
| 9         | In Part XIII, describe how the organization reports conservation e  | asements in its revenue and expense stat   | ement,                         | and balance sheet, and   |
|           | include, if applicable, the text of the footnote to the organization'   | s financial statements that describes the c  | rganiza                        | tion's accounting for  |
|           | conservation easements.   |  |                                |  |
| Pa        | t III Organizations Maintaining Collections of A  | t, Historical Treasures, or Other  | <sup>.</sup> Simi              | lar Assets.  |
| 10000     |   |  |                                |  |
| Under the | Complete if the organization answered "Yes" on Form 990   | ), Part IV, line 8.  |                                |  |
|           | Complete if the organization answered "Yes" on Form 990 If the organization elected, as permitted under SFAS 116 (ASC 9   |  | and bal                        | ance sheet works of art,   |
|           | If the organization elected, as permitted under SFAS 116 (ASC 9   | 58), not to report in its revenue statement  |                                |  |
|           |   | 58), not to report in its revenue statement on, education, or research in furtherance of   |                                |  |
| 1a        | If the organization elected, as permitted under SFAS 116 (ASC 9 historical treasures, or other similar assets held for public exhibiting the text of the footnote to its financial statements that describes  | 58), not to report in its revenue statement on, education, or research in furtherance of these items.  | of public                      | service, provide, in Part XIII,  |
| 1a        | If the organization elected, as permitted under SFAS 116 (ASC 9 historical treasures, or other similar assets held for public exhibiting the text of the footnote to its financial statements that describes of the organization elected, as permitted under SFAS 116 (ASC 9).  | 58), not to report in its revenue statement on, education, or research in furtherance of these items.  58), to report in its revenue statement and   | of public                      | e sheet works of art, historical   |
| 1a        | If the organization elected, as permitted under SFAS 116 (ASC 9 historical treasures, or other similar assets held for public exhibiting the text of the footnote to its financial statements that describes  | 58), not to report in its revenue statement on, education, or research in furtherance of these items.  58), to report in its revenue statement and   | of public                      | e sheet works of art, historical   |
| 1a        | If the organization elected, as permitted under SFAS 116 (ASC 9 historical treasures, or other similar assets held for public exhibition the text of the footnote to its financial statements that describes of the organization elected, as permitted under SFAS 116 (ASC 9 treasures, or other similar assets held for public exhibition, educated the second statements.   | 58), not to report in its revenue statement on, education, or research in furtherance of these items. 58), to report in its revenue statement and attion, or research in furtherance of public s   | of public<br>balanc<br>ervice, | e service, provide, in Part XIII, e sheet works of art, historical provide the following amounts     |
| 1a        | If the organization elected, as permitted under SFAS 116 (ASC 9 historical treasures, or other similar assets held for public exhibition the text of the footnote to its financial statements that describes If the organization elected, as permitted under SFAS 116 (ASC 9 treasures, or other similar assets held for public exhibition, educated to these items:  (i) Revenue included on Form 990, Part VIII, line 1   | 58), not to report in its revenue statement on, education, or research in furtherance of these items. 58), to report in its revenue statement and ation, or research in furtherance of public s  | balance<br>balance<br>ervice,  | e service, provide, in Part XIII, e sheet works of art, historical provide the following amounts     |
| 1a        | If the organization elected, as permitted under SFAS 116 (ASC 9 historical treasures, or other similar assets held for public exhibition the text of the footnote to its financial statements that describes If the organization elected, as permitted under SFAS 116 (ASC 9 treasures, or other similar assets held for public exhibition, educated relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  | 58), not to report in its revenue statement on, education, or research in furtherance of these items. 58), to report in its revenue statement and ation, or research in furtherance of public s  | balancervice,                  | e sheet works of art, historical provide the following amounts  \$                                   |
| 1a<br>b   | If the organization elected, as permitted under SFAS 116 (ASC 9 historical treasures, or other similar assets held for public exhibition the text of the footnote to its financial statements that describes If the organization elected, as permitted under SFAS 116 (ASC 9 treasures, or other similar assets held for public exhibition, educated treasures included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X   | 58), not to report in its revenue statement on, education, or research in furtherance of these items. 58), to report in its revenue statement and ation, or research in furtherance of public sees, or other similar assets for financial gain                                   | balancervice,                  | e service, provide, in Part XIII, e sheet works of art, historical provide the following amounts \$  |
| 1a<br>b   | If the organization elected, as permitted under SFAS 116 (ASC 9 historical treasures, or other similar assets held for public exhibition the text of the footnote to its financial statements that describes If the organization elected, as permitted under SFAS 116 (ASC 9 treasures, or other similar assets held for public exhibition, educate relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasure the following amounts required to be reported under SFAS 116 (ASC 9). | 58), not to report in its revenue statement on, education, or research in furtherance of these items. 58), to report in its revenue statement and ation, or research in furtherance of public sees, or other similar assets for financial gair ASC 958) relating to these items: | balancervice,                  | e service, provide, in Part XIII, e sheet works of art, historical provide the following amounts  \$ |
| 1a<br>b   | If the organization elected, as permitted under SFAS 116 (ASC 9 historical treasures, or other similar assets held for public exhibition the text of the footnote to its financial statements that describes If the organization elected, as permitted under SFAS 116 (ASC 9 treasures, or other similar assets held for public exhibition, educated treasures included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X   | 58), not to report in its revenue statement on, education, or research in furtherance of these items. 58), to report in its revenue statement and ation, or research in furtherance of public sees, or other similar assets for financial gair ASC 958) relating to these items: | balancervice,                  | e service, provide, in Part XIII, e sheet works of art, historical provide the following amounts \$  |

