PUBLIC DISCLOSURE COPY

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Form **990** (Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

2019
Open to Public Inspection

<u> </u>	or th	e 2019 calendar year, or tax year beginning and	enaing		
<b>B</b> (	Check if pplicab	C Name of organization		D Employer identific	cation number
X					
	Name chan	Doing business as SONGWRITINGWITHSOLDIERS		26-16267	09
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final return		8	512-387-	5857
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	945,957.
	Amer returr	ded NACHTITE DN 27202		H(a) Is this a group re	eturn
	Appli			for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	—
1.1	Гах-ех	empt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) $4947(a)(1) = 4947(a)(1)$	or 527	1 ' '	list. (see instructions)
J	Nebsi	te: ► WWW SONGWRITINGWITHSOLDIERS ORG		H(c) Group exemptio	·
		f organization: X Corporation Trust Association Other	L Year		A State of legal domicile: TX
	art I	Summary	1		
	1	Briefly describe the organization's mission or most significant activities: TO TH	RANSFO	RM LIVES BY	USING
ce	'	COLLABORATIVE SONGWRITING TO BUILD CREATI			
nan	2	Check this box  if the organization discontinued its operations or dispos			
ver	3			3	8
Ĝ	4	Number of independent voting members of the governing body (Part VI, line 1b)			6
≪ ≪	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			4
ties	6	Total number of volunteers (estimate if necessary)			25
Activities & Governance	1	Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ac		Net unrelated business taxable income from Form 990-T, line 39			0.
_	5	TVEL UTILEIALEG DUSITIESS LAXABLE INCOME HOM FORM 990-1, III e 09		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		595,561.	597,307.
ine	9			286,355.	348,620.
Revenue		, , ,		21.	30.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		333.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		882,270.	945,957.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		327,394.	374,956.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	374,930.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ϋ́	_b	Total fundraising expenses (Part IX, column (D), line 25)   109,36		100 007	462 161
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		408,807.	462,161.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		736,201. 146,069.	837,117.
	19	Revenue less expenses. Subtract line 18 from line 12			108,840.
Net Assets or			Ве	ginning of Current Year	End of Year
Ssel	20	Total assets (Part X, line 16)		310,501.	424,015.
et A	21	Total liabilities (Part X, line 26)		16,270.	20,944.
		Net assets or fund balances. Subtract line 21 from line 20		294,231.	403,071.
	art II				
		alties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich preparer	has any knowledge.	
		Signature of officer		l Date	
Sig		l' -		Dale	
Her	е	MIKE SCHATZLEIN, TREASURER  Type or print name and title			
_		, , , ,	- 4-1	Oto	DTIN
		Print/Type preparer's name  Preparer's signature  Ana A		0219.04 Check Check if	PTIN
Paid		SARA G. MOON	~ 1 16.1	self-employ	
	arer	Firm's name CHERRY BEKAERT LLP		Firm's EIN	56-0574444
Use	Only	Firm's address 222 SECOND AVE, SOUTH STE 1240			E 202 (E22
		NASHVILLE, TN 37201		Phone no. 61	<u>5-383-6592</u>
May	the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pal	Statement of Program Service Accomplishments	X
_	Check if Schedule O contains a response or note to any line in this Part III	<u>A</u>
1	Briefly describe the organization's mission: TO TRANSFORM LIVES BY USING COLLABORATIVE SONGWRITING TO BUILD	
	CREATIVITY, CONNECTIONS AND STRENGTHS.	
	CREATIVITI, CONNECTIONS AND STRENGING.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	r i de la companya d	X Yes No
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	ZI TESINU
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3	If "Yes," describe these changes on Schedule O.	165 [21]110
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by ex	noncoc
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expe	-
	revenue, if any, for each program service reported.	nises, and
 4а		348,620.)
40	SONGWRITINGWITH: SOLDIERS (SW:S) HOLDS WEEKEND RETREATS AT RETREA	
	CENTERS NEAR MILITARY BASES AND TWO-DAY WORKSHOPS AT VETERAN SER	
	PROVIDERS ACROSS THE UNITED STATES. IN 2019 WE ACCOMPLISHED:	<u> </u>
	- SONGWRITING WITH SOLDIERS CONCERT SPECIAL AIRED ON NEARLY 1,00	0 prg
	AFFILIATES AROUND THE COUNTRY FROM OCTOBER THROUGH VETERANS DAY	
	NOVEMBER 2019	T 1/
	- 9 WEEKEND RETREATS, 35 TWO-DAY WORKSHOPS WITH PATHH PARTNERS	
	- 283 VETERANS AND FAMILY MEMBERS PARTICIPATED IN SW:S PROGRAMS	
	- 203 VEIERANS AND FAMILI MEMBERS PARTICIPATED IN SW:S PROGRAMS - 11 "CREATIVITY CALLING" SESSIONS AND POST-RETREAT CALLS WITH	
	PARTICIPANTS	
		CE .
	- HELD 1 RETREAT FOR ALL-FEMALE VETERANS, 3 FOR EXPLOSIVE ORDNAN	
	DISPOSAL (EOD) COUPLES, AND 3 FOR GOLD STAR/SPECIAL OPS FAMILIES	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	C01 072	
		222

