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Form	JJU -
(Rev. J	lanuary 2020)
Departm	ent of the Treasury
Internal F	Revenue Service

** PUBLIC DISCLOSURE COPY **

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.

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



AI	For th	e 2019 calendar year, or tax year beginning and	ending				
Ba	Check if applicab	e: C Name of organization		D Employer identific	cation number		
	Addre chang	B SWALLOW HILL MUSIC ASSOCIATION					
	Name	Doing business as		84-0781725			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number	•			
	Final	71 EAST YALE AVE					
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,632,709.		
	Amen	DENVER, CO 80210		H(a) Is this a group re			
	Applie tion pendi			for subordinates	? Yes 🕱 No		
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c	or 527		list. (see instructions)		
		te: WWW, SWALLOWHILLMUSIC, ORG		H(c) Group exemption			
		organization: X Corporation Trust Association Other	L Year	of formation: 1979	State of legal domicile: CO		
	art I						
ő	1	Briefly describe the organization's mission or most significant activities: SEE SCH	HEDOLE O				
anc							
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos		1 1	ets. 14		
202	3				14		
8	4	Number of independent voting members of the governing body (Part VI, line 1b)			14		
ties	6	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		140			
tivi	0	Total number of volunteers (estimate if necessary)	•••••		0.		
Ac	h	Net unrelated business taxable income from Form 990-T, line 39			0.		
				Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)		1,323,036.	1,643,216.		
ле Л	9	Program service revenue (Part VIII, line 2g)		4,329,311.	4,834,079.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		15,937.	4,477.		
Å	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		38,752.	132,872.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,707,036.	6,614,644.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		41,588.	32,906.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,420,072.	2,745,154.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ē	b	Total fundraising expenses (Part IX, column (D), line 25)					
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,426,044.	3,765,479.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,887,704.	6,543,539.		
	19	Revenue less expenses. Subtract line 18 from line 12		-180,668.	71,105.		
Lo So				ginning of Current Year	End of Year		
Assets (Assets (20	Total assets (Part X, line 16)		2,400,370.	2,477,030.		
LAS:	21	Total liabilities (Part X, line 26)		754,447.	690,976.		
Fee	22	Net assets or fund balances. Subtract line 21 from line 20		1,645,923.	1,786,054.		
Pa	art II	Signature Block					

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date	10	2020	
Here	PAUL LHEVINE, CEO Type or print name and title						
Paid	/Type preparer's name J. EGGETT	Preparer's signature PORI J. EGGETT	Date 10/1/20:	I	Check if self-employed	PTIN P00645252	
Preparer Use Only	's name PLANTE & MORAN, PLLC 's address 8181 E TUFTS AVE, SUITE DENVER, CO 80237	600		Firm's		38-1357951 40-9400	
May the II	scuss this return with the preparer shown abo LHA For Paperwork Reduction Act Notic					X Yes Form 990	<u>No</u> (2019)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Ра			_
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	BRINGING THE JOY OF MUSIC TO LIFE EVERY DAY.		
Part III Statement of Program Service Accomplishments Check / Schedule coording a regioner prote to any fine in this Part III			
Partial Statement of Program Service Accomplishments Provide a service and the service of the bar in this Part III 1 Birth Schule O contains a response of note to any line in this Part III [1] 2 Did the organization's meson: Initiation that you of PMOSE to Line EVENT NAT. 2 Did the organization undertake any significant program services during the year which were not listed on the prof Form 900 or 900-22? Ives [X] 1 Yest, describe these new services on Schedule 0. Ives [X] 2 Did the organization second schedule 0. Ives [X] 1 Yest, describe these new services accompletionents for each of its three largest program services, as measured by expenses. Section 5010(b)(3) and 5010(b)(4) organizations are required to report the anount of grants and allocations to others, the total expenses, and reverses [Initiation of the context in the cont			
~			
3		es /	
4			
		others, the tota	al expenses, and
			101 671
4a	(Code:) (Expenses \$ including grants of \$) (F	Revenue \$	121,071.
	· · ·		
	WITH MORE THAN 60 ORGANIZATIONS AND 90 SCHOOLS, HAVE BEEN A MAJOR AREA		
	OF FOCUS FOR SWALLOW HILL IN THE PAST FOUR YEARS. PROVIDING UNIQUE		
	MUSIC EDUCATION AND EXPERIENCES TO UNDER-RESOURCED COMMUNITIES HAS		
	GROWN FROM 2% OF ALL PROGRAM PARTICIPANTS IN 2016 TO 37% IN 2019. OUR		
	PRIMARY FOCUS HAS BEEN EARLY CHILDHOOD EDUCATION MUSIC PROGRAMMING, AND		
	SCHOOLS, SERVING 1,700 STUDENTS IN 2019. CONTINUED ON SCHEDULE O.		
	2 000 789		2 514 027
40		Revenue \$	5,514,527.
	· · · · · · · · · · · · · · · · · · ·		
	AK15.		
4c		Revenue \$	1,322,068.
	OPTIONS IN THE FUTURE. ADDITIONALLY, WE GRANTED \$32,906 IN		
	DIVERSIFY OUR PROGRAMMING TO MEET STUDENT NEEDS, AND EMPLOY 70+		
	MUSICIANS IN THE DENVER METRO COMMUNITY.		
	MUSICIANS IN THE DENVER METRO COMMUNITY.		
	MUSICIANS IN THE DENVER METRO COMMUNITY.		
	MUSICIANS IN THE DENVER METRO COMMUNITY.		
	MUSICIANS IN THE DENVER METRO COMMUNITY.		
44			
4d	Other program services (Describe on Schedule O.))
	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 5,240,630.) Form 990 (201

Form 990 (2019)

SWALLOW HILL MUSIC ASSOCIATION Part IV Checklist of Required Schedules

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Page 3

			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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	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		X
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	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	v	
	or in 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, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	x	
b	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u>11a</u>		
D		11b		x
с	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C		11c		x
Ь	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i> 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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
e	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			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	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	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
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	x	
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
20a	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	0000	X
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932003 01-20-20

SWALLOW HILL MUSIC ASSOCIATION

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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			
	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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? 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			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0 -1		x
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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		х
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			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 111		100	110
b				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
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	990 (2019) SWALLOW HILL MUSIC ASSOCIATION	84-078172	5	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 114			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a			3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule (3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other at				
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	•	4a		x
h	If "Yes," enter the name of the foreign country		10		
, N	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (EBAB)			
Fo	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
					x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	•			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for \$75 made partly as a contribution and	ices provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
U			8		
9			0		
	Sponsoring organizations maintaining donor advised funds.		0-		
a L			9a Oh		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	1			
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
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.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	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	13b			
с	Enter the amount of reserves on hand	13c			
14a			14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
			עדי		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerative payment(s) during the user?		45		x
	excess parachute payment(s) during the year?		15		
	If "Yes," see instructions and file Form 4720, Schedule N.				v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.		F	000	(2010)
					(1)(140)

