EXTENDED TO NOVEMBER 15, 2019

Form **990**

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.

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.

2018
Open to Public Inspection

A	For t	he 2018 calendar year, or tax year beginning and	d ending	rich	
В	Check applica	if C Name of organization		D Employer ident	ification number
Г	Add	SONGWRITINGWITH: INC.			
Ī	Nan	Doing business as SONGWRITINGWITHSOLDIERS		26-	1626709
	Initia retu		Room/suite	E Telephone numb	oer .
	Fina	30 MUSIC SQUARE WEST	-387-5857		
	tern atec	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	882,270.
	retu			H(a) Is this a group	
	App tion			for subordinat	es? Yes 🔀 No
	реп	SAME AS C ABOVE		H(b) Are all subordinates	s included? Yes No
		xempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach	a list. (see instructions)
		site: ► WWW SONGWRITINGWITHSOLDIERS ORG		H(c) Group exempt	
2000		of organization: X Corporation Trust Association Other	L Year	of formation: 2008	M State of legal domicite: TX
P	art I	<u> </u>			
Q.	1	Briefly describe the organization's mission or most significant activities: TO T	KANSFU	KW LIVES B	USING
Governance		COLLABORATIVE SONGWRITING TO BUILD CREATI			Company of the Compan
er n	2	Check this box if the organization discontinued its operations or dispo		t i	P
Š	3			nde: # me e - e e na en e centre e e en en en entre	700
•	4	Number of independent voting members of the governing body (Part VI, line 1b)			Market and the second s
Activities &	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			manya kapanya, mali kandalah kalaman kandan nyang kang pamban banjar bahan mang mang binara binara binara banda
Š	6	Total number of volunteers (estimate if necessary)			
Aci	/ a	Total unrelated business revenue from Part VIII, column (C), line 12		· ·	The state of the s
-	 	Net unrelated business taxable income from Form 990-T, line 38		Prior Year	Care Samuel Committee Comm
ne		Contributions and grants (Part \((III)\) line 1h)		585,475	Current Year 595, 561.
	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	4	439	Annual State of the Contract o
Revenue	40	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		8.	
E.	10	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	
	11	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		585,922	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	- Color - Colo
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	A
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		232,820	
Expenses	169	Professional fundraising fees (Part IX, column (A), line 11e)		10,750.	
E	Ь	Total fundraising expenses (Part IX, column (D), line 25) > 76,3	35.		
ŏ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		268,199.	408,807.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		511,769	736,201.
	19	Revenue less expenses. Subtract line 18 from line 12		74,153	
_ Ø			Вес	ginning of Current Year	
Sign	20	Total assets (Part X, line 16)		176,268.	
SS.	20 21	Total liabilities (Part X, line 26)	- W P T P R T P R .	16,916.	
¥	22	Net assets or fund balances. Subtract line 21 from line 20		159,352.	
Pa	irt II	Signature Block			
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	nts, and to the best of m	y knowledge and belief, it is
lrue,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer I	has any knowledge.	
				10/7/2019	
Sign	1	Signature of offider		Oate -	
Her	е	MIKE SCHATZLEIN, TREASURER	milita i kasa m ata dina marat a din Suda ndoka ndoka naga ya		
Yearn and the second	- Alegalamijey Xv H	Type or print name and little	anna an	and to be proportional to the state of the s	
		Print/Type preparer's name Preparer's signature	1	ate Check	PTIN
Paid		SARA G. MOON Pana P. Moon	Marie de la constitution de la c	10.7.19 self-emple	Action of the contract of the
	arer	Firm's name CHERRY BEKAERT LLP	ggelek kestiggilan kalendari pera specia akan tari salara an	Firm's EIN	56-0574444
Jse	Only	Firm's address ▶ 222 SECOND AVE, SOUTH STE 1240		:	· · · · · · · · · · · · · · · · · · ·
		NASHVILLE, TN 37201		Phone no. 6 1	L5-383-6592
vlay	the I	3S discuss this return with the preparer shown above? (see instructions)	**********		X Yes No
3200	11 12-3	1-18 LHA For Paperwork Reduction Act Notice, see the separate instructio	ns.	•	Form 990 (2018)

	m 990 (2018) SUNGWRITINGWITH: INC. Z6-1626/09 Page 2
re	art III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO TRANSFORM LIVES BY USING COLLABORATIVE SONGWRITING TO BUILD CREATIVITY, CONNECTIONS AND STRENGTHS
	CREATIVITI, CONNECTIONS AND STRENGINS
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
-	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 527,392. including grants of \$) (Revenue \$ 286,355.)
	SONGWRITINGWITH: SOLDIERS (SW S) PROGRAM HELD 9 MAJOR WEEKEND RETREATS
	AT RETREAT CENTERS NEAR MILITARY BASES AND 22 TWO-DAY WORKSHOP AT
	VETERAN SERVICE PROVIDERS ACROSS THE UNITED STATES. THE EVENTS FOCUS
	ON PAIRING ACTIVE DUTY SERVICE MEMBERS, VETERANS AND THEIR FAMILIES
	WITH PROFESSIONAL SONGWRITERS TO TURN STORIES OF COMBAT AND RETURNING
	HOME INTO SONG. THE SONGS HELP THE VETERANS SHARE THEIR EXPERIENCE,
	RELIEVE STRESS, AND BUILD AWARENESS OF VETERAN'S ISSUES. THE EVENTS
	BUILD CREATIVITY, CONNECTIONS, AND STRENGTHS IN PARTICIPANTS AS WELL AS
	BRIDGES BETWEEN THE MILITARY AND CIVILIAN POPULATIONS. MORE THAN 400
	SONGS HAVE BEEN WRITTEN TO DATE BY PARTICIPATING SOLDIERS, VETERANS,
	AND FAMILY MEMBERS AT THE EVENTS. IN ADDITION TO COLLABORATIVE
	SONGWRITING, VETERANS AND FAMILY MEMBERS PARTICIPATE IN CREATIVE
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses 8including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grents of \$) (Revenue \$)
4e	Total program service expenses ► 527 , 392.