732051 10-09-17

|          |   | LL MUSIC ASSOCIA        |                         |   |                 |                                       | 07817                                   |          | P      | age 2      |
|----------|---|-------------------------|-------------------------|---|-----------------|---------------------------------------|---|----------|--------|------------|
| Pa       | rt III   Organizations Maintaining C  |                         |                         |   |                 |                                       |   |          |        |            |
| 3        | Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items |                         |                         |   |                 |                                       |   |          |        |            |
|          | (check all that apply):   |                         |                         |   |                 |                                       |   |          |        |            |
| а        | Public exhibition d Loan or exchange programs   |                         |                         |   |                 |                                       |   |          |        |            |
| b        | Scholarly research  | е                       | Other                   |   |                 |                                       |   |          |        |            |
| С        | Preservation for future generations   |                         |                         |   |                 |                                       |   |          |        |            |
| 4        | Provide a description of the organization's co  |                         |                         |   |                 |                                       | in Part                                 | XIII.    |        |            |
| 5        | During the year, did the organization solicit o   | r receive donations o   | of art, historical trea | sures, or other sir                     | nilar as        | sets                                  |   |          |        |            |
|          | to be sold to raise funds rather than to be ma  | aintained as part of t  | he organization's c     | ollection?                              |                 | · · · · · · · · · · · · · · · · · · · |   | Yes      |        | <u> No</u> |
| Pa       | rt IV Escrow and Custodial Arran reported an amount on Form 990, Par  |                         | ete if the organization | on answered "Yes"                       | on Fo           | orm 990, Pa                           | art IV, li                              | ne 9, or |        |            |
| 1a       | Is the organization an agent, trustee, custodi  | ian or other intermed   | liary for contribution  | ns or other assets                      | not inc         | luded                                 |   | -        |        |            |
|          | on Form 990, Part X?  |                         |                         |   |                 |                                       |   | Yes      |        | No         |
| b        | If "Yes," explain the arrangement in Part XIII  | and complete the fol    | llowing table:          | *************************************** |                 |                                       |   |          |        |            |
|          |   | ,                       | J                       |   |                 |                                       |   | Amount   |        |            |
| С        | Beginning balance   |                         |                         |   |                 | 1c                                    |   |          |        |            |
| d        | Additions during the year   |                         |                         |   |                 | 1d                                    |   |          |        |            |
| е        | Distributions during the year   |                         |                         | varante establishen en en en en         | 8               | 1e                                    |   |          |        |            |
| f        | Ending balance  |                         |                         |   | 0 100           | 1f                                    |   |          |        |            |
| 2a       | Did the organization include an amount on Fo  | orm 990, Part X, line   | 21, for escrow or co    | ustodial account li                     | ability?        | 2000                                  | ,,, L                                   | Yes      | $\top$ | No         |
| <u>b</u> | If "Yes," explain the arrangement in Part XIII.   | Check here if the ex    | planation has been      | provided on Part                        | XIII            |                                       |   |          |        | ]          |
| Pa       | rt V Endowment Funds. Complete it   | f the organization an   | swered "Yes" on Fo      | orm 990, Part IV, li                    | ne 10.          |                                       |   |          |        |            |
|          |   | (a) Current year        | (b) Prior year          | (c) Two years bac                       | k (d)           | Three years                           | back                                    | (e) Four | years  | back       |
| 1a       | Beginning of year balance   | 54,147.                 | 52,091.                 | 56,31                                   | 3.              | 56,                                   | 090.                                    |          |        |            |
| b        | Contributions   | 716.                    | 1,321.                  | 26                                      | 0.              | 1,                                    | 500.                                    |          | 54,    | 666.       |