Form **990** (2019)

932005 01-20-20

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instruction				_
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>			X
Sec	tion A. Governing Body and Management				
		_	_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	14			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	,	14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?	L	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervise	ion			
	of officers, directors, trustees, or key employees to a management company or other person?	L	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	L	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	L	5		X
6	Did the organization have members or stockholders?	L	6		X
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?	L ,	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?		7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
а	T		Ba	х	
b	Each committee with authority to act on behalf of the governing body?		3b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	F			
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		x
Sec	stion 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?	1	0a	100	x
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates		ou		
	and branches to ensure their operations are consistent with the organization's exempt purposes?		0b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing th		1a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		Id		
		-	2a	Х	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		za 2b	X	
b	, , , , , , , , , , , , , , , , , , , ,	······ -	20	21	
с			•	v	
	in Schedule O how this was done		2c	X X	
13	Did the organization have a written whistleblower policy?		13		
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independer	it			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	<u> </u> 1	5a	X	
b	, , , , , , , , , , , , , , , , , , , ,	1	5b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?		6a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	on 🔤			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?	1	6b		
Sec	ction C. Disclosure				
	List the states with which a copy of this Form 990 is required to be filed NONE				
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Sectio	n 501(c)(3)s o	nly) a	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.				
)			
17 18 19	Own website Another's website X Upon request Other (explain on Schedule O	,	nanc	ial	
18		,	nanc	ial	
18	Own website Another's website X Upon request Other <i>(explain on Schedule O Describe on Schedule O whether (and if so, how)</i> the organization made its governing documents, conflict of interest statements available to the public during the tax year.	policy, and fir	nanc	ial	
18 19	Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	policy, and fir	nanc	ial	
18 19	Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records	policy, and fir	nanc	ial	

Form 990 (2019) SWALLOW HILL MUSIC ASSOCIATION	84-0781725	Page 7									
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated										
	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 Comple	1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.											

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Name and title Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation Reportable compensation Estimated amount of from	(A)	(B)			(C)			(D)	(E)	(F)
hours per box, uness person is both and (list any hours for related organizations below line) box, uness person is both and a directivitivities below line) compensation from below below line) compensation from related organization (W-2/1099-MISC) and other compensation (W-2/1099-MISC) and other compensation from related organization (W-2/1099-MISC) and relate organization (W-2/1099-MISC) (1) NINA SHARMA 1.00 x x 0. 0. 0. (2) JASON ROBINSON 2.00 x x x 0. 0. 0. VICE CHAIRMAN x x x 0. 0. 0. (3) GEORGE LYPORD 2.00 x x x 0. 0. (4) MICHAEL CHARNEY 1.00 x x x 0. 0. (5) WALT DEHAVEN 1.00 x x 0. 0. 0. (6) LORI FOX 1.00 x x 0. 0. 0. (8) DAVE PINKERT 1.00 x x 0. 0. 0. (9) JENNIFER NEALSON 1.00 x 0. <td< td=""><td>Name and title</td><td></td><td>(do</td><td></td><td></td><td></td><td colspan="2"></td><td>Reportable</td><td>Reportable</td><td>Estimated</td></td<>	Name and title		(do						Reportable	Reportable	Estimated
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	990 (2019) SWALLOW HILI	MUSIC ASSO	CIA	TIO	N					84-07	8172	5	P	age 8
Par	t VII Section A. Officers, Directors, True	stees, Key Em	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(10		Pos				Reportable	Reportable	,	Es	timate	ed
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		(list any	ctor						the	organization	ıs	com	pensa	ition
		hours for	r dire				eq		organization	(W-2/1099-MIS	SC)	fr	om th	е
		related	Individual trustee or director	Institutional trustee			Highest compensated employee		(W-2/1099-MISC)			org	anizat	ion
		organizations	al trus	nal tr		oyee	e om					an	d relat	ed
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	Total from continuation sheets to Part V								0.		0.			0.
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2	Total number of individuals (including but i							o re	,	000 of reportable	Э		,	
	compensation from the organization													2
•											ſ		Yes	No
3	Did the organization list any former office		,				,	0	, , ,	5		2		х
	line 1a? If "Yes," complete Schedule J for											3		А
4	For any individual listed on line 1a, is the s												х	
_	and related organizations greater than \$15										····· }	4	~	
5	Did any person listed on line 1a receive or											_		v
Sec	rendered to the organization? <i>If</i> "Yes," continue to the organization of the second s	nplete Schedule	e J f	or sı	ıch i	oers	on .					5		Х
1	Complete this table for your five highest co									, ,	oensat	ion fro	om	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	vith c	or wi	thin T		ear.				
	(A) Name and busines:	s address	NO	NE					(B) Description of s	ervices	C)) ompe	ر) Insatio	n
			110											
								_						
2	Total number of independent contractors (including but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organ	ization 🕨				(0						000	
												Form	990 (;	2019)

932008 01-20-20

ar	t VII	Statement of Re	VCII	ue						-
		Check if Schedule O	conta	ains a resp	onse	or note to any line		(B)	(C)	
							(A) Total revenue	Related or exempt	Unrelated	(D) Revenue exclu
							Total Tevende	function revenue	business revenue	from tax und
_										sections 512 -
1ts		Federated campaigns								
Ino		Membership dues				115,286.				
Am		Fundraising events				33,035.				
ar	d	Related organizations .		<u>1</u> d						
Ē	е	Government grants (contr	ributi	ons) 1e		782,382.				
š	f	All other contributions, gifts,	grant	s, and						
Ę		similar amounts not included	l abov		1	712,513.				
and Other Similar Amounts	g	Noncash contributions included in	lines 1	a-1f 1g	\$	29,490.				
an	h	Total. Add lines 1a-1f					1,643,216.			
						Business Code				
	2 a	TICKET SALES				711300	3,119,825.	3,119,825.		
е	b	TUITION				711130	1,476,645.	1,476,645.		
enu	С	FOOD AND BEVERAGE				722210	183,836.	183,836.		
Sev	d	STUDIO FEES				722210	23,185.	23,185.		
Revenue	•	ADVERTISING INCOME				711300	16,066.			
		All other program service				711300	14,522.	14,522.		
	g	Total. Add lines 2a-2f					4,834,079.			
	3	Investment income (inclue	0			· .				
		other similar amounts) \dots					4,477.			4,4
	4	Income from investment of	of tax	exempt b	ond p	roceeds 🕨				
	5	Royalties	· · <u>· · · · · · · ·</u>							
				(i) Re		(ii) Personal				
	6 a	Gross rents	6a	18	,000.					
	b	Less: rental expenses \dots	6b		0.					
	С	Rental income or (loss)	6c	18	,000.					
	d	Net rental income or (loss	;)			►	18,000.			18,0
	7 a	Gross amount from sales of		(i) Secu	rities	(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
		and sales expenses	7b							
2	с	Gain or (loss)	7c							
	d	Net gain or (loss)			···· <u>····</u>	►				
	8 a	Gross income from fundraisi								
5		including \$	33,	035. of						
		contributions reported on		,						
		Part IV, line 18			. <u>8a</u>	8,350.				
		Less: direct expenses				18,065.				
	С	Net income or (loss) from	fund	raising ev	ents	····· ►	-9,715.			-9,7
	9 a	Gross income from gamin								
		Part IV, line 19								
	b	Less: direct expenses			. 9b					
	с	Net income or (loss) from	gami	ing activit	es	▶				
	10 a	Gross sales of inventory,	less r	returns						
		and allowances								
	b	Less: cost of goods sold			10b					
	с	Net income or (loss) from	sales	s of invent	ory	····· ►				
						Business Code				
Revenue	11 a	OTHER INCOME				532000	124,587.	124,587.		
nue	b					ļļ				
ev	с					ļļ				
۳	d	All other revenue								
		Total. Add lines 11a-11d				►	124,587.			
	12	Total revenue. See instruction					6,614,644.	4,958,666.	0.	12,7