# Form 990 (2019) SONGWRITINGWITH: INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	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_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			3,7
_	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		37	
46	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	444		x
1 <i>E</i>	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		4.5		X
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		46		X
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		X
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<del>  ^</del>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		X
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		X
20-	complete Schedule G, Part III	20a		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		<del>  ^</del> `
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
۲۱	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	domocio government entrartix, commit (-y, intertitili res, complete scriedule I, Parts I and II	41		43

Form 990 (2019) SONGWRITINGWITH: INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			3,7
	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		
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		25
ь	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		X
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		37	
	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			X
25-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
55	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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	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 1a 45			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X 000	

SONGWRITINGWITH: INC 26-1626709 Page 5 Form 990 (2019) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V 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 X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). X Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the

organization is licensed to issue qualified health plans

Enter the amount of reserves on hand

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

excess parachute payment(s) during the year?

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

Form **990** (2019)

14b

16

X

X

Х

13b

Form 990 (2019) SONGWRITINGWITH: INC. 26-1626/09 Pag
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				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	8					
	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	Enter the number of voting members included on line 1a, above, who are independent	1b	6					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh							
	officer, director, trustee, or key employee?		2		X			
3	Did the organization delegate control over management duties customarily performed by or under the							
		•	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form				Х			
5	Did the organization become aware during the year of a significant diversion of the organization's as				x			
6	Did the organization have members or stockholders?		6		x			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				<u> </u>			
, .	more members of the governing body?	• •	7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s		74		<del> </del>			
	persons other than the governing body?	·	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ve		76		1			
	The governing body?	,	00	Х				
a	Each committee with authority to act on behalf of the governing body?		8a 8b	X				
b			OD	25				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea		9		X			
Sac	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		.   9		1 22			
500	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)		V	Ι			
40-	Did the conseivation have been been been been been full to 0		40-	Yes	No X			
	Did the organization have local chapters, branches, or affiliates?		10a		<u> </u>			
D	If "Yes," did the organization have written policies and procedures governing the activities of such c		405					
		hallandara Chambar Carra O		X	$\vdash$			
_	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filing the form?	11a					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		12a	X				
12a	, , , , , , , , , , , , , , , , , , ,							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		. 12b	X	$\vdash$			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	Yes," describe		37				
	in Schedule O how this was done		12c	X	177			
13	Did the organization have a written whistleblower policy?				X			
14	•		14		X			
15	Did the process for determining compensation of the following persons include a review and approve							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
	The organization's CEO, Executive Director, or top management official		15a	X	_			
b	Other officers or key employees of the organization		15b	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 arrange	ment with a						
	taxable entity during the year?		16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization's						
	exempt status with respect to such arrangements?		16b					
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► NONE							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (Section 501(c)(	3)s only)	availa	able			
	for public inspection. Indicate how you made these available. Check all that apply.	. , .	• *					
		n on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c		nd finan	cial				
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records						
	THE ORGANIZATION - 512-387-5857							
	632 FOGG STREET, NO. 8, NASHVILLE, TN 37203							