Form 990 (2018) 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	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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			l
	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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	i	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		1
	· · ·			х
9	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for		ŀ	
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			7.7
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	9267664334000000	Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			600,000
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			ŀ
	Part VI	11a		Х
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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1,10		
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		X
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		
, 20	· ,	40-		х
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
Đ			3.7	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	77
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	- · · · · · · · · · · · · · · · · · · ·	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19	İ	Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If #Wast had then 00m and the accommendation about the control of		-	17
		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_	ļ	v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form 990 (2018) 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			l
	Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	ĺ	Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // "Yes." complete	1		
		OE!		Х
oc	Schedule L, Part I	25b	ļ	Λ.
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? # "Yes,"	1		7.7
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? 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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ĺ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	1	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	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	х	
Par		1 00 1		
	Check if Schedule O contains a response or note to any line in this Part V			
		···········	T	<u></u>
4	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
		ł		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		., l	
	(gambling) winnings to prize winners?	10	X	

SONGWRITINGWITH: INC. 26-1626709 Form 990 (2018) Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 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 in 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)? 4ab 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). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Х 7a **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year 7d Х Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 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? a 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a 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 10h 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 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? X 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N.

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

Х

16

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

Form 990 (2018) SONGWRITINGWITH: INC. 26-1626/U9 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 in 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		
la	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 in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent	16	6					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other						
	officer, director, trustee, or key employee?		ļ	2	Angustan sary	Х		
3	Did the organization delegate control over management duties customarily performed by or under the		"					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4	Х			
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		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 ap							
	more members of the governing body?			7a		Х		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholders, or	" 					
	persons other than the governing body?			7b		Х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea							
а	The governing body?	,	1000	8a	Х	elentrice o		
b	Each committee with authority to act on behalf of the governing body?	***************************************	``	8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read		···					
_	organization's mailing address? If "Yes " provide the names and addresses in Schedule O			9	l	Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	ranua Coda)	1	<u> </u>	l.			
***************************************	Timis section a reduests information about policies not regalize by the internal ne-	venue Code.)	••••••	1	Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?		[·	I0a	103	X		
	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.		·					
~		251010, 011710100,	1 -	lob				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body		.,	1a	х			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	soloid illing the learn.	,					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			2a 2b	X			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y		··					
_	in Schedule O how this was done	•	4	2c	Х			
13	Did the organization have a written whistleblower policy?			13		Х		
14			· -	14		X		
15	Did the process for determining compensation of the following persons include a review and approval							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	oy indopondent						
а	The organization's CEO, Executive Director, or top management official		-	5a	X	30000000		
	Other officers or key employees of the organization			5b		X		
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	***************************************						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent with a	8890	- 1				
704	Associate and the second of the second of		-4	6a	10000000	Х		
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			Qa		<u> </u>		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic							
			4	6b				
Sect	exempt status with respect to such arrangements? ion C. Disclosure		1 11	on 1				
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, and	QQOT (Section E01/a)	3/0 00		unilah I			
	for public inspection. Indicate how you made these available. Check all that apply.	(C)(C)(C)(C)(C)	പ്ര വേ	⊪yjat\	vanauli	3		
		:- O-b 4-1 O						
10	The state of the s		na e	an -: -	.1			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conf statements available to the public during the tax year.	nct of interest policy, a	HO TIME	ancla	H			
20		o and saaas === -						
	State the name, address, and telephone number of the person who possesses the organization's book ${ m JONES}$ ${ m FAMILY}$ ${ m OFFICE}$ – $615-345-0204$	s and records 📂						
	102 WOODMONT BLVD STR 206 NASHVILLE TN 37205				.,			

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

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

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

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

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

Check this box if neither the organization							nsat					
(A)	(B)	(C) Position				1		(D)	(E)	(F)		
Name and Title	Average		not a	heck	more	than		Reportable	Reportable	Estimated		
	hours per	bo)	box, unless person is both an officer and a director/trustee)			is boti or/trus	h an itee)	compensation	compensation	amount of		
	week (list any	\vdash			T.	Т	ΤĖ	from the	from related organizations	other		
	hours for	diect				_		1	(W-2/1099-MISC)	compensation from the		
	related	96	Siee			sate		(W-2/1099-MISC)	(***2/1000-14/100)	organization		
	organizations	Individual trustee or director	nstitutional trustee		aa A	adu		(**************************************		and related		
	below	genp	Ulion	<u>_</u>	e e	sst co	F			organizations		
	line)	Indiv	ins iii	Officer	Key employee	Highest compensated employee	Form			J		
(1) KEN FALKE	2.00											
DIRECTOR		Х						0.	0.	0.		
(2) DUFF STEWART	2.00							:				
DIRECTOR	 	Х	-	<u> </u>	<u> </u>			0.	0.	0.		
(3) GARY LEOFOLD	12.00	l							_			
CHAIR AND PRESIDENT		Х		X	_	_	<u> </u>	. 0.	0.	0.		
(4) JIM CANNON	2.00									_		
TREASURER		Х	ļ	X	<u> </u>			0.	0.	0.		
(5) HARRY BALLAN SECRETARY	2.00	Х		37						^		
(6) BARBARA KORNREICH	2.00	Δ.		X			<u> </u>	0.	0.	0.		
DIRECTOR	2.00	Х						0.	0.	٥		
(7) DARDEN SMITH	30.00	23					-	0.	V.	0.		
CREATIVE DIRECTOR	30.00	х						95,500.	0.	0.		
(8) MARY JUDD	40.00							30,000				
PROGRAM DIRECTOR		Х						98,958.	0.	0.		
(9) KRISTIN STARLING	40.00									172//		
EXECUTIVE DIRECTOR				X				85,000.	0.	7,409.		
												