13380831 147228 123113

9

SWALLOW HILL MUSIC ASSOCIATION

	Check if Schedule O contains a response			(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	32,906.	32,906.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees	287,104.	198,102.	60,292.	28,71
6	Compensation not included above to disgualified				•
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,144,358.	1,479,607.	450,315.	214,43
8	Pension plan accruals and contributions (include	, , .	, , , .	,	,
5	section 401(k) and 403(b) employer contributions				
9	Other employee benefits	122,020.	83,307.	25,630.	13,08
0		191,672.	132,254.	40,251.	19,16
1	Payroll taxes Fees for services (nonemployees):	,•,			
	Management	265,470.	228,656.	36,814.	
a h		200,270.			
b		20,350.		20,350.	
	Accounting	20,000.		20,000.	
d	Lobbying				
-	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	271,815.	271,815.		
	column (A) amount, list line 11g expenses on Sch 0.)	271,815.	271,013.	225,259.	
12	Advertising and promotion	120,758.	91,949.	14,641.	14,16
13	Office expenses	269,628.	221,702.	14,041.	47,92
4	Information technology	209,020.	221,702.		47,92
15	Royalties	124 411	110 221	20 162	1 01
16		134,411.	112,331.	20,163.	1,91
7		3,125.	2,781.	313.	3
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	10.444	10.111		
19	Conferences, conventions, and meetings	10,414.	10,414.		
20	Interest	12,491.	8,244.	2,623.	1,62
21	Payments to affiliates	00.001	54.000	15.442	4.0
22	Depreciation, depletion, and amortization	83,061.	54,820.	17,443.	10,79
23		82,977.	54,765.	17,425.	10,78
4	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	CONTRACT PERFORMERS	1,222,530.	1,222,530.		
b	FACILITY RENTAL	810,004.	810,004.		
с	MERCHANT & BANK FEES	136,725.	136,725.		
d					
e	All other expenses	96,461.	87,718.	4,624.	4,11
5	Total functional expenses. Add lines 1 through 24e	6,543,539.	5,240,630.	936,143.	366,76
26	Joint costs. Complete this line only if the organization				·
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	, , , , , , , , , , , , , , , , , , , ,				

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Check here

if following SOP 98-2 (ASC 958-720)

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Form 990 (2019)

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Form 990 (2019)

SWALLOW HILL MUSIC ASSOCIATION Part X Balance Sheet

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

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			212,477.	1	245,420.
	2	Savings and temporary cash investments			,	2	, , , , , , , , , , , , , , , , , , , ,
	3	Pledges and grants receivable, net	232,069.	3	229,090.		
	4	Accounts receivable, net	31,302.	4	162,638.		
	5	Loans and other receivables from any current or		-	,		
	-	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif	-			-	
		under section 4958(f)(1)), and persons described		6			
Assets	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			6,063.	8	9,541.
As	9				42,027.	9	28,993.
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,866,819.			
	b	Less: accumulated depreciation		997,749.	930,853.	10c	869,070.
	11	Investments - publicly traded securities			719,514.	11	596,899.
	12	Investments - other securities. See Part IV, line 1				12	· · · · ·
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	226,065.	15	335,379.		
	16	Total assets. Add lines 1 through 15 (must equa			2,400,370.	16	2,477,030.
	17	Accounts payable and accrued expenses	250,326.	17	211,164.		
	18	Grants payable		18			
	19	Deferred revenue	239,341.	19	246,733.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
s	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
lide		controlled entity or family member of any of thes				22	
Li	23	Secured mortgages and notes payable to unrela	-		264,780.	23	233,079.
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			754,447.	26	690,976.
		Organizations that follow FASB ASC 958, che	ck her	e 🕨 🗴			
sec		and complete lines 27, 28, 32, and 33.					
lanc	27	Net assets without donor restrictions			1,065,777.	27	1,262,224.
Bal	28	Net assets with donor restrictions			580,146.	28	523,830.
pu		Organizations that do not follow FASB ASC 98	58, che	eck here 🕨 🗌			
μ		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated inc				31	
Net	32	Total net assets or fund balances			1,645,923.	32	1,786,054.
	33	-			2,400,370.	33	2,477,030.

84-0781725 Page **11**

Form 990 (2019)

Form	990 (2019) SWALLOW HILL MUSIC ASSOCIATION	84-078172	5	Pad	_{ge} 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,	614,	644.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,	543,	
3	Revenue less expenses. Subtract line 2 from line 1	3		71,	105.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	645,	923.
5	Net unrealized gains (losses) on investments	5		60,	676.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		8,	350.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,	786,	054.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
		ſ		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C).			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	l l	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	· · ·			
	review, or compilation of its financial statements and selection of an independent accountant?	l l	2c	X	
-	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			v
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	<u> </u>

Form **990** (2019)

932012 01-20-20

SCHED	ULI	ΕA
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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public