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

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

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

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

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

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

(A)	(B)	organization compensate (C)						(D)	(E)	(F)	
Name and title	Average		Position (do not check more than one					Reportable	Reportable	Estimated	
	hours per	box, unless person is both an officer and a director/trustee)				s both	an	compensation	compensation	amount of	
	week (list any	$\vdash$	, a.,		1 1 1		,	from the	from related organizations	other compensation	
	hours for	Individual trustee or director				p		organization	(W-2/1099-MISC)	from the	
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 2, 1000 111100)	organization	
	organizations	trust	Institutional trustee		oyee	om pe		,		and related	
	below	vidual	tutior	:ec	Key employee	nest co	ner			organizations	
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former				
(1) GARY LEOPOLD	12.00							_	_	_	
CHAIR AND PRESIDENT		Х		X				0.	0.	0.	
(2) MIKE SCHATZLEIN	2.00							_		_	
TREASURER		Х		X				0.	0.	0.	
(3) HARRY BALLAN	2.00							_	_	_	
DIRECTOR		Х						0.	0.	0.	
(4) KEN FALKE	2.00							_		_	
DIRECTOR		Х						0.	0.	0.	
(5) BARBARA KORNREICH	2.00							_			
DIRECTOR		Х						0.	0.	0.	
(6) DONALD L. NAVOR	2.00							_			
DIRECTOR		Х						0.	0.	0.	
(7) DARDEN SMITH	30.00	_									
CREATIVE DIRECTOR	1000	Х		X				95,500.	0.	0.	
(8) MARY JUDD	40.00							105 000			
PROGRAM DIRECTOR		Х		X				125,000.	0.	0.	
(9) DUFF STEWART	2.00									•	
DIRECTOR		Х						0.	0.	0.	
(10) JIM CANNON	2.00									•	
DIRECTOR	40.00	Х						0.	0.	0.	
(11) KRISTIN STARLING	40.00							00 000	_	•	
EXECUTIVE DIRECTOR				X		_		90,000.	0.	0.	
-		$\vdash$									
		$\vdash$	$\vdash$		_						
		$\vdash$	$\vdash$								
								<u> </u>		<b>5</b> 000 (2242)	

932007 01-20-20 Form **990** (2019)

Form 990 (2019) SONGWRIT:	INGWITH:	IN	IC.						26-162	670	9	Pa	ge <b>8</b>
Part VII   Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,			ghes	st C	compensated Employee	s (continued)				
<b>(A)</b> Name and title	(B) Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than s bot	h an	( <b>D</b> )  Reportable compensation from	(E) Reportable compensation from related		Estin amou oth	unt o	f
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		from from organi and re organiz	n the izatic elate	on d
										$\perp$			
										$\perp$			
										$\perp$			
		•											
1b Subtotal c Total from continuation sheets to Part VI							<b>&gt;</b>	310,500.		•			0.
d Total (add lines 1b and 1c)							<u> </u>	310,500.		•			0.
<ul> <li>Total number of individuals (including but no compensation from the organization</li> </ul>	ot limited to th	ose	liste	d ab	ove	e) wh	io re	eceived more than \$100,	000 of reportable		l v		1
3 Did the organization list any former officer	, director, trust	ee, k	еу е	empl	oye	e, or	hig	hest compensated emp	loyee on		Y		No
line 1a? If "Yes," complete Schedule J for s  4 For any individual listed on line 1a, is the su	um of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	he organization		3		X
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>											4		X
rendered to the organization? If "Yes." con Section B. Independent Contractors										. !	5		X
Complete this table for your five highest co the organization. Report compensation for	-	-							· · · · · · · · · · · · · · · · · · ·	sation	n from		
(A) Name and business			ONE		iui C	JI VVI		(B)  Description of s		Com	(C)	ation	
Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lin	nited	d to t	thos (		ted	above) who received me	ore than				
										Eo	<sub>rm</sub> 99	0 (2)	01Q)

26-1626709

Form 990 (2019) SONGWRITINGWITH: INC.