| С        | Net investment earnings, gains, and losses  | 8,511.                  | 3,953.                  | -1,16                                   | 0.              | 2,                                    | 902.                                    | _        | 1,     | 516.       |
| d        | Grants or scholarships  |                         |                         |   |                 |                                       |   |          |        |            |
| е        | Other expenditures for facilities   |                         |                         |   |                 |                                       |   |          |        |            |
|          | and programs  | -2,655.                 | -2,687.                 | -2,77                                   | 2.              | -2,                                   | 804.                                    |          |        |            |
| f        | Administrative expenses   | -586.                   | -531.                   | -55                                     | 0.              | -                                     | 570.                                    |          |        | -92.       |
| g        | End of year balance   | 60,133.                 | 54,147.                 | 52,09                                   | 1.              | 56,                                   | 313.                                    | -        | 56,    | 090.       |
| 2        | Provide the estimated percentage of the curr  | ent year end balance    | e (line 1g, column (a   | a)) held as:                            |                 |                                       |   |          |        |            |
| а        | Board designated or quasi-endowment   |                         | _%                      |   |                 |                                       |   |          |        |            |
| b        | Permanent endowment  91.24  | %                       | _                       |   |                 |                                       |   |          |        |            |
| c        | Temporarily restricted endowment ▶  | 8.76 %                  |                         |   |                 |                                       |   |          |        |            |
|          | The percentages on lines 2a, 2b, and 2c show  | uld equal 100%.         |                         |   |                 |                                       |   |          |        |            |
| За       | Are there endowment funds not in the posses   | ssion of the organiza   | ition that are held a   | nd administered f                       | or the o        | organizatio                           | n                                       |          |        |            |
|          | by:   |                         |                         |   |                 |                                       |   | Γ        | Yes    | No         |
|          | (i) unrelated organizations   |                         |                         |   |                 |                                       |   | 3a(i)    | х      |            |
|          | (ii) related organizations  |                         |                         |   |                 |                                       |   | 3a(ii)   | $\neg$ | х          |
| b        | If "Yes" on line 3a(ii), are the related organization   | tions listed as require | ed on Schedule R?       |   |                 |                                       |   | 3b       | $\neg$ |            |
| 4        | Describe in Part XIII the intended uses of the  | organization's endo     | wment funds.            |   | Heresa services |                                       | 141111111111111111111111111111111111111 |          |        |            |
| Pai      | rt VIII Land, Buildings, and Equipm   | ent.                    |                         |   |                 |                                       |   |          |        |            |
|          | Complete if the organization answered   | d "Yes" on Form 990     | , Part IV, line 11a. S  | ee Form 990, Par                        | t X, line       | 10.                                   |   |          |        |            |
|          | Description of property   | (a) Cost or ot          | her (b) Cost            | or other (c                             | ) Accu          | mulated                               | (                                       | d) Book  | value  | ∍          |
|          |   | basis (investm          | ent) basis (            | (other)                                 | depred          | ciation                               |   |          |        |            |
| 1a       | Land  |                         |                         | 115,192.                                |                 |                                       | 16<br>35                                |          | 115,   | 192.       |
| b        | Buildings   |                         | 1                       | ,175,616.                               |                 | 558,437                               |   |          | 617,   | 179.       |
| С        | Leasehold improvements  |                         |                         |   |                 |                                       |   |          |        |            |
| d        | Equipment   |                         |                         | 363,065.                                |                 | 238,861                               |   |          | 124,   | 204.       |
|          | Other   |                         |                         |   |                 |                                       |   |          |        |            |
| Total    | . Add lines 1a through 1e. (Column (d) must ed  | qual Form 990, Part     | K, column (B), line 1   | 0c.)                                    |                 |                                       |   |          | 856,   | 575.       |