Inspection Employer identification number

Name of the organization

INAL		ane of gamzation	W HILL MILATA AA	ICOGT A TO TO TO					
Do	rt I	Reason for Public (W HILL MUSIC AS		malata th	ia nart \ Ca			84-0781725
								».	
	organ	ization is not a private found					A \/ A \/·\		
1		A church, convention of chu					1)(A)(I).		
2		A school described in section		· · ·					
3		A hospital or a cooperative						V:::) Entor	the beenitel's name
4		A medical research organiza	ation operated in col	njunction with a nospital	described	in sectio	A)(1)(a)011 no)(III). Enter	the hospital's name,
-		city, and state:	ar the henefit of a co	llaga or university owned	or operat		vorpmontolu	nit dooorib	ad in
5		An organization operated for		lege of university owned	or operation	eu by a go	veninentaru		
6		section 170(b)(1)(A)(iv). (C		aantal unit daaavibad in	nantian 17	70/61/41/41	(.)		
6 7	\square	A federal, state, or local gov	•				.,		aublic deceribed in
'		An organization that norma section 170(b)(1)(A)(vi). (C	-	Initial part of its support if	on a gove	mmentai		le general j	
8		A community trust describe			• 11 \				
9	\square	An agricultural research org				ad in coniu	unction with a	land-grant	college
3		or university or a non-land-g	-			-		-	-
		university:	grant conege of agric			name, eny	, and state of	the conege	
10	X	An organization that norma	Ilv receives: (1) more	than 33 1/3% of its supr	port from c	contributio	ns, members	nip fees, an	d gross receipts from
		activities related to its exem							
		income and unrelated busir							-
		See section 509(a)(2). (Cor		(,		,
11		An organization organized a		ively to test for public sat	ety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section &	509(a)(2).	See section	509(a)(3).	Check the box in
		lines 12a through 12d that	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	l 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	ctors or truste	es of the su	upporting
		organization. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	/ing
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organization(s). You mus	-						
С		Type III functionally inte						ly integrate	ed with,
		its supported organization							
d		J Type III non-functionally						-	
		that is not functionally int			•		-	an attentiv	veness
_	_	requirement (see instructi		-				U. T	
е		Check this box if the orga functionally integrated, or					турет, туре	п, туре п	
f	Ente	er the number of supported of		nany integrated supportin	iy organiz	ation.			
י מ		vide the following information	0	d organization(s)					
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount o	f monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	nstructions)	support (see instructions)
	-								
Tota	al								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 SWALLOW HILL MUSIC ASSOCIATION

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		•		•	•	•
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructiv	ons)			12	•
	First five years. If the Form 990 is for	-				1 501(c)(3)	
	organization, check this box and stop	ohere					
See	ction C. Computation of Publi						
14	Public support percentage for 2019 (I	ine 6, column (f) di	ivided by line 11, c	olumn (f))		14	%
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2019. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	۱			
b	33 1/3% support test - 2018. If the c						
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop	here. Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances"					-	
b	10% -facts-and-circumstances test	-	-	• • • •		7a, and line 15 is	10% or
	more, and if the organization meets th	י וe "facts-and-circu	imstances" test, cl	neck this box and	stop here. Explair	n in Part VI how the	9
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio		•		, ,, ,		s ►
						edule A (Form 990	

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Schedule A (Form 990 or 990 EZ) 2019 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 qualify under the tests listed below, please complete Part II.)

Section A. Public Support Calendar year (or fiscal year beginning in) 🕨 (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 1,039,518 1,125,386. 1,176,750 1,323,036. 6,307,906. include any "unusual grants.") 1,643,216 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 4,553,987. 4,287,904 4,769,229. 4,365,913. 4,958,666. 22,935,699. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organ-4 ization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 5,593,505 5,413,290 5,945,979 5,688,949. 6,601,882, 29,243,605. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and Ο. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 0. amount on line 13 for the year c Add lines 7a and 7b 0. 29,243,605. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 🕨 (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 9 Amounts from line 6 5,593,505 5,413,290 5,945,979 5,688,949 6,601,882 29,243,605. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 22,477. 20,476. 22,063 33,159 33,587, 131,762. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 33,159 33,587 131,762. 20,476 22,063 22,477 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is 500 500. regularly carried on **12** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 5,613,981. 5,435,853. 5,979,138. 5,722,536. 6,624,359. 29,375,867. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 99.55 % 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15 99.53 16 Public support percentage from 2018 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .45 17 % 17 .46 18 Investment income percentage from 2018 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2019 932023 09-25-19

15

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Yes No

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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *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.)

16

932024 09-25-19

1 2 3a 3b 3c 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a

Schedule A (Form 990 or 990-EZ) 2019

10b

84-0781725 Page **5**

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
		11c		
	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. tion B. Type I Supporting Organizations	TIC		
			Yes	No
4	Did the directory tructory or membership of one or more supported organizations have the newer to		163	NU
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			
•	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,	-		
<u> </u>	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			
	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			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
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 year (see instructions).			
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 instr	uctions		
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		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	2.5		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
h		Jd		
U	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	26		
000000	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	0_E7	2010
932025	5 09-25-19 Schedule A (Form 99	20 01 95	/∪-⊏∠)	2019

17

	edule A (Form 990 or 990 EZ) 2019 SWALLOW HILL MUSIC ASSOCIATION			84-0781725 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir			
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	-		Part VI). See instructions. /
	other Type III non-functionally integrated supporting organizations must co		lions a through E.	(B) Current Year
Sect	ion A - Adjusted Net Income		(A) Prior Year	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
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		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	Ilv integrated	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

instructions).

Schedule A (Form 990 or 990-EZ) 2019	SWALLOW	HILL	MUSIC	ASSOCIATION
Schedule A (FUIII 330 01 330-EZ) 2013	SHILLON			

	t V Type III Non-Functionally Integrated 509(nizations (continued)	84-0781725 Page /
Sect	ion D - Distributions		(continued)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
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.			
8	Distributions to attentive supported organizations to which th	ne organization is responsive		
	(provide details in Part VI). See instructions.	5		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
_1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
	Excess from 2016			
с	Excess from 2017			
d	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

Schedule A	(Form 990 or 990-EZ) 2019 SWALLOW HILL MUSIC ASSOCIATION	84-0781725	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a 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 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; Par Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addit (See instructions.)	s 1 and 2; Part IV, Sectic rt V, Section B, line 1e; P	n C,
932028 09-25-1	9 Sched	dule A (Form 990 or 990)-EZ) 2019

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

* *	PUBLIC	DISCLOSURE	COPY	* *
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Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

	SWALLOW	HILL	MUSIC	ASSOCIATION
Organization type (chee	ck one):			

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., burpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set of the parts unless to the set of the year for an *exclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set of the parts unless to the set of the year for an *exclusively* set of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* set of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* set of the parts unless the **General Rule** applies to the parts unless the **General Rule** applie

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Employer identification number

84-0781725

SWALLOW HILL MUSIC ASSOCIATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additionadditional additionadditional additional additaditional a	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

923452 11-06-19

2019.04020 SWALLOW HILL MUSIC ASSOCI 123113_1

22

Name of organization

Employer identification number

SWALLOW HILL MUSIC ASSOCIATION

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84-0781725

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

923452 11-06-19

13380831 147228 123113

SWALLOW HILL MUSIC ASSOCIATION

Name of organization

Page 2 Employer identification number

84-0781725

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$6,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
923452 11-06		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

13380831 147228 123113

2019.04020 SWALLOW HILL MUSIC ASSOCI 123113_1

24

Name of organization

(a)

No.

(a)

No.

(a)

(a)

(a)

No.

(a)

No.

923452 11-06-19

Employer identification number

84 - 0781725

SWALLOW HILL MUSIC ASSOCIATION

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (b) (c) **Total contributions** Name, address, and ZIP + 4 Type of contribution 19 X Person Payroll 7,500. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution **Total contributions** 20 X Person Payroll 8,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 21 X Person Payroll 5,440. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 22 Х Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution 23 Х Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) **Total contributions** Name, address, and ZIP + 4 Type of contribution 24 X Person Payroll 75,000. Noncash \$ (Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

noncash contributions.)