Part VIII Statement of Revenue

			Check if Schedule O	conta	ins a re	sponse (	or note to any lin	e in this Part VIII			
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in	ibutic grants	1 1 1 1 1 1 1 1 1 1	b c d	597,307.				
ပြွန်		h	Total. Add lines 1a-1f				<b></b>	597,307.			
				_			Business Code	240 520	242 522		
Se	2	а	PROGRAM INCOM		- RE'	<u> PRE</u>	900099	340,532.	340,532.		
e S		b	PROGRAM INCOM	E			711130	8,088.	8,088.		
n Si		С									
Jar Sev		d									
Program Service Revenue		e									
^			All other program service	rever	nue			348,620.			
	_	g	Total. Add lines 2a-2f	 P				340,020.			
	3		Investment income (includ	_				30.			30.
	4		other similar amounts)					30.			30.
	4 5		Income from investment of				roceeds				
	3		Royalties		(i) F	Real	(ii) Personal				
	6	а	Gross rents	6a	(7)		(1) 1 0.001141				
	٠		Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)				<b></b>				
	7		Gross amount from sales of	,   	(i) Sec	urities	(ii) Other				
	·	_	assets other than inventory	7a	.,						
		b	Less: cost or other basis	1							
e l			and sales expenses	7b							
ther Revenue		С	Gain or (loss)	7с							
Re			Net gain or (loss)	$\overline{}$			<b>&gt;</b>				
ē	8		Gross income from fundraising								
₹			including \$		c	of					
			contributions reported on								
			Part IV, line 18			8a					
		b	Less: direct expenses			8b					
		С	Net income or (loss) from	fundr	raising e	vents	<b></b>				
	9	а	Gross income from gamin								
			Part IV, line 19								
			Less: direct expenses								
			Net income or (loss) from	-	-	ities	<b></b>				
	10	а	Gross sales of inventory, I								
			and allowances								
			Less: cost of goods sold				<u> </u>				
$\dashv$		С	Net income or (loss) from	sales	of inver	ntory					
જુ	٠.						Business Code				
eor Te	11										
llan (en)		b									
Miscellaneous Revenue		C	All adds an increase a								
Ξ̈́			All other revenue								
	12		Total. Add lines 11a-11d  Total revenue. See instruction					945 957	348,620.	0.	30.
	14		i viai i vivillati. Otto III sii abili	1110				, , .	,,		

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (B) Program service expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 36,480. 310,500. 212,289. 61,731. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 26,504. 18,016. 3,248. 5,240. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 6,189. 8,887. 899. 1,799. Other employee benefits 9 29,065. 19,863. 3,426. 5,776. 10 Payroll taxes 11 Fees for services (nonemployees): Management 3,976. 2,586. 310. 1,080. Legal 29,707. 29,707. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 49,003. 15,250. 20,793. 12,960. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 37,809. 29,194. 2,911. 5,704. Office expenses 13 15,942. 7,006. 6,068. 2,868. Information technology 14 Royalties 15 7,061. 12,978. 5,917. 16 Occupancy 80,287. 69,471. 4,751. 6,065. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 211,882. 211,882. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization ..... 22 4,688. 2,746. 1,942. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 11,077. 5,330. 5,747. MISCELLANEOUS DUES AND SUBSCRIPTIONS 4,812. 420. 4,001. 391. С d All other expenses 837,117. 601,973. 125,783. 109,361. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here

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

Form 990 (2019)
Part X Balance Sheet

Pai	τ X					
		Check if Schedule O contains a response or note to an	y line in this Part X		·····	
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		211,704.	1	183,333.
	2	Savings and temporary cash investments		69,287.	2	129,317.
	3	Pledges and grants receivable, net		19,460.	3	95,316.
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current or former				
		trustee, key employee, creator or founder, substantial of	contributor, or 35%			
		controlled entity or family member of any of these pers	ons		5	
	6	Loans and other receivables from other disqualified per				
		under section 4958(f)(1)), and persons described in sec	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Down and accompany and all forms of all accompany		9,400.	9	15,399.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D10a				
	b	Less: accumulated depreciation 10b			10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11	650.	15	650.	
	16	Total assets. Add lines 1 through 15 (must equal line 3		310,501.	16	424,015.
	17	Accounts payable and accrued expenses		16,270.	17	20,944.
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV	of Schedule D		21	
Se	22	Loans and other payables to any current or former office	er, director,			
Liabilities		trustee, key employee, creator or founder, substantial of	contributor, or 35%			
iab		controlled entity or family member of any of these pers	ons		22	
_	23	Secured mortgages and notes payable to unrelated thi			23	
	24	Unsecured notes and loans payable to unrelated third	i i		24	
	25	Other liabilities (including federal income tax, payables				
		parties, and other liabilities not included on lines 17-24	. Complete Part X			
		of Schedule D		16 070	25	20 044
	26	Total liabilities. Add lines 17 through 25	<b>.</b> 77	16,270.	26	20,944.
S		Organizations that follow FASB ASC 958, check her	e ▶ 👗			
၁င		and complete lines 27, 28, 32, and 33.		204 221		217 221
alaı	27			294,231.	27	317,221.
Ã	28	Net assets with donor restrictions			28	85,850.
Ě		Organizations that do not follow FASB ASC 958, che	eck nere 🕨 🔛			
P		and complete lines 29 through 33.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29	
SSE	30	Paid-in or capital surplus, or land, building, or equipme			30	
λtΑ	31	Retained earnings, endowment, accumulated income,		294,231.	31	403,071.
ž	32	Total net assets or fund balances		310,501.	32	
	33	Total liabilities and net assets/fund balances		310,301.	33	424,015.