C												
			ĺ									
				İ		j						
		-		\dashv								
WILLIAM TO THE TOTAL THE T										· · · · · · · · · · · · · · · · · · ·		
		\dashv										
						Ī						
000003 44 04 40		1						<u> </u>		5 000 (224.0)		

Ма	Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	d Hi	ghe	st C	ompensated Employee			
	(A)	(B)	}	(C)					(D)	(E)		(F)
	Name and title	Average	/de		Pos		than	one	Reportable	Reportab	le	Estimated
		hours per	box	i, unle	ss pe	rson i	is boti	han	compensation	compensa	tion	amount of
		week	F	cer ar	ica a	irecic	or/trus	(ee)	from	from relat		other
		(list any hours for	arac fo				ĺ		the	organizatio		compensation
		related	ar d	ae a			pales		organization (W-2/1099-MISC)	(W-2/1099-N	iisc)	from the
		organizations	Irusiee or director	trus		80	ubeu		(***2/1099-141130)		l	organization and related
		below	Eg P	Institutional trustee	١.,	nploy	st co				l	organizations
		line)	Individual	lusti)i	Office	Кеу етріоуев	Highest compensaled employee	Form	1			

			ĺ									
							Г					
							:					
			<u> </u>				ļ					
			ŀ					ĺ				
						<u> </u>						
		<u></u> .										

											ĺ	
	Sub-total		l					>	279,458.		0.	7,409.
	Total from continuation sheets to Part VII								0.		0.	7, 403. 0.
									279,458.		0.	7,409.
2	Total (add lines 1b and 1c) Total number of individuals (including but no							2.10	*	200 of raportab		7,403.
-	compensation from the organization	or minico to the	JGC 1	ISIGU	3 615	eve,	, ,,,,,	0 10	osived more than wroo,	oo or reportati	16	0
												Yes No
3	Did the organization list any former officer,	director, or tru	stee	, key	y em	ploy	yee,	or h	nighest compensated en	ployee on	8	
	line 1a? If "Yes," complete Schedule J for su	ich individual							***************************************			3 X
4	For any individual listed on line 1a, is the sur	n of reportable	e coi	mpe	nsat	ion :	and	oth	er compensation from th	e organization		
	and related organizations greater than \$150	,000? If "Yes,"	cor	nple	te S	che	dule	J fc	or such individual			4 X
5	Did any person listed on line 1a receive or a	ccrue compens	satic	n fre	om a	any i	unre	late	d organization or individ	ual for services		
	rendered to the organization? If "Yes," comp	olete Schedule	J fo	r su	ch p	ersc	<u> </u>		***************************************			5 X
	tion B. Independent Contractors											
1	Complete this table for your five highest con	•								•	pensati	ion from
	the organization. Report compensation for the	ne calendar ye	ar er	nain	g wii	tn o	r Wit	ימו <u>ת</u> 		ar.	T	40)
	(A) Name and business a	address	NO	NE					(B) Description of se	ervices	Cr	(C) ompensation
								1			ļ	
	,											
								\bot			<u> </u>	
							~~~	+		,	<u> </u>	
	10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to	***************************************						1				
										·		
2	Total number of independent contractors (ind	=	t lim	ited	to th	_	e liste	ed a	above) who received mo	e than		
	\$100,000 of compensation from the organiza	ation 🕨				0					<u> </u>	

SONGWRITINGWITH: INC. 26-1626709 Form 990 (2018) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax under Total revenue Related or exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns b Membership dues 16 c Fundraising events 1c d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 595,561, similar amounts not included above 37,781, g Noncash contributions included in lines 1a-1f: \$ 595,561. h Total. Add lines 1a-1f Business Code 2 a PROGRAM INCOME - RETRE 268,000. 268,000. Program Service b PROGRAM INCOME 711130 18,355. 18,355. f All other program service revenue 286,355. g Total, Add lines 2a-2f Investment income (including dividends, interest, and 21. other similar amounts) 21. Income from investment of tax-exempt bond proceeds 4 Royalties 5 (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses ...... c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c), See Part IV, line 18 Other b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a LICENSE REVENUE 900099 333. 333. d All other revenue

333.

286,355.

882,270.

354

0.

e Total. Add lines 11a-11d

12 Total revenue. See instructions

Form 990 (2018) SONGWRITINGWITH: INC.

Part IX | Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respon			<del>                                      </del>	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			MR-11/1/2014
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals, See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	279,458.	183,858.	42,500.	53,100.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	18,000.	18,000.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	9,200.	5,422.	2,322.	1,456. 3,689.
10	Payroll taxes	20,736.	14,016.	3,031.	3,689.
11	Fees for services (non-employees):				
а	Management				
b	Legal	11,230.	948.	9,727.	555.
C	Accounting	20,009.		20,009.	
d					
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				***
	column (A) amount, list line 11g expenses on Sch 0.)	32,528.	4,434.	25,499.	2,595.
12	Advertising and promotion				
13	Office expenses	42,099.	33,519.	3,968.	4,612.
14	Information technology	3,916.	585.	3,331.	
15	Royalties				
16	Occupancy	6,370.	1,450.	4,628.	292.
17	Travel	106,702.	96,803.	4,531.	5,368.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	161,095.	156,966.	4,129.	-
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	6,073.	3,351.	2,722.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule D.)				
а	MISCELLANEOUS	12,139.	7,492.	303.	4,344.
b	DUES AND SUBSCRIPTIONS	6,646.	548.	5,774.	324.
c		***************************************			
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	736,201.	527,392.	132,474.	76,335.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	, , , , , , , , , , , , , , , , , , , ,			. ~ ; ~ ~ ~ *
· · · · · · · · ·	Check here if following SOP 98-2 (ASC 958-720)				