Page 2

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	l space	is needed.	
(a) No.	(b) Name, address, and ZIP + 4	1	(c) Fotal contributions	(d) Type of contribution
25		\$	25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	1	(c) Fotal contributions	(d) Type of contribution
26		\$	10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	1	(c) Fotal contributions	(d) Type of contribution
27		\$	35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4		(c) Fotal contributions	(d) Type of contribution
<u>No.</u>	Name, address, and ZiP + 4	\$	20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	1	(c) Fotal contributions	(d) Type of contribution
29		\$	20,260.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	۲ ۱	(c) Fotal contributions	(d) Type of contribution
30		\$	25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

26

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Page **2**

923452 11-06-19

13380831 147228 123113

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	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

923452 11-06-19

13380831 147228 123113

Name of organization

Employer identification number

84-0781725

SWALLOW HILL MUSIC ASSOCIATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	WAY BABY GRAND PIANO		
		\$\$	07/15/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3453 11-06-19		\$	990-EZ, or 990-PF) (2

28

13380831 147228 123113

Page 3

Page **4**

lame of org	anization		Employer identification number		
WALLOW H	ILL MUSIC ASSOCIATION		84-0781725		
Part III) through (e) and the following line entropy charitable, etc., contributions of \$1,000 or I	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year y. For organizations		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
. 		(e) Transfer of gift			
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No.		[
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
·					
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I	(2)				
		(e) Transfer of gift			
	Transferee's name, address, a		Relationship of transferor to transferee		
23454 11-06-1	9		Schedule B (Form 990, 990-EZ, or 990-PF) (2019		

13380831 147228 123113

SCH	EDU	ILE D

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.

SWALLOW HILL MUSIC ASSOCIATION



Employer identification number

84 - 0781725

Department of the Treasury Internal Revenue Service

Name	of the	organization
------	--------	--------------

Pa			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
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	writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose co	onferring
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education)	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
с	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	e
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the c	organization during the tax
	year 🕨		
4	Number of states where property subject to conservation eas	sement is located 🕨	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	on easements during the year
	►\$		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h))(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense s	tatement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statemer	nts that describes the
De	organization's accounting for conservation easements.	Art Historical Tracquires or Oth	or Similar Acasta
Pa	rt III Organizations Maintaining Collections of		ier Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	· ·	
	of art, historical treasures, or other similar assets held for put		
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	erance of public service,
	provide the following amounts relating to these items:		N .
	(i) Revenue included on Form 990, Part VIII, line 1		
-			
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under FASB A	-	
	Revenue included on Form 990, Part VIII, line 1		
	For Paperwork Reduction Act Notice, see the Instructions	s tor form 990.	Schedule D (Form 990) 2019
93205	1 10-02-19		

		L MUSIC ASSOCIA				84-078			age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Simila	r Assets	s (contir	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	significant	use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	e	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's ex	empt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	f art, historical treas	sures, or other simil	ar assets		_		-
	to be sold to raise funds rather than to be ma						Yes		No
Pai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organizatio	n answered "Yes" o	on Form 990	0, Part IV,	line 9, or		
1 a	Is the organization an agent, trustee, custodia on Form 990, Part X?						Yes] No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table:			1			
	_ · · · · ·						Amount	<u> </u>	
	Beginning balance								
	Additions during the year								
e	Distributions during the year								
f	Ending balance				1f		Yes		
	Did the organization include an amount on Fo If "Yes," explain the arrangement in Part XIII.				• • • • • • •	∟	_ res		No
Par									1
		(a) Current year	(b) Prior year	(c) Two years back		vears back	(e) Four	Veare	hack
1a	Beginning of year balance	53,928.	60,133.	54,147		52,091.			313.
b	Contributions		, <u> </u>	716		1,321.			260.
c	Net investment earnings, gains, and losses	9,079.	-2,862.	8,511		3,953.			160.
d	Grants or scholarships			· / ·	-			/	
	Other expenditures for facilities								
Ũ		2,803.	2,744.	-2,655		-2,687.		-2.'	772.
f	Administrative expenses	582.	, 599.	-586	_	-531.			550.
g	End of year balance	59,622.	53,928.	60,133		54,147.		52,	091.
2	Provide the estimated percentage of the curr			,		,			
a	Board designated or quasi-endowment	one your one buildingo	%						
b	Permanent endowment 91.24	%	_/0						
	Term endowment 8.76								
-	The percentages on lines 2a, 2b, and 2c show								
3a	Are there endowment funds not in the posses	•	tion that are held ar	nd administered for	the organiz	ation			
	by:				and organiz		ſ	Yes	No
	(i) Unrelated organizations						3a(i)	X	
	(ii) Related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the							•	
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part 3	K, line 10.				
	Description of property	(a) Cost or ot	her (b) Cost	or other (c)	Accumulat	ed	(d) Bool	k value	3
_	· · · · ·	basis (investm	• • •		lepreciatior				
1a	Land			115,192.				115,3	192.
	Buildings		1	,184,631.	678,	412.		506,2	219.
	Leasehold improvements								
	Equipment			566,996.	319,	337.		247,6	659.
	Other								
	Add lines 1a through 1e. (Column (d) must e		(. column (B). line 1	0c.)				869,0	070.
			· . .	-		Schedule	D (Form	ı 990)	2019

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST	59,622.
(2) CONSTRUCTION IN PROGRESS	275,757.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Colymn (b) must equal Form 990. Part X. col. (B) line 15.)	335,379.
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2019

932053 10-02-19

(6) (7) (8) (9)

Sche	edule D (Form 990) 2019 SWALLOW HILL MUSIC ASSOCIATION			84-0781725	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	ements With Re	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	le 12a.		1 1	
1				1	6,715,694.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	60,676.	-	
b	Donated services and use of facilities	2b	46,865.	-	
С	Recoveries of prior year grants	2c		-	
d	Other (Describe in Part XIII.)	2d	26,415.		
е	Add lines 2a through 2d			2e	133,956.
3	Subtract line 2e from line 1			3	6,581,738.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	32,906.		
с	Add lines 4a and 4b			4c	32,906.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	6,614,644.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With E	xpenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ie 12a.			
1	Total expenses and losses per audited financial statements			1	6,575,563.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	46,865.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d			18,065.		
е	Add lines 2a through 2d			2e	64,930.
3	Subtract line 2e from line 1			3	6,510,633.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b			32,906.		
с	Add lines 4a and 4b			4c	32,906.
5				5	6,543,539.
Pa	rt XIII Supplemental Information.			• •	
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	l· Part IV lines 1h an	d 2h [.] Part V line 4	· Part X line 2· I	Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an			, i al () (, iii lo 2, i	ure ya,
lines	20 and 4b, and Part XII, lines 20 and 4b. Also complete this part to provide al	iy additional informat	lion.		
PAR	F XI, LINE 2D - OTHER ADJUSTMENTS:				
	ADATOTNO DUDNO DUDNODO	10.005			
FUN	DRAISING EVENT EXPENSES	18,065.			
TNV	STMENT RETURN ON BENEFICIAL INTEREST IN ASSETS HELD BY				
- 14 V I	Semant Altown on Development INTEREDI IN ADDETD HELD BI				

OTHERS

TOTAL TO SCHEDULE D, PART XI, LINE 2D

PART XI, LINE 4B - OTHER ADJUSTMENTS:

TUITION ASSISTANCE

PART XII, LINE 2D - OTHER ADJUSTMENTS:

8,350.