| (a) Description of security or category (including name of security)   | on Form 990, Part IV, I                | ne 11b. See Form 990, Part X, lin  |  |
|--|--|------------------------------------|--|
|  | (b) Book value                         | (c) Method of valuation: (         | Cost or end-of-year market value   |
| 1) Financial derivatives   |  |                                    |  |
| 2) Closely-held equity interests   | <del>-</del>                           |                                    |  |
| 3) Other   |  |                                    |  |
| (A)<br>(B)   |  |                                    |  |
| (C)  |  |                                    | <del></del>  |
| (D)  |  |                                    |  |
| (E)  |  |                                    |  |
| (F)  |  |                                    |  |
| (G)  |  |                                    |  |
| (H)  |  |                                    |  |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  |  |                                    | Programme and the control of the con |
| Part VIII Investments - Program Related.   |  |                                    |  |
| Complete if the organization answered "Yes" of   | in Form 000 Bort IV II                 | on 11 a Con Form 000 Book V line   | . 10   |
| (a) Description of investment  | (b) Book value                         | (c) Method of valuation:           | ost or end-of-year market value  |
| (1)  | (a) Dook value                         | (5) West of Valuation:             | ost of elig-or-year market value   |
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| (9)  |  |                                    |  |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.  |  |                                    |  |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.  Complete if the organization answered "Yes" of (a) D  | n Form 990, Part IV, lii<br>escription | ne 11d. See Form 990, Part X, line | 2 15. <b>(b)</b> Book value  |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.  Complete if the organization answered "Yes" of (a) D  |  | ne 11d. See Form 990, Part X, line |  |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.  Complete if the organization answered "Yes" of (a) D  |  | ne 11d. See Form 990, Part X, line |  |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.  Complete if the organization answered "Yes" of (a) D  (1)  (2)  (3)   |  | ne 11d. See Form 990, Part X, line |  |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.  Complete if the organization answered "Yes" o  (a) D  (1)  (2)  (3)  (4)  |  | ne 11d. See Form 990, Part X, line |  |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of (a) D  (1) (2) (3) (4) (5)  |  | ne 11d. See Form 990, Part X, line |  |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of (a) D  (1) (2) (3) (4) (5) (6)  |  | ne 11d. See Form 990, Part X, line |  |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of (a) D  (1) (2) (3) (4) (5) (6) (7)  |  | ne 11d. See Form 990, Part X, line |  |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" o  (a) D  (1) (2) (3) (4) (5) (6) (7) (8)  |  | ne 11d. See Form 990, Part X, line |  |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9)  | escription                             | ne 11d. See Form 990, Part X, line |  |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.   | escription                             |                                    | (b) Book value   |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Part X of (b) line Part X Other Liabilities.  | escription                             |                                    | (b) Book value   |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  | escription                             | ue 11e or 11f. See Form 990, Part  | (b) Book value   |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  | escription                             | ne 11e or 11f. See Form 990, Part  | (b) Book value   |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line (Part X) Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) COPIER LEASE                        | escription                             | ue 11e or 11f. See Form 990, Part  | (b) Book value   |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes (2) COPIER LEASE (3)                     | escription                             | ne 11e or 11f. See Form 990, Part  | (b) Book value   |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes (2) COPIER LEASE (3) (4)                 | escription                             | ne 11e or 11f. See Form 990, Part  | (b) Book value   |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9)  otal. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes (2) COPIER LEASE (3) (4) (5)           | escription                             | ne 11e or 11f. See Form 990, Part  | (b) Book value   |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes (2) COPIER LEASE (3) (4) (5) (6)         | escription                             | ne 11e or 11f. See Form 990, Part  | (b) Book value   |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) COPIER LEASE (3) (4) (5) (6) (7)      | escription                             | ne 11e or 11f. See Form 990, Part  | (b) Book value   |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes (2) COPIER LEASE (3) (4) (5) (6) (7) (8) | escription                             | ne 11e or 11f. See Form 990, Part  | (b) Book value   |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) COPIER LEASE (3) (4) (5) (6) (7)      | n Form 990, Part IV, lir               | ne 11e or 11f. See Form 990, Part  | (b) Book value   |