Pai	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,9					
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,1					
3	Revenue less expenses. Subtract line 2 from line 1	3		$\frac{8,8}{4,2}$					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	coluṃn (B))	10	40	3,0	<u>71.</u>				
Pai	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				Щ				
				Yes	No				
1	Accounting method used to prepare the Form 990:								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.							
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	Separate basis X 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	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit							
	Act and OMB Circular A-133?		3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						
			Form	990	(2019)				

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

**Employer identification number** Name of the organization SONGWRITINGWITH: INC. 26-1626709 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

## 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.)

Sect	ion A. Public Support									
Calend	ar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	(d) 2018	<b>(e)</b> 2019	(f) Total			
1 0	Gifts, grants, contributions, and									
n	nembership fees received. (Do not									
ir	nclude any "unusual grants.")	237,066.	387,522.	585,475.	595,561.	597,307.	2402931.			
<b>2</b> T	ax revenues levied for the organ-									
iz	zation's benefit and either paid to									
0	r expended on its behalf									
<b>3</b> T	he value of services or facilities									
fı	urnished by a governmental unit to									
tł	ne organization without charge									
4 T	otal. Add lines 1 through 3	237,066.	387,522.	585,475.	595,561.	597,307.	2402931.			
<b>5</b> T	he portion of total contributions									
b	y each person (other than a									
g	overnmental unit or publicly									
S	upported organization) included									
0	n line 1 that exceeds 2% of the									
а	mount shown on line 11,									
С	olumn (f)						30,739.			
	ublic support. Subtract line 5 from line 4.						2372192.			
	ion B. Total Support									
	ar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
<b>7</b> A	mounts from line 4	237,066.	387,522.	585,475.	595,561.	597,307.	2402931.			
<b>8</b> G	Gross income from interest,									
d	lividends, payments received on									
S	ecurities loans, rents, royalties,				24					
а	nd income from similar sources		2.	8.	21.	30.	61.			
<b>9</b> N	let income from unrelated business									
	ctivities, whether or not the		1 044				1 0 4 4			
	usiness is regularly carried on		1,044.				1,044.			
	Other income. Do not include gain									
	r loss from the sale of capital				222		222			
	ssets (Explain in Part VI.)				333.		333.			
	otal support. Add lines 7 through 10						2404369.			
	Gross receipts from related activities,	•	,			12	635,414.			
	irst five years. If the Form 990 is for	•			•	. , ,				
Sect	rganization, check this box and stop ion C. Computation of Publi	c Support Per	centage							
	Public support percentage for 2019 (li			olumn (f))		14	98.66 %			
						15	98.66 %			
	Public support percentage from 2018 is 1/3% support test - 2019. If the co									
	top here. The organization qualifies									
	3 1/3% support test - 2018. If the contraction of t									
	nd stop here. The organization quali						. $\Box$			
	0% -facts-and-circumstances test		•			 and line 14 is 10% (				
	nd if the organization meets the "fac	ū					·			
	neets the "facts-and-circumstances"			-		-				
	0% -facts-and-circumstances test									
	nore, and if the organization meets th	_								
	,		·				•			
U	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									

#### 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	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						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)				-		
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	-			-		
<u></u>	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publi					T I	
	Public support percentage for 2019 (I			.,,		15	<u>%</u>
	Public support percentage from 2018					16	<u>%</u>
	ction D. Computation of Inves					T T	
	17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17						
18	INVESTMENT INCOME PERCENTAGE FROM 2018 Schedule A, Part III, line 17						
198							<b>.</b> —
_	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2018. If the	· ·			•	·	
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	ns box and see ins	tructions	

#### 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.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	E!-		
	5b 5c		
	6		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b		
ո 9	90 or 99	0-EZ)	2019

Par	t IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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,			
	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Seci	tion 6. Type it supporting organizations		V	N.
4	Ways a majority of the avegatization's divestors by twisters during the tay year also a majority of the divestors		Yes	No
	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	1		
	the supported organization(s). tion D. All Type III Supporting Organizations			<u> </u>
			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			
C 1	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations	•		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction).	ns).		
a b	The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization is the parent of each of its supported organizations. Complete line's perow.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see its period).	natu latia na	١	
2	Activities Test. Answer (a) and (b) below.	ristructions,	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
	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.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must of	complete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_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		
Sect	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		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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-function	ally integrated	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	1 v   Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	mizations (continued)	
Secti	on D - Distributions			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	s		
_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 the	ne organization is responsive	)	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
_1_	Distributable amount for 2019 from Section C, line 6			
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			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	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: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
с	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 <b>Part VI.</b> 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			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule 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