26,415.

32,906.

18,065.

	(Form 990) 2019
Dort VIII	Cum m la ma a m

SWALLOW HILL MUSIC ASSOCIATION

Part XIII Supplemental Information (continued)	
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
TUITION ASSISTANCE	32,906.
	Schedule D (Form 990) 201

932055 10-02-19

Support Number of the organization Inspection Name of the organization SWALLOW HILL MUSIC ASSOCIATION Employer identification num 84-0781725 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations g Special fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Activity (iii) Did fundraiser (iv) Gross receipts for entitied by for entither by for entitied by for entitied by for	SCHEDULE G	Suppleme	ntal Information Regarding	Fund	raisi	ng or Gaming A	ctiv	vities	OMB No. 1545-0047
Interview Image Constructions and the latest information. Inspection Name of the organization Enclower identification number of the organization raised funds through any of the following activities. Check all that apply. Enclower identification number of the organization of a second of the organization raised funds through any of the following activities. Check all that apply. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Image Constructions	(Form 990 or 990-EZ)						, or if the	2019	
Name of the organization Employer identification numerication induced in duc dates into induced in the identification numerication is SWALLOW HILL MUSIC ASSOCIATION Employer identification numerication is SWALLOW HILL MUSIC ASSOCIATION Part Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990.EZ fliers are not required to complete this part. Indicate whether the organization raised tunds through any of the following activities. Check all that apply. Indicate whether the organization asset or or all agreements with any individual including officers, directors, trustees, or key employees listed in form 990, Part IV, line 17. Form 990.EZ fliers are not required provide individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Activity (iii) Activity (iv) Amount paid to or entity (fundraiser) (iii) Activity (iv) Gross receipts to in fordinate reget in col. (i) (iv) Amount paid to organization (iii) Activity (iv) Activity (iv) Activity (iv) Amount paid to organization and address of individual or entities (fundraiser in col. (i) (iv) Amount paid to organization (v)			•						Open to Public
SWALLOW HILL MUSIC ASSOCIATION 84-0781725 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants b Internet and email solicitations 0 Solicitation of government grants c Prone solicitations 0 Solicitation of government grants d In person solicitations 0 Solicitation of government grants d Indicate whether or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part IV) or entity in connection with professional fundraising services? Ves No b If Yes, "list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5.000 by the organization. (ii) Activity (iii) Activity (ii) Activity (iii) Activity (iii) Activity (iii) Activity (iii) Activity (iii) Activity (iii) Activity (iiii) Activity (iiii) Activity (to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.		•
required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Drone solicitations g Special fundraising events d In-person solicitations g Special fundraising events d In-person solicitations g Special fundraising services? Yes No 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No (i) Name and address of individual or entities (fundraiser) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Activity (iii) Activity (iii) Activity (iii) Gross receipts from activity is listed in col. (i) (i) Amount p to (or retained by fundraiser) (ii) Amount p to (or retained by fundraiser) (iii) Activity Yes No Io	Nume of the organization		LL MUSIC ASSOCIATION						
required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Maisolicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Drone solicitations g Special fundraising events d Inperson solicitations g Special fundraising events d Inperson solicitations g Special fundraising services? Yes No 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key emplycess listed in Form 990, Part VI) or entity in connection with professional fundraising services? Yes No b If 'Yes,'' list the 10 highest paid individuals or entities (fundraiser) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Activity (iii) Activity (iii) Activity (iii) Activity (iv) Gross receipts from activity is listed in col. (i) (v) Amount p to (or retained by fundraiser) (i) Name and address of individual or entity fundraiser Yes No Indicate whether the indicate whether is the indicate whether i	Part I Fundrais	ing Activities.	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	line 1	17. Form 990-EZ	filers are not
a Mail solicitations b Solicitation of non-government grants b Solicitation of government grants c Solicitation of government grants g Solicitation of government grants c Phone solicitations g Special fundraising events d non-person solicitations c Phone solicitation c Phone									
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Name and address of individual or entity (fundraiser) (iii) Activity (iii) Activity (iv) Gross receipts from activity from activity is do for retained by individual or entity (fundraiser) (vi) Amount paid or retained by individual or entity (fundraiser) (vi) Amount paid or retained by individual or entity (fundraiser) (vi) Amount paid or retained by individual or entity from activity (vi) Amount paid or retained by individual or entity of or retained organization Ves No Ves No Individual or entity (fundraiser) (vi) Amount paid organization Ves No Individual or entity (fundraiser) Ves No Individual or entity (fundraiser) (vi) Amount paid organization Ves No Individual or entity (fundraiser) Individual or entity (fundraiser) (vi) Amount paid organization Individual or entity (fundraiser) Ves No Individual or entity (fundraiser) (vi) Amount paid organization Individual or entity (fundraiser) Ves No Individual or entity (fundraiser) (vi) Amount paid organization Individual or entity (fundraiser) Ves No Individual or entity (fundraiser) (vi) Amount paid organization <	 a Mail solicitat b Internet and c Phone solicit d In-person sol 2 a Did the organization 	ions email solicitations tations icitations n have a written c	e Solicita f Solicita g Special or oral agreement with any individual	tion of tion of fundra (includ	non-g gover iising ling of	overnment grants nment grants events ficers, directors, trus			
(i) Name and address of individual or entity (fundraiser) (ii) Activity findraiser base cateor base contributions? (iv) Gross receipts to for retained by fundraiser isted in col. (i) (iv) Antonin p to for retained by fundraiser isted in col. (i) (iv) Antonin p to for retained by fundraiser isted in col. (ii) (iv) Antonin p to for retained by fundraiser isted in col. (ii) (iv) Antonin p to for retained by fundraiser isted in col. (ii) (iv) Antonin p to for retained by fundraiser isted in col. (ii) (iv) Antonin p to for retained by fundraiser isted in col. (ii) Yes No Iv) Iv <	b If "Yes," list the 10	highest paid indiv	viduals or entities (fundraisers) pursu			•	he fu		
Yes No Image: Second stress of the second stres stress	(i) Name and address	s of individual		have con	ustody trol of		tò (or retained by) fundraiser	(vi) Amount paid to (or retained by) organization
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration				Yes	No				
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
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3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
or licensing.				contrib	▶ utions	or has been notified	l it is	exempt from re	gistration
	or licensing.								
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule G (Form 990 or 990-EZ) 2	LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form	990 or	990-F	Z. 9	Sche	edule G (Form 9	90 or 990-EZ) 2019