rd	ırt X	id	to to any line in this Day V			
		Check if Schedule O contains a response or no	te to any line in this Part X	(A)	T	(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		83,271.	1	211,704
	2	Savings and temporary cash investments		68,966.	2	69,287
	3	Pledges and grants receivable, net		21,230.	3	19,460
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and for				
		trustees, key employees, and highest compensi	ated employees. Complete			
		0 11 10 1 11 1			5	
	6	Loans and other receivables from other disquali				
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sec				
ų		employees' beneficiary organizations (see instr).		6		
2000	7	Notes and loans receivable, net		7		
Č	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges	1,316.	9	9,400	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a 0.			
	b	Less: accumulated depreciation		835.	10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line		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 equ	176,268.	16	310,501.	
	17	Accounts payable and accrued expenses	3,982.	17	16,270.	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete I			21	
,	22	Loans and other payables to current and former	officers, directors, trustees,		id vint	
		key employees, highest compensated employee				
		Complete Part II of Schedule L	****		22	
	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated	I third parties		24	
	25	Other liabilities (including federal income tax, page	yables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
				12,934.	25	0.
4	26	Total liabilities. Add lines 17 through 25	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	16,916.	26	16,270.
		Organizations that follow SFAS 117 (ASC 958)	, check here ▶ X and			
		complete lines 27 through 29, and lines 33 an				
	27	Unrestricted net assets		129,019.	27	294,231.
	28	Temporarily restricted net assets	30,333.	28	0.	
	29		hammonud		29	
		Organizations that do not follow SFAS 117 (AS				
		and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
ł	31	Paid-in or capital surplus, or land, building, or eq			31	
	32	Retained earnings, endowment, accumulated inc		4-2	32	
	33	Total net assets or fund balances		159,352.	33	294,231.
	34	Total liabilities and net assets/fund balances		176,268.	34	310,501.

#### **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 Open to Public Inspection

Employer identification number

26-1626709

Name of the organization

SONGWRITINGWITH: INC.

	III I	Reason for Public	Charity Status	(All organizations must	complete t	his part.) S	See instructions.					
The	organ	ization is not a private foun	dation because it is:	(For lines 1 through 12,	check only	one box.	)					
1		A church, convention of c										
2		A school described in sec					V-16-31-7					
3		A hospital or a cooperativ					(iii)					
4		A medical research organ						er the hoenital's name				
	·	city, and state:			.,	GCO11	OH MOIDH HAMME THE	a the mospital shalle,				
5		An organization operated	for the benefit of a co	ollege or university owns	ed or opera	ited by a o	overnmental unit describ	and in				
_		section 170(b)(1)(A)(iv).		onego or annorony owne	o or opera	nou by a g	overminental dim desem	Jed III				
6		A federal, state, or local go	•	mental unit described in	soction t	170/L)/4\/A						
7	X	An organization that norm						Lancello (Caralla de Caralla de C				
	L	section 170(b)(1)(A)(vi).		artial part of its support	nom a gov	remmenta	runic or from the general	public described in				
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9	$\overline{\Box}$	An agricultural research or				tad in nani	innation with a land week	II				
J	·											
		or university or a non-land- university:	grant conege or agric	culture (see instructions)	, chier the	name, city	y, and state of the colleg	e or				
10			ally ropairos: (1) mars	then 22 1/20/ of its now								
IŲ	L	An organization that norma										
		activities related to its exer										
		income and unrelated bus		(less section 511 tax) if	om busine	sses acqu	ired by the organization	after June 30, 1975.				
11		See section 509(a)(2). (Co		Sanda da		not May						
12	H	An organization organized						_				
12.	LJ	An organization organized										
		more publicly supported or						Check the box in				
~	ļ	lines 12a through 12d that										
а	ł	Type I. A supporting org										
		the supported organizati organization. You must			a majonty (	or the orrec	ctors or trustees of the s	upporting				
ь		1			41 101 10							
b	<u> </u>	Type II. A supporting org										
		control or management of			ame perso	ins that co	introl or manage the sup	ported				
_	ſ	organization(s). You mus				.,						
C	L	Type III functionally inte						ed with,				
د		its supported organizatio										
đ	<u> </u>	Type III non-functionally										
		that is not functionally int						veness				
		requirement (see instruct										
е	L)	Check this box if the orga					Type I, Type II, Type III					
	Entor	functionally integrated, o		nally integrated supporti	ng organiz	ation,		ſ				
† 		the number of supported of										
9		de the following information Name of supported	in FIN	(iii) Type of organization	fivils the orga	inization fisted	(v) Amount of monetary	(vi) Amount of other				
	• •	organization	(17 = 1	facecined on mas 1.10	in your govern	ng document? No	support (see instructions)	support (see instructions)				
				above (see instructions))	162	140		13				
					-							
					ļ							
otol												

Schedule A (Form 990 or 990-EZ) 2018 SONGWRITINGWITH: INC. 26-1626709 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support										
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total				
	Gifts, grants, contributions, and					1					
	membership fees received. (Do not						ĺ				
	include any "unusual grants.")	311,564.	237,066.	387,522.	585 475	595,561.	2117188.				
2	Tax revenues levied for the organ-	7		00,,322.	303/1/30	323/3011	2227200.				
_	ization's benefit and either paid to										
	or expended on its behalf										
2	The value of services or facilities	<del> </del>									
J	furnished by a governmental unit to										
	the organization without charge										
	· · · · · · · · · · · · · · · · · · ·	311,564.	237,066.	387,522.	585,475.	EOE EC1	2117100				
4 5	Total. Add lines 1 through 3  The portion of total contributions	311,304.	237,000.	307,322.	303,4/3.	595,561.	2117188.				
3	•					0.0000000000000000000000000000000000000					
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included					0.00					
	on line 1 that exceeds 2% of the										
	amount shown on line 11,				er is come alone of						
	column (f)						159,890.				
	Public support. Subtract line 5 from line 4.						1957298.				
	ction B. Total Support	Y									
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total				
	Amounts from line 4	311,564.	237,066.	387,522.	585,475.	595,561.	2117188.				
8	Gross income from interest,										
	dividends, payments received on										
	securities Ioans, rents, royalties,										
	and income from similar sources			2.	8.	21.	31.				
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on			1,044.			1,044.				
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI.)					333.	333.				
11	Total support. Add lines 7 through 10						2118596.				
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	286,794.				
13	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth tax	x year as a section	501(c)(3)					
	organization, check this box and stop	here				***********************					
Sec	tion C. Computation of Public	c Support Perd	centage								
14	Public support percentage for 2018 (li	ne 6, column (f) div	ided by line 11, co	lumn (f))		14	92.39 %				
	Public support percentage from 2017					15	88.42 %				
	33 1/3% support test - 2018. If the o					ore, check this box	and				
	stop here. The organization qualifies a	as a publicly suppo	rted organization				<b>▶</b> X				
b	33 1/3% support test - 2017. If the o	rganization did not	check a box on lir								
	and <mark>stop here.</mark> The organization quali	fies as a publicly su	upported organizat	ion			<b>&gt;</b>				
	10% -facts-and-circumstances test										
	and if the organization meets the "fact										
	meets the "facts-and-circumstances" t						. —				
	10% -facts-and-circumstances test										
							= - = <del></del>				
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization										
	Private foundation, If the organization										
					0.1	1 1 1 1 7					