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT RETURN ON BENEFICIAL INTEREST IN ASSETS HELD BY

732054 10-09-17

Schedule D (Form 990) 2017

| Schedule D (Form 990) 2017 SWALLOW HILL MUST   | IC ASSOCIATION | 84-0781725 | Page !        |
|--|----------------|------------|---------------|
| Part XIII Supplemental Information (continued) |                |            |               |
| OTHERS   |                | -          |               |
| OTHERE   | 7,92           | ·          |               |
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### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

**Open to Public** Inspection

Name of the organization

**Employer identification number** 

SWALLOW HILL MUSIC ASSOCIATION 84-0781725 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: 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 177,000 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 III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: AND DIVERSE BACKGROUNDS; ENGAGED OVER 37,000 STUDENTS IN INTERACTIVE PERFORMANCES AND GROUP LESSONS; AND WE CONTINUED TO ADVANCE PARTNERSHIPS WITH BRENT'S PLACE (FOR IMMUNO-COMPROMISED PATIENTS AND THEIR FAMILIES); GIRLS INC. (HELPING YOUNG GIRLS BE STRONG, SMART AND BOLD); THE GLBT CENTER (PROGRAMS AND RESOURCES FOR THE GLBT POPULATION); AND DEVELOPMENTAL PATHWAYS (SERVING PEOPLE WITH MENTAL DISABILITIES). FORM 990, PART VI, SECTION B, LINE 11B: THE FINANCE COMMITTEE REVIEWS A DRAFT OF THE 990 PRIOR TO THE BOARD. A DRAFT OF THE 990 IS MADE AVAILABLE TO THE ENTIRE BOARD PRIOR TO FILING THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732211 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)

PROGRAM SERVICE EXPENSES

CONTRACT - PERFORMERS:

1,494,585.

732212 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)

| Schedule O (Form 990 or 990-EZ) (2017)  |            | Page 2                                    |
|---|------------|---|
| Name of the organization SWALLOW HILL MUSIC ASSOCIATION   |            | Employer identification number 84-0781725 |
| MANAGEMENT AND GENERAL EXPENSES   | 0.         |   |
| FUNDRAISING EXPENSES  | 0.         |   |
| TOTAL EXPENSES  | 1,494,585. |   |
| CONTRACT - OTHER:   |            |   |
| PROGRAM SERVICE EXPENSES  | 176,433.   |   |
| MANAGEMENT AND GENERAL EXPENSES   | 0.         |   |
| FUNDRAISING EXPENSES  | 0.         |   |
| TOTAL EXPENSES  | 176,433.   |   |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A  | 1,671,018. |   |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:  INVESTMENT RETURN ON BENEFICIAL INTEREST IN ASSETS HELD BY |            |   |
| OTHERS  | 7,925.     |   |
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