**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

**Employer identification number** 

SONGWRITINGWITH: INC. 26-1626709						
Organization type (che	ck one):					
Filers of:	Section:					
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	I				
	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					
	ion is covered by the <b>General Rule</b> or a <b>Special Rule</b> . 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule.	cial Rule. See instructions.				
General Rule						
-	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions t any one contributor. Complete Parts I and II. See instructions for determining a contri					
Special Rules						
sections 509(a any one contri	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.					
year, total con	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.					
year, contribut is checked, en purpose. Don't	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received cions exclusively for religious, charitable, etc., purposes, but no such contributions total ter here the total contributions that were received during the year for an exclusively restricted any of the parts unless the <b>General Rule</b> applies to this organization becautable, etc., contributions totaling \$5,000 or more during the year	aled more than \$1,000. If this box eligious, charitable, etc., ause it received nonexclusively				
but it <b>must</b> answer "No	on that isn't covered by the General Rule and/or the Special Rules doesn't file Schedu " on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or o eet 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.

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

Name of organization Employer identification number

## SONGWRITINGWITH: INC. 26-1626709

Parti	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) <u>N</u> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	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		\$17,793.	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		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	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		\$50,000.	Person X Payroll

Name of organization Employer identification number

SONGWRITINGWITH: INC. 26-1626709 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person **Payroll** 20,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash

(Complete Part II for noncash contributions.)

Name of organization Employer identification number

#### SONGWRITINGWITH: INC.

26-1626709

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			
		\$				
(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			
		\$				

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization **Employer identification number** SONGWRITINGWITH: INC. 26-1626709 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

#### (e) Transfer of gift

		<u> </u>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

#### (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

SONGWRITINGWITH: INC.

**Employer identification number** 26-1626709

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	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 wr	iting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's ex	cclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Part	t II Conservation Easements. Complete if the orga	nization answered "Yes" on Form 990,	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	(check all that apply).	
	Preservation of land for public use (for example, recreation	on or education) Preservation of	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	of 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	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struc	ture included in (a)	2c
d	Number of conservation easements included in (c) acquired aft	er 7/25/06, and not on a historic struct	ture
	listed in the National Register		2d
	Number of conservation easements modified, transferred, relea		
	year <b>&gt;</b>		
4	Number of states where property subject to conservation ease	ment is located >	_
5	Does the organization have a written policy regarding the perio	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	olds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing cor	nservation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and enforcing conserva	ation easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial staten	nents that describes the
	organization's accounting for conservation easements.		
Part	Organizations Maintaining Collections of A		ther Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for public	c exhibition, education, or research in f	furtherance of public
	service, provide in Part XIII the text of the footnote to its financ	ial statements that describes these iter	ns.
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public e	xhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financi	
	the following amounts required to be reported under FASB AS	C 958 relating to these items:	
	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$

	t III Organizations Maintaining C	ollections of Art	t. Histo	rical Tre	asures. or	Othe	r Simil	ar Assets	(contin	240d)	age –
3									<u>(COITUI</u>	<u>iueu)</u>	
	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):										
а											
b											
C	Preservation for future generations	e	Ш,	Juliei							
		alloctions and avalain	how the	ov further th	o organization	'o ovor	nnt nurr	ooo in Dort	VIII		
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
5									٦ ٧		٦
Dar	t IV Escrow and Custodial Arrange								Yes		<u>No</u>
rai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the	organizatio	n answered "Y	es" on	Form 9	90, Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for c	ontribution	s or other asse	ts not i	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
		·	ū						Amoun		
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f											
	Ending balance  Did the organization include an amount on Fe								Yes	$\overline{}$	No
	If "Yes," explain the arrangement in Part XIII.						•		_		] NO
Par											
	Ti and and complete	(a) Current year		rior year	(c) Two years			e years back	(a) Four		hack
4.	Decimping of year belones	(a) Current year	(b) F	ioi yeai	(C) TWO years	Dack	(u) Tille	e years back	(e) i oui	years	Dack
	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	, column (a)	)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	<del></del> %									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse		tion that	are held ar	nd administere	d for th	e organ	ization			
	by:						9		ſ	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)	$\neg$	
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Sc	hedule R2					3b	$\neg$	
1	Describe in Part XIII the intended uses of the								_ OD		
Par			WITI <del>C</del> ITE IL	iiius.							
	Complete if the organization answere		Part IV	line 11a S	See Form 990 I	Part X	line 10				
	Description of property	(a) Cost or o			or other		ccumula	ated	(d) Boo	k voli:	
	Description of property	basis (investr		. ,	(other)		preciation	I	(u) 600	r value	Е
	Land	,	.5116)	2000	(521101)	ue	prodiatio				
	Land										
	Buildings										
	Leasehold improvements	I									
	Equipment										
	Other										_
Total	Add lines 1a through 1e (Column (d) must o	au al Farma OOO Dart	V 1	n (D) line 1	0-1						0.

