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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

A	For th	ne 2009 ca	alendar	year, or tax yea	r beginning	Januar	y 1 ,	2009, and en	ding Dece	mber 31	, 20 09		
В	Theck if	applicable.	Please	C Name of organiz	zation The ASC	AP Found	dation			D Emplo	yer identification r	number	
$\overline{}$		s change	use IRS label or	Doing Business	As				·	51	018176	9	
	Vame c	· ·	print or	Number and street	(or P.O. box if mail i	is not delivered	to street add	ress) Room	n/sunte	E Teleph	one number		
_	nıbal re		type. See	One Lincoln	Plaza					(212)	621-621	9	
_			Specific		ate or country, and	J ZIP + 4		<u></u>		<u> </u>		<u> </u>	
	Termina		instruc- tions.	New York, N	•	-				G Gross n	proints \$ 2.86	67,660	
		ed return	F Nan	ne and address of		Robert F.	Candala						
L) A	/ppbcatic	on pending	ì	-	•		Candela				_		
-	T			incoln Plaza, N			7 507		1		included? Tes		
		empt status		501(c) (3)◀ (inse	л по.) 📋 4947	(a)(1) or	527			•	list (see instructio	ins)	
				ındation.org				1		exemption nu			
				oration Trust	Association L_J Oth	ner 🕨		L Year of fon	mation: 1975	M State o	f legal domicile. DI	<u>E</u>	
Pá	irt I	Summ			 			T1.	- 4004B.F-		- 4-4:4-4		
	1	Briefly de	escribe	the organization	ın's mission oı	r most sig	nificant a	ctivities: In	e ASCAP For	indation i	s dedicated to	sup-	
0				can music crea									
Governance	•			luded in these									
Ĕ		programs, public service projects for senior composers & grants to 501 (c)(3) organizations for music education. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.											
8	2	Check this	box ►	if the organizat	ion discontinued i	ts operations	or dispose	d of more than	25% of its net as:	sets.			
<u> </u>	3	Number	of votir	ng members of	the aovernina	body (Pai	rt VI. line	1a)		3		26	
Activíties &	5			pendent voting	-	• •	-	•	: 1b)	4		0	
¥				f employees (Pa		-		•		5		0	
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	-	THOU GITTO	utou D	donnood taxabio			7, 1110 0	··· ·	Prior Y		Current Yea		
		المراضع		and annuals (Dank	\//II (i== 4b)					,380,993		75,439	
9	4										1,-71	0,709	
Revenue	1	_		-			•	194 220	(0)	9 700)			
ě									.	184,330		8,708)	
									·	312,112		34,042	
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)								,877,435		70,773		
	13	Grants a	nd simi	ilar amounts pa	id (Part IX, co	iumn (A), I	ines 1-3)			866,994	81	10,855	
_	14	Benefits paid to or for members (Part IX, column (A), line 4)								0		0	
Expenses	15	Salaries, o	other co	ompensation, en	ployee benefit:	s (Part IX, o	column (A)	, lines 5-10)		264,836	283,1		
ped	16a	Professio	nal fun	draising fees (P	art IX, column ((A), line 11	e)			0		0	
ă	Ь	Total fund	draising	expenses (Part	IX, column (D),	line 25) ▶		\$282,870			<u> </u>		
			_	(Part IX, colum			f-24f) .			207,690	32	21,305	
	18	Total exp	Denses.	Add lines 13_1	7 must equal	LPart-IX, c	column (A), line 25).	1	,378,914	1,41	15,297	
	19	Revenue	less ex	penses. Subtrac	t line 18 from l	ine 12 .ປ				498,521	25	55,476	
P 88				052	MAY 18	2010	וכ		Beginning of (urrent Year	End of Year		
at a sta	20	Total ass	ets (Pa	art X. line 16)	MICH ZO.		2		5	,622,272	7,31	17,658	
ABB	21						= · ·			36,451		31,175	
Net Assets or Fund Balances	22	Net asse	ts or fu	Part X, line 26) und balandes. S		Liróm-line	الج		. 5	,585,821		36,483	
	rt II	Sign	ature	Block				<u> </u>	· <u>·</u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
				f perjury, I declare th	nat I have examine	d this return.	including ac	companying sc	hedules and state	ments, and t	to the best of my kn	nowledge	
		and belie	f, it is tru	ie, correct, and con	plete. Declaration	of preparer	other than	officer) is based	on all information	of which pr	eparer has any kno	wledge.	
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He		Sign	ature of c	officer	1 000	2-~			Da		10		
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		Preparer'						Date	self-	(see instruc	dentifying number tions)		
Paid]	signature	•						employed ▶ 📙		•		
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•	Only	Firm's na		ours				 · .	EIN	<u> </u>			
			address, and ZiP + 4 Phone no. ▶ ()										
May	y the	IRS discu	uss this	return with the	preparer sho	wn above	? (see ins	tructions)	<u> </u>		. Yes	No	
For	Priva	cy Act and	d Paper	rwork Reduction