# Schedule A (Form 990 or 990-EZ) 2018 SONGWRITINGWITH: INC. 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 It.)

Se	ction A. Public Support					-	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	<u> </u>					
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				:		
	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and			-		777	
h	3 received from disqualified persons Amounts included on lines 2 and 3 received						
J	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	74.0					
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)		el 184 (fo 184 (fo 185 (f	en en arrago de de la	6.0000000000000000000000000000000000000		
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					1	
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b			***************************************			
	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.)						
	First five years. If the Form 990 is for	the organization's	first, second, third	d. fourth, or fifth ta	x vear as a section	501(c)(3) organizat	ion
	alternative to the second of the second	-			•		
	tion C. Computation of Publi						
15	Public support percentage for 2018 (li	ne 8, column (f), di	vided by line 13, c	olumn (f))		15	%
	Public support percentage from 2017	• • • • • • • • • • • • • • • • • • • •	is it will			16	%
	tion D. Computation of Inves				······································		
17	Investment income percentage for 20	18 (line 10c, colur	n (f), divided by lir	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2018. If the					······································	
	more than 33 1/3%, check this box an						<b>&gt;</b>
	33 1/3% support tests - 2017. If the		-	· · · · ·	• •	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	d
	ine 18 is not more than 33 1/3%, chec	_				•	
	Private foundation. If the organization						

#### 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 12b 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? // "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
			20/03/20
1			
			1857 (2857)
2			
За			90000000000
- 00			\$100 (GRAVE
1909 1100 110			
3b			
2-		1	900000000
3c			
		١	
4a	<u></u>	J	
100		İ	
		I	
(1989) (1998) 7/5s	PATTILIP (488)	1	
4b		4	
		ļ	
		1	
		ł	
	APPANAGA	1	
4c		1	
		١	
		١	
		I	
		l	
5a		I	
		İ	
E'-	West William	Ì	SHIPASIVE (IV
5b		╀	
5c	SVS:barrustern	ļ	pp1.(5-45-10
		I	GHAVA
		ı	
1000		١	
6		I	
		l	
6			
	V min	Γ	
		ı	
		ľ	
7	and the second		100000
	10000000	ı	
8	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[	
0			
	and a section of a		
92			
92		77	
9a			
9a 9b		Ì	
9a 9b		Ì	
9a 9b		Ì	
9a 9b 9c		Ì	
9a 9b 9c			
9a 9b 9c			
9a 9b 9c			
9a 9b 9c 10a			
9a 9b 9c 10a			

	edule A (Form 990 or 990-EZ) 2018 SONGWRITINGWITH: INC.		2	6-1626709 Page 6
0.000	irt V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualify			art VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must o	complete S	ections A through E.	T
Sec	tion 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	tion 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 B, Column A)	1		
2	Enter 85% of line 7	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-functional		ed Type III supporting organi	ization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018

Schedule A	(Form 990 or 990-EZ) 2018 SONGWRITINGWITH: INC.	26-1626709 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	17b; Part III, line 12; and 2; Part IV, Section C, . Section B, line 1e; Part V
***************************************		
		- 0,000 MWW. / Lad with Mr.
· · · · · ·		
*		· · · · · · · · · · · · · · · · · · ·
JAMAN AND AND AND AND AND AND AND AND AND A		
***************************************		

### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Reseaue Service **Schedule of Contributors** 

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

Schedule 8 (Form 990, 990-EZ, or 990-PF) (2018)

Name of the organization		Employer identification number
s	ONGWRITINGWITH: INC.	26-1626709
Organization type (check of	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note: Only a section 501(c)  General Rule	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.
, <u>-</u>	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling	ΦC 000
	one contributor. Complete Parts I and II. See instructions for determining a contributor's	· · · · · · · · · · · · · · · · · · ·
Special Rules		
sections 509(a)(1) a any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, cor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount line 1. Complete Parts I and II.	r 16b, and that received from
year, total contribu	a described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a tions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educa ty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the co	itional purposes, or for the
year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an exclusively for religious, charitable, etc., purposes, but no such contributions totaled mo ere the total contributions that were received during the year for an exclusively religious, uplete any of the parts unless the General Rule applies to this organization because it respectively.	re than \$1,000. If this box charitable, etc., eceived <i>nonexclusively</i>
	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For	
	Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-EZ or on its Form 990, 990-EZ, or 990-PF).	rm 990-PF, Part I, line 2, to
LHA For Paperwork Reduction	on Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B	(Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

#### SONGWRITINGWITH: INC.

26-1626709

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>55,500.</u>	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$ <u>50,000</u> .	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		\$\$0,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Oncash 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 Pa	rt 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
-		<b>\$</b>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		<b></b>	
(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
		\$	

Schedule F	(Form	990	990-F7	or 990-PF	(2018)
ouredore r	ווווט ין ג	330,	990-LZ,	01 930-1-1	12010

4

***	Form 990, 990-EZ, or 990-PF) (2018)		Page
Name of org	anization		Employer identification number
SONGWR	TINGWITH: INC.		26-1626709
	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional states.	) through (e) and the following tine en charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the yeal
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferrale	(e) Transfer of gif	
-	Transferee's name, address, an	IG 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
<u> </u>		(a) Transfer of aif	
	Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor to transferee
-			
(a) No.			
(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	d ZIP + 4	Relationship of transferor to transferee
		PARTICULAR PROPERTY AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION A	
(a) No. from			
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	d ZIP + 4	Relationship of transferor to transferee
-			

# SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

SONGWRITINGWITH: INC.