Schedule D (Form 990) 2019 SONGWRITING	WITH: INC.	26	-1626709 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	-		
(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.	<u>, L</u>		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990. Part X. line 15.	
	Description	, ,	(b) Book value
(1)	<u> </u>		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X, col. (B) lin	0.15.)		
Part X Other Liabilities.	•	11a au 116 Can Faura 000 Part V lina 05	
Complete if the organization answered "Yes"  1. (a) Description of liability	on Form 990, Part IV, line	The or Thi. See Form 990, Part X, line 25.	(b) Book value
······································			(D) BOOK Value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			

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

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

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization

SONGWRITINGWITH: INC.

**Employer identification number** 26-1626709

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
STRENGTHS.
FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:
ADDED 2 NEW LICENSSEES TO THE WARRIOR PATHH PROGRAM IN FLORIDA AND
GEORGIA - INCREASING PATHH COLLABORATIVE SONGWRITING INTERVENTION
SERVICES TO 37 FROM 24. WE ALSO WERE FEATURED IN A NATIONALLY BROADCAST
PBS SPECIAL REACHED ALL TOP 20 MARKETS WITH SONGS FROM THE PROGRAM.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
CONDUCTED OUR FIRST RETREAT SERVING MIDDLE TENNESSEE
- CREATED NEW VOLUNTEER ROLE FOR COMMUNITY ENGAGEMENT COORDINATOR TO
DRIVE VETERAN OUTREACH
- EXPANDED PROGRAM CAPACITY BY INTEGRATING A NEW LEAD FACILITATOR AND
MUSICIAN TEAMS AT RETREATS WITH FOUNDERS, WITH ADDITIONAL LEADERS BEING
TRAINED
- STRENGTHENED CORE PROGRAM CURRICULUM AND WROTE NEW PATHH TRAINING
DOCUMENTS
- CULTIVATED RESEARCH PARTNERS WITH ARTICLES IN JOURNAL OF MUSIC AND
MEDICINE
- PARTICIPATED IN NATIONAL CONFERENCES AND OUTREACH EVENTS INCLUDING:
BUSINESS INNOVATION CONFERENCE (BIF), CONGRESSIONAL MEDAL OF HONOR
GALA, SPECIAL OPERATIONS ORGANIZATION DINNER, POSITIVE PSYCHOLOGY
CONFERENCE, HOME BASE GALA
- HELD CONCERT PERFORMANCE AT WAMC/THE LINDA PERFORMING ART CENTER WITH
AUDIENCE Q&A

Name of the organization SONGWRITINGWITH: INC.	Employer identification number 26-1626709
- INCREASED PARTICIPATION IN PRIVATE SW:S FACEBOOK GROUP	
FORM 990, PART VI, SECTION B, LINE 11B:	
FORM 990 IS REVIEWED AND APPROVED BY THE BOARD PRIOR TO IT	'S SUBMISSION TO
THE INTERNAL REVENUE SERVICE.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL BOARD MEMBERS ARE FAMILIAR WITH THE CONFLICT OF INTERE	ST POLICIES AND
ANY ISSUES ARE DISCUSSED AS THEY ARISE.	
FORM 990, PART VI, SECTION B, LINE 15:	
ALL SALARIES AND WAGES ARE REVIEWED AND APPROVED BY THE BO	ARD OF DIRECTORS.
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS CAN BE MADE AVAILABLE TO THE PUBLIC UP	ON REQUEST AND
DETERMINATION FROM THE BOARD OF DIRECTORS.	