932081 09-11-19

Schedule G (Form 990 or 990 EZ) 2019 SWALLOW HILL MUSIC ASSOCIATION

84-0781725 Page **2**

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	l c		ONE EPIC NIGHT		NONE	(add col. (a) through col. (c))
ø			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	41,385.			41,385.
	2	Less: Contributions	33,035.			33,035.
	3	Gross income (line 1 minus line 2)	8,350.			8,350.
	4	Cash prizes				
6	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	522.			522.
D	8	Entertainment	7,500.			7,500.
	9	Other direct expenses	10,043.			10,043.
	10	Direct expense summary. Add lines 4 through	(/			18,065.
Da	11 rt					-9,715.
га	n t I	II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "res" on Form	990, Part IV, line 19, or	reported more than	
enue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))

nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))							
Revenue													
Œ	1	Gross revenue											
Direct Expenses	2	Cash prizes											
	3	Noncash prizes											
Direct	4	Rent/facility costs											
	5	Other direct expenses											
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No								
7 Direct expense summary. Add lines 2 through 5 in column (d)													
	8	8 Net gaming income summary. Subtract line 7 from line 1, column (d)											
9	En	ter the state(s) in which the organization condu	cts gaming activities:										
a		the organization licensed to conduct gaming ac											
b) If "	No," explain:											
		ere any of the organization's gaming licenses re				Yes No							
) If "	Yes," explain:											

932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2019 SWALLOW HILL MUSIC ASSOCIATION	<u>84</u> -0	78172	5	Page 3
11	Does the organization conduct gaming activities with nonmembers?			Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?			Yes	No No
13	Indicate the percentage of gaming activity conducted in:				
a	The organization's facility		13a		%
	An outside facility		13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records				
	Name				
	Address				
15-	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			νος	No
156			. —	100	
k	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou	unt			
	of gaming revenue retained by the third party \$				
	If "Yes," enter name and address of the third party:				
-					
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation \$				
	Description of services provided 🕨				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?			Yes	No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the			
	organization's own exempt activities during the tax year 🕨 💲				
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Par	t III, lin	es 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				
_					
9320	33 09-11-19 Schedule	G (Form	1 990 o	or 990	-EZ) 2019
	37				

		Schedule G (Form	990 or 990-EZ)

932084 04-01-19

SCHEDULE I		G	ants and Oth	er Assistan	ce to Organ	izations.		OMB No. 1545-0047		
(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.										
Department of the Treasury	Department of the Treasury Attach to Form 990.									
Internal Revenue Service										
Name of the organizati		MUSIC ASSOCIAT	ION					Employer identification number 84-0781725		
Part I General In	formation on Grants a	nd Assistance								
-	ation maintain records t		-			-				
	ward the grants or assis							X Yes No		
	IV the organization's pro					nization answered "N	(aall an Farm 000, Dar	t N/ line O1 for ony		
	d Other Assistance to I	-				anization answered if	es on Form 990, Par	t IV, line 21, for any		
1 (a) Name and ad	Idress of organization vernment	(b) EIN	(c) IRC section (if applicable)			(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance		
						othery				
2 Enter total numb	er of section 501(c)(3) a	nd government org	, ganizations listed in the	e line 1 table	•		•	>		
3 Enter total numb	er of other organizations	s listed in the line 1	table	·····						
LHA For Paperwork	Reduction Act Notice,	, see the Instruction	ons for Form 990.					Schedule I (Form 990) (2019)		

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TUITION ASSISTANCE	82	32,906.	0.	N/A	N/A

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE OUTREACH COORDINATOR IS RESPONSIBLE FOR THE TUITION ASSISTANCE PROGRAM.

AN APPLICATION IS REQUIRED FOR TUITION ASSISTANCE ELIGIBILITY. APPLICATIONS

ARE REVIEWED AND AWARD AMOUNT IS BASED ON FINANCIAL NEED OF THE APPLICANT.

SCHEDULE J	Compensation Information		OMB No. 1	545-004	47			
(Form 990)	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest							
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.							
Department of the Treas	bartment of the Treasury							
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	<u> </u>	Inspection					
Name of the orgar		Employer ider		on nui	nber			
	SWALLOW HILL MUSIC ASSOCIATION	84-0783	1725					
Part I Ques	tions Regarding Compensation							
				Yes	No			
	propriate box(es) if the organization provided any of the following to or for a person listed on Form	990,						
	on A, line 1a. Complete Part III to provide any relevant information regarding these items.							
	s or charter travel Housing allowance or residence for perso							
	r companions Payments for business use of personal re mnification and gross-up payments Health or social club dues or initiation fee							
	nary spending account Personal services (such as maid, chauffer	ur, chei)						
b If any of the b	oxes on line 1a are checked, did the organization follow a written policy regarding payment or							
•	to reprovision of all of the expenses described above? If "No," complete Part III to explain		1b					
	zation require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
	officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2					
3 Indicate whic	n, if any, of the following the organization used to establish the compensation of the organization's	•						
	e Director. Check all that apply. Do not check any boxes for methods used by a related organization							
	pensation of the CEO/Executive Director, but explain in Part III.							
	sation committee Written employment contract							
·	lent compensation consultant IX Compensation survey or study							
	D of other organizations	committee						
	5							
4 During the ye	ar, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
organization	r a related organization:							
a Receive a sev	erance payment or change-of-control payment?		4a		x			
b Participate in	or receive payment from, a supplemental nonqualified retirement plan?		4b		x			
c Participate in	or receive payment from, an equity-based compensation arrangement?		4c		x			
If "Yes" to an	of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
-	501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5 For persons I	sted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	วท						
0	the revenues of:							
a The organiza	on?		<u>5</u> a		<u>x</u>			
	ganization?		5b		X			
	e 5a or 5b, describe in Part III.							
	sted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n						
0	the net earnings of:							
a The organiza	on?		<u>6a</u>		X			
	ganization?		6b		X			
	e 6a or 6b, describe in Part III.							
	sted on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_		v			
	on lines 5 and 6? If "Yes," describe in Part III		7		X			
-	punts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				v			
			8		X			
	e 8, did the organization also follow the rebuttable presumption procedure described in		-					
	ection 53.4958-6(c)?		9					
LHA For Paperw	ork Reduction Act Notice, see the Instructions for Form 990.	Schedule	J (Forn	n 990)	2019			

932111 10-21-19

Schedule J (Form 990) 2019

84-0781725

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(()())	reported as deferred on prior Form 990	
(1) PAUL LHEVINE	(i)	147,490.	19,014.	0.	0.	7,678.	174,182.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2019

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

SWALLOW HILL MUSIC DETERMINES THE COMPENSATION FOR THE CEO BY REVIEWING

FORM 990'S OF OTHER ORGANIZATIONS, CONSULTING COMPARABLE SALARY DATA, AND

DISCUSSIONS CONDUCTED BY BOTH THE EXECUTIVE COMMITTEE AND BOARD OF

DIRECTORS.