Employer identification number 26-1626709

-	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line	6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w		ed funds
	are the organization's property, subject to the organization's ex	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad-		
	for charitable purposes and not for the benefit of the donor or		•
	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the orga	nization answered "Yes" on Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ı (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ucation) Preservation of a hist	orically important land area
	Protection of natural habitat	· · · · · · · · · · · · · · · · · · ·	tified historic structure
	Preservation of open space	· <del></del>	
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
a	Total number of conservation easements		
b	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		1 1
С	Number of conservation easements on a certified historic struc		
d			
	listed in the National Register		1 1
3	Number of conservation easements modified, transferred, relea		
	year >	,, g, e	a.gamaanan aannig pio tax
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the perior		
	violations, and enforcement of the conservation easements it h		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		
-	<b>&gt;</b>		or taken observed to your
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservat	ion easements during the year
-	<b>▶</b> \$	.g c. tiolarono, and otherby, g consolvat	or substitute during the year
8	Does each conservation easement reported on line 2(d) above s	satisfy the requirements of section 170/h	NAVENO.
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
-	include, if applicable, the text of the footnote to the organization		
	conservation easements.		no organization s accounting to
Par	t III Organizations Maintaining Collections of A	rt, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC		ent and halance sheet works of art
-	historical treasures, or other similar assets held for public exhib		
	the text of the footnote to its financial statements that describe		or or passio del vice, provide, it i alt van,
b	If the organization elected, as permitted under SFAS 116 (ASC		and halance sheet worke of art, historical
	treasures, or other similar assets held for public exhibition, educ		
	relating to these items:	parion, or robotion in termination of pari	no dervice, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treasu		
_	the following amounts required to be reported under SFAS 116		gam, provide
_	· · · · · · · · · · · · · · · · · · ·		<b>▶</b> •
et In	Revenue included on Form 990, Part VIII, line 1		» » <u> </u>

		TINGWITH: I		ovical Tu		a O+b.a		26-1	62670	9 F	age 2
2000 teac.											
3	Using the organization's acquisition, access (check all that apply):	ion, and other record	as, cneci	k any of the	following tr	nat are a si	ignificant	use of its	collection	item	3
а	Public exhibition		a —	l oon or ov	ahaana aya	avama					
b			d       e		change pro	-					
c	Preservation for future generations		e [	Other				***************************************			
4	Provide a description of the organization's c	allastians and ovala	in how th	ana s formethane d	ha araaniza	tion's aver		:- O-:	2 VIII		
5	During the year, did the organization solicit of							use iii mai	CAIII.		
	to be sold to raise funds rather than to be m								Yes	r	7
Pa	rt IV Escrow and Custodial Arran	gements. Comp	lete if the	organizatio	on answere	d "Vec" on	Form 90	0 Part IV			No
سيسين	reported an amount on Form 990, Pa		icic ii iii	s Organizani	JII altowelet	u res or	110111133	u, Fait iv	, inte 9, or		
1a	Is the organization an agent, trustee, custod		diany for	contribution	se or other a	ecete not	included				
	on Form 990, Part X?							۲	Yes	[	No
b	If "Yes," explain the arrangement in Part XIII							<b>L</b>	res	L	NO
	in roo, oxposition untangentaria in the XIII	and complete the ic	mowing (	ause.				1	Amount		
c	Beginning balance						1c		Airiouri	<u> </u>	
d	Additions during the year										
e	Distributions during the year						. 10				
f	Distributions during the year	***/********************					. <u>1e</u>				
2a	Ending balance  Did the organization include an amount on Fe	avm 000 Flort V line					. <u>l 1f</u>	I	<del></del>		<del>7</del>
	If "Yes," explain the arrangement in Part XIII.						шу?	L	Yes		_l No
	t V Endowment Funds. Complete i	f the organization as	xpianauo	"Voc" on Fo	provided of	rt IV line			*	<u> </u>	
	s 1 Complete					***************************************			1		
4-	Desirate at a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set a set	(a) Current year	(d) <del>-</del>	rior year	(c) 1W0 ye	ears back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance	***************************************	<del> </del>	<del> </del>	<b>-</b>						
b	Contributions				<u> </u>				<u> </u>		
Ç	Net investment earnings, gains, and losses				-						
đ	Grants or scholarships		ļ		<b>-</b>						
е	Other expenditures for facilities										
	and programs										<del></del>
f	Administrative expenses				ļ			·			
g	End of year balance		<u> </u>		<u> </u>				<u> </u>		
2	Provide the estimated percentage of the curr		e (line 1g	ı, column (a	)) held as:						
а	Board designated or quasi-endowment		<u></u> %								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c shou										
За	Are there endowment funds not in the posses	ssion of the organiza	ation that	are held ar	nd administe	ered for the	e organiza	ation	_		
	by:									Yes	No
	(i) unrelated organizations	************************							3a(i)		
	(ii) related organizations	***************************************					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat	tions listed as requir	ed on Sc	hedule R?		• • • • • • • • • • • • • • • • • • • •			3b		
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipme	organization's endo e <b>nt.</b>	wment fu	ınds.							
	Complete if the organization answered	l "Yes" on Form 990	, Part IV	line 11a. S	ee Form 99	0, Part X, I	ine 10.				
	Description of property	(a) Cost or o			or other	1	cumulate	ed	(d) Book	value	<del></del>
	. , , , ,	basis (investr	- 1		(other)	1 '	reciation		(=, ===		
1a	Land			··········							
	Buildings					100000000000000000000000000000000000000			<del></del>		
c	Leasehold improvements	·				<b>T</b>					
	Equipment		1			1					***************************************
	Other					<del>                                     </del>					
	Add lines 1a through 1e. (Column (d) must ed		V online	n (D) 11 11	Ja 1	1		<b>&gt;</b>			0.
· Stair	. 155 m. 155 14 4 h 154gh 15. (Column (a) must ec	iuai FUIIII 990, PAIT 2	A. COIUITI	<u>. (D). Jine 1(</u>	/C.J	***********			. r. /r-	000	
							;	ocnedule	D (Form	990)	2018