# SCHEDULE R (Form 990)

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

2019

OMB No. 1545-0047

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

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

SONGWRITINGWITH: INC.

Name of the organization

Partl

Department of the Treasury Internal Revenue Service

Employer identification number 26-1626709Open to Public Inspection

(g) Section 512(b)(13) controlled entity? Direct controlling Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Direct controlling entity End-of-year assets **e** Public charity Total income Exempt Code ਉ section ਉ Legal domicile (state or Legal domicile (state or foreign country) foreign country) **LEXAS** Primary activity Primary activity Name, address, and EIN (if applicable) SONGWRITINGWITH: SOLDIERS MUSIC, LLC Name, address, and EIN of related organization of disregarded entity 632 FOGG STREET, STE 8 37203 NASHVILLE, TN Part II

ŝ Yes status (if section 501(c)(3))

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

Schedule R (Form 990) 2019

26-1626709

Page 2

Schedule R (Form 990) 2019 SONGWRITINGWITH: INC.

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

(k)	General or Percentage managing ownership partner?									
9	eneral or lanaging artner?	Yes								
<u>(E)</u>	Code V-UBI	K-1 (Form 1065) Y								
(h)	Disproportionate allocations?	Yes No								
(6)	Share of end-of-year									
(f)	Share of total income									
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)								
(p)	Direct controlling entity									
(0)	Legal domicile (state or	country)								
(q)	Primary activity									
(a)	Name, address, and EIN of related organization									

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

			,									
	<u>.</u>	5)(13)		Yes No								
	<u> </u>	512(b)(13) controlled		Yes								
	Œ	Percentage ownership										
		Share of end-of-year										
	£	Share of total income										
	(e)	Type of entity (C corp, S corp,	or trust)									
	(p)	Direct controlling entity										
	(0)	Legal domicile (state or	toreign country)									
ing tile tak year.	(q)	Primary activity										
organizations treated as a corporation of trest during the tax year.	(a)	Name, address, and EIN of related organization										

Schedule R (Form 990) 2019

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	<b>8</b>
1 During the tax year, did the organization engage in any of the following transactions	s with one or more rela	transactions with one or more related organizations listed in Parts II-IV?	n Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	
c Gift, grant, or capital contribution from related organization(s)				1c	
				1d	
				1e	
f Dividends from related organization(s)				#	
g Sale of assets to related organization(s)				19	
Purchase of assets from related organization(s)				두	
				÷	
related organization(s)				Ш	
k Lease of facilities, equipment, or other assets from related organization(s)				¥	
l Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=	
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			£	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1 L	
o Sharing of paid employees with related organization(s)				10	
Ses				Ę	
Reimbursement paid by related organization(s) for expenses				- 5	
r Other transfer of cash or property to related organization(s)				+	
s Other transfer of cash or property from related organization(s)				18	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ho must complete this	s line, including covered r	elationships and transaction thresholds.		
<b>(a)</b> Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved	
(1)					
(2)					
(3)					
(4)					
(5)					
(9)					
932163 09-10-19			Schedu	Schedule R (Form 990) 2019	0) 2019

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Schedule R (Form 990) 2019

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Name, address and ENA Primary activity Legal domining Protein instruction of entity country) (attace or freedy (thatex o	Primary activity Legal domicile Predomistrinsching Share of Share of Share of Country) Sections 512-5141	Primary activity Legal domicine Predominant income (related, unrelated, softeis) (related, unrelated, softeis) (related, unrelated, unrelated, softeis) (related, unrelated, unrelated, softeis) (related, unrelated, unrelated, softeis) (related, un	(a)	(q)	(0)	(p)	(e)	(£)	(6)	æ	(j)	9	(K)
Sections 512-514)	sections 512-514)	sections 512-514) Yes No Income assets	Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax und	rtners sec. 101(c)(3) orgs.?	Share of total	Share of end-of-year	Dispropor- tionate allocations?	Code V-UBI amount in box 20 of Schedule K-1	General or managing partner?	Percentage ownership
	Coloration D. Co					sections 512-514) Y	es No	income	assets	Yes No	(Form 1065)	Yes No	
		Schedule R (Form 580) 2019											
	Converting of Different Color of Converting of Converting of Different Color of Converting of Conver	Schedule R (Form 950) 2019											
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		Schedule R (Form 990) 2019											
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	Coloradio B. Roma Both and	Schedule N (Form 990) 2019											
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		Schedule R (Form 990) 2019											
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