Schedule J (Form 990) 2019

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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Employer identification number 84-0781725

ZU

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

9 **Open to Public** Inspection

Name of	f the or	ganization
---------	----------	------------

Par	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin		s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
10	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
23 24								
24 25	Archeological artifacts	x	1	20.260	INDEPENDENT APPR	ATSA		
25 26	Other (INSTRUMENTS)	x	25	9,230.				
20 27				5,200,				
	· · · · · · · · · · · · · · · · · · ·							
<u>28</u> 29	Other () Number of Forms 8283 received by the organiz	L totion during	l a tha tax year for a					
29	for which the organization completed Form 828							
	for which the organization completed Form 626	oo, Fari IV, I	Jonee Acknowledg	jement 29			Yes	No
200	During the year, did the organization receive by	(contributio	n any proporty ron	ortad in Dart L lines 1 throug	ih 29. that it		163	No
30a								
	must hold for at least three years from the date exempt purposes for the entire holding period?	_				30a		x
h		·				30a		
	If "Yes," describe the arrangement in Part II.	aliov that ra	quiros the review	of any populard contribut	tions?	04	х	
31	Does the organization have a gift acceptance p					31		
з∠а	Does the organization hire or use third parties		-			20-		x
						32a		<u>л</u>
	If "Yes," describe in Part II.	ali			al ca al			
33	If the organization didn't report an amount in c	olumn (C) foi	r a type of property	i lor which column (a) is cheo	cked,			
	describe in Part II.							1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2019

932141 09-27-19

Page 2 **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete Part II this part for any additional information.

932142 09-27-19		Schedule M (Form 990) 2019
	15	

13380831 147228 123113

SCHEDULE O	Supplemental Information to Form 990 or 990	- F7 ⊢	OMB No. 1545-0047
(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.		2019
Department of the Treasury Internal Revenue Service	► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.		Open to Public Inspection
Name of the organization		Employer i 84-078	dentification number
FORM 990, PART I, I	JINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
SWALLOW HILL, FOUN	DED IN 1979 AS A NON-PROFIT MUSIC ORGANIZATION,		
BRINGS LIFE TO CON	CERTS, CLASSES AND COMMUNITY ACROSS METRO DENVER.		
SWALLOW HILL IS HO	ME TO THE COUNTRY'S SECOND LARGEST ACOUSTIC MUSIC		
SCHOOL WITH 60 FAC	JLTY MEMBERS HOSTING 57,000 VISITS ANNUALLY; PRODUCES		
250 CONCERTS BRING	ING TOGETHER 75,000 CONCERT GOERS EACH YEAR (21,000		
OF THOSE COME TO SI	HOWS AT OUR YALE AVE BUILDING); AND THROUGH COMMUNITY		
OUTREACH PROGRAMS	CREATES MORE THAN 76,000 MUSIC CONNECTIONS IN		
UNDER-SERVED COMMUN	NITIES WORKING IN MORE THAN 100 SCHOOLS AND COMMUNITY		
ORGANIZATIONS. SW	ALLOW HILL BRINGS TOGETHER PEOPLE OF ALL AGES TO		
LEARN ABOUT, LISTE	N TO AND PERFORM MUSIC.		
FORM 990, PART III	, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:		
THIS PROGRAM CONSIS	STS OF 30 MINUTE CLASSES ONCE A WEEK FOR THE ENTIRE		
SCHOOL YEAR THAT I	NTRODUCE FUN MUSICAL ACTIVITIES TO ADDRESS THE FOUR		
COLORADO ACADEMIC	STANDARDS FOR PRESCHOOL MUSIC: EXPRESSION, CREATION,		
THEORY, AND AESTHE	FIC VALUATION.		
FORM 990, PART VI,	SECTION B, LINE 11B:		
THE FINANCE COMMIT	TEE REVIEWS A DRAFT OF THE 990 PRIOR TO THE BOARD. THEN		
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:

EACH YEAR ALL SWALLOW HILL BOARD MEMBERS SIGN A CONFLICT OF INTEREST

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932211 09-06-19 Schedule O (Form 990 or 990-EZ) (2019)

46 0.4020 GW

POLICY. ALL STAFF MEMBERS SIGN A CONFLICT OF INTEREST POLICY WHEN THEY
BEGIN EMPLOYMENT AT SWALLOW HILL AND RE-SIGN EVERY TIME THE EMPLOYEE MANUAL
IS UPDATED.
FORM 990, PART VI, SECTION B, LINE 15A:
SWALLOW HILL MUSIC DETERMINES THE COMPENSATION FOR THE CEO BY 1) CONSULTING
COMPARABLE SALARY DATA OBTAINED FROM VARIOUS SOURCES, INCLUDING BUT NOT
LIMITED TO, MOUNTAIN STATES EMPLOYERS COUNCIL, THE COLORADO NONPROFIT
ASSOCIATION AND FORM 990'S OF OTHER ORGANIZATIONS 2) REVIEWING PERFORMANCE
METRICS AS THEY RELATE TO THE STRATEGIC PLAN AND GOALS AGREED UPON BY THE
BOARD OF DIRECTORS AND THE CEO 3) SOLICITING AND ANALYZING FEEDBACK
ANNUALLY FROM THE BOARD OF TRUSTEES, SWALLOW HILL STAFF AND COMMUNITY
PARTNERS 4)THROUGH DISCUSSIONS CONDUCTED BY BOTH THE EXECUTIVE COMMITTEE
AND BOARD OF DIRECTORS. MINUTES OF THE BOARD OF DIRECTORS REFLECT THESE
PRACTICES.
FORM 990, PART VI, SECTION C, LINE 19:
SWALLOW HILL MUSIC ASSOCIATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF
INTEREST POLICY AND ALL MONTHLY AND ANNUAL FINANCIAL STATEMENTS AVAILABLE
UPON REQUEST FROM THE EXECUTIVE DIRECTOR'S AND ACCOUNTING OFFICES. THE
FINANCIAL STATEMENTS ARE ALSO RECEIVED MONTHLY BY THE FINANCE COMMITTEE AND
THE BOARD OF DIRECTORS. FOUR YEARS OF AUDITED FINANCIAL STATEMENTS AND
990'S ARE POSTED ON THE SWALLOW HILL WEBSITE.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
INVESTMENT RETURN ON BENEFICIAL INTEREST IN ASSETS HELD BY
OTHERS 8,350.
932212 09-06-19 Schedule O (Form 990 or 990-EZ) (2019) 47
80831 147228 123113 2019.04020 SWALLOW HILL MUSIC ASSOCI 123113_

Page 2

Employer identification number

84-0781725

Schedule O (Form 990 or 990-EZ) (2019)

SWALLOW HILL MUSIC ASSOCIATION

Name of the organization

13