Schedule D (Form 990) 2018 SONGWRITINGW    Part VII   Investments - Other Securities.	VITH: INC.		26	-1626709 Page 3
Complete if the organization answered "Yes" of	on Form 990, Part IV, lin	e 11b. See Form 990	), Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method o	f valuation: Cost or end	d-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" o				d met van au augusta kan bara
· · · · · · · · · · · · · · · · · · ·	(b) Book value	(c) Method of	valuation: Cost or end	a-or-year market value
(1)				
(2)				
(3)				
(5)				<del></del>
(6)				
(7)				
(8)				
(9)			***************************************	***************************************
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" or	<del></del>	e 11d. See Form 990	, Part X, line 15.	
(a) D	escription			(b) Book value
(1)				
(2)				
(3)				
(4)	***************************************			
(5)				· · · · ·
(6)				
(7)				
(8)		, , , , , , , , , , , , , , , , , , , ,		
(9)  [otal. (Column (b) must equal Form 990. Part X, col. (B) line 1	(F)			
Part X Other Liabilities.	•			
Complete if the organization answered "Yes" or	Form 990, Part IV, line		m 990, Part X, line 25.	
(a) Description of liability		(b) Book value	4	
(1) Federal income taxes			4	
(2)				
(3)			-	
(4)			+	
(5) (6)				British and Sharing Co. 1987 St. 1981
(7)				
(8)			1	
(9)			1	
otal. (Column (b) must equal Form 990, Part X, col. (B) line 2	25)	<del></del>	1	
Liability for uncertain tax positions. In Part XIII, provide th		o the organization's t	inancial statements th	at reports the
organization's liability for uncertain tax positions under Fl	N 48 (ASC 740). Check	here if the text of th	e footnote has been p	rovided in Part XIII

Schedule D (Form 990) 2018

#### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

SONGWRITINGWITH: INC.

Employer identification number 26-1626709

l De	art I Types of Property	T T TT . TTA	C •		20-1020/09	
	art I Types of Property					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts	:
1	Art - Works of art			<u> </u>		
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications					
5	Clothing and household goods				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
6	Cars and other vehicles			····		
7	Boats and planes					
8	Intellectual property				·	
9	Securities - Publicly traded	X	1	27,031.	FMV	
10	Securities - Closely held stock					
11	Securities - Partnership, LLC, or					
	trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation contribution -	<u> </u>				
	Historic structures					
14	Qualified conservation contribution - Other				***************************************	
15	Real estate - Residential					********
16	Real estate - Commercial					
17	Real estate - Other					
18	Collectibles	}				
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy				***************************************	
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other ▶ (MUSIC AND REC)	Х	2	10,750.	MV	
26	Other ( )					
27	Other ()					
28	Other (					
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ntributions		
	for which the organization completed Form 828					
			J		Yes	No
30a	During the year, did the organization receive by	contribution	any property repo	rted in Part I, lines 1 through		
	must hold for at least three years from the date					
	exempt purposes for the entire holding period?		•	·	30a	X
b	If "Yes," describe the arrangement in Part II.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
31	Does the organization have a gift acceptance p	olicy that rec	uires the review of	any nonstandard contribution	ons? 31	X
32a	Does the organization hire or use third parties of					
	contributions?				32a	X
b	if "Yes," describe in Part II.					_
33	If the organization didn't report an amount in co	olumn (c) for	a type of property i	for which column (a) is check	ed.	
	describe in Part II.	, ,		( 3/142/		
			<del></del>		English Programme	منتوسلتان

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

Schedule M (Form 990) 2018

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

#### 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.

2018 Open to Public 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 4A, PROGRAM SERVICE ACCOMPLISHMENTS: COMPOSITION WORKSHOPS IN AREAS SUCH AS PHOTOGRAPHY, VIDEOGRAPHY, COOKING, AND OTHER CREATIVE ARTS. ALL PARTICIPANTS RECEIVE A FULLY PRODUCED CD, DVD, AND PHOTO/LYRIC BOOK FROM THE RETREAT AND ARE REGISTERED WITH ASCAP AS CO-WRITERS OF THEIR SONGS. POST-RETREAT OFFERING INCLUDE A PARTICIPANT FORUM AND ONGOING CREATIVITY WORKSHOP CONFERENCE CALLS. MANY PARTICIPANTS ATTEND FUTURE EVENTS AS PEER SUPPORT AND/OR PRESENTERS OF WORKSHOPS IN THEIR OWN PROFESSIONAL FIELD. SW S LEADERSHIP HAS BEEN FEATURED PRESENTERS AT NATIONAL ARTS CONFERENCES, PSYCHOLOGY CONFERENCES AND THE INTERNATIONAL TRAUMA CONFERENCE TO HIGHLIGHT WAYS CREATIVITY AND THE ARTS ARE USED IN SERVICE OF OTHERS WITH TRANSFORMATIVE RESULTS. PARTICIPATING IN THE SW S RETREAT HAS A NUMBER OF POSITIVE CHANGES FOR ATTENDEES INCLUDING (1) FEEL MORE COMFORTABLE SHARING COMBAT/MILITARY EXPERIENCES WITH OTHERS AFTER THE RETREAT THAN THEY HAD BEFORE AND FELT LESS INCLINED TO KEEP THOSE EXPERIENCES PRIVATE, (2) FEEL A RENEWED CONNECTION TO OTHERS IN MILITARY AFTER THE RETREAT IN COMPARISON TO BEFORE (AND THEY ALSO FEEL MORE CONNECTED TO PEOPLE OUTSIDE THE MILITARY, AND OTHERS IN GENERAL, ALTHOUGH TO A LESSER EXTENT), (3) FEEL INCREASINGLY THAT SHARING THEIR EXPERIENCE THROUGH SONG COULD HELP OTHERS AFTER COMPLETING THE RETREAT, (4) FEEL STRONGLY THAT THEIR SONGS WOULD GIVE COMFORT AFTER THE RETREAT. AND THAT THEY WOULD SHARE THEIR SONG WITH OTHERS, (5) PARTICIPANTS OF THE RETREATS UNANIMOUSLY AGREE THAT THEY WOULD

Name of the organization SONGWRITINGWITH: INC.	Employer identification number 26-1626709
RECOMMEND THE RETREAT TO OTHERS ON AVERAGE, APPROXIMATELY	50% OF
PARTICIPANTS ARE REFERRED THE RETREATS BY A PAST PARTICIPA	NT.
PARTICIPATED IN PILOT RESEARCH STUDY ON COLLABORATIVE SONG	WRITING
EFFECT ON PTSD AND DEPRESSIVE SYMPTOMS IN VETERANS.	
FORM 990, PART VI, SECTION A, LINE 4:	
NAME CHANGED FROM SONGWRITINGWITH TO SONGWRITINGWITH: INC.	TARAL COLOR
FORM 990, PART VI, SECTION B, LINE 11B:	WATER THE THE THE THE THE THE THE THE THE THE
FORM 990 IS REVIEWED AND APPROVED BY THE BOARD PRIOR TO IT	S SUBMISSION TO
THE INTERNAL REVENUE SERVICE.	- All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All-tonorman All
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL BOARD MEMBERS ARE FAMILIAR WITH THE CONFLICT OF INTERES	ST POLICIES AND
ANY ISSUES ARE DISCUSSED AS THEY ARISE.	
FORM 990, PART VI, SECTION B, LINE 15A:	
ALL SALARIES AND WAGES ARE REVIEWED AND APPROVED BY THE BOX	ARD OF DIRECTORS.
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS CAN BE MADE AVAILABLE TO THE PUBLIC UPO	ON REQUEST AND
DETERMINATION FROM THE BOARD OF DIRECTORS.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
PRIOR PERIOD AUDIT ADJUSTMENT	-11,190.

SCHEDULE R (Form 990) Department of the Treasury Internal Rovenue Service

Part

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990.

2018

OMB No. 1545-0047

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

Open to Public Inspection

SONGWRITINGWITH: INC.

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

Employer identification number 26-1626709 Name of the organization

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. End-of-year assets e Total income Ð Legal domicile (state or foreign country) TEXAS Primary activity Name, address, and ElN (if applicable) LLC SONGWRITINGWITH: SOLDIERS MUSIC, of disregarded entity 30 MUSIC SQUARE WEST, STE 310 NASHVILLE, TN 37203 PartII

Schedule R (Form 990) 2018 (g) Section 5 12(b)(13) controlled entity? 윋 Yes Direct controlling entity status (if section Public charity 501(c)(3)) Exempt Code section Legal domicile (state or foreign country) Primary activity Name, address, and EIN of related organization

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

832161 10-02-18 LHA

26-1626709 Page 2

Schedule R (Form 990) 2018 SONGWRITINGWITH: INC.

Part III 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	Predoming (related, excluded fro	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets		ortionale tions?	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership
									€			
		<u> </u>				The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s						
Part IV Identification of Related Organizations Taxable as a Corporation or Trust.  organizations treated as a corporation or trust during the tax year.	anizations Taxable as ooration or trust during	s a Corpor y the tax y	ation or Trust. Co sar.	emplete if th	e organizatior	" answered	r'es" on Form	990, Part IV	/, line 34,	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	one or mo	ore related
(a)  Name, address, and EIN  of related organization	7	Prima	(b) Primary activity	(c) Legal domicile (state or foreign county)	(d) Direct controlling entity		(e) Type of entity (C corp., S corp, or trust)	(f) Share of total income		Share of Pend-of-year cassets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
							THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PR					

Schedule R (Form 990) 2018

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

Moter Correlate line 4 if any antitional in Court II and a second				
There is a many serious is an any entire in the companies in the companies of the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies in the companies	1	:	:	Yes No
a Receipt of (ill interest fill annuities fill) roughies or find real from a controlled costs.	s with one or more re	iated organizations listed i	n Parts II-IV?	
Gift, grant, or capital contribution to related organization(s)				e
(8)				40
				2
Loans or loan quarantees by related organization(s)				Įq.
	***************************************			Je
f Dividends from related organization(s)				¥
g Sale of assets to related organization(s)	***************************************			100
Purchase of assets from related organization(s)	***************************************			5
i Exchange of assets with related organization(s)				= 7
related organization(s)				
k Lease of facilities, equipment, or other assets from related organization(s)				<b>+</b>
<ul> <li>Performance of services or membership or fundraising solicitations for related organization(s)</li> </ul>	ization(s)			-
m Performance of services or membership or fundraising solicitations by related organization(s)	ization(s)			4
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uc			12
o Sharing of paid employees with related organization(s)				-
			***************************************	
				2 5
				2
				1
<ul> <li>Other transfer of cash or property from related organization(s)</li> </ul>				4
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.	no must complete th	is line, including covered r	elationships and transaction thresholds.	
(a) Name of related organization	(b) Transaction tvoe (a-s)	(c) Amount involved	(d) Method of determining amount involved	volveď
(1)	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1			
(2)				
		THE REAL PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPE		
		***************************************		
(4)				
(5)			The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
(9)				
332163 10-02-18			Schedule	Schedule R (Form 990) 2018

26-1626709

Page 4

Schedule R (Form 990) 2018 SONGWRITINGWITH: INC.

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.

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 Part VII Supplemental Info	SONGWRITINGWITH: INC.	26-1626709 Page
Part VII   Supplemental Info	rmation.	
Provide additional inform	nation for responses to questions on Schedule R. See instructions.	
	- Printer Printer and Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the	
	*	
	NAME OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNER OF THE OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNE	
	***************************************	

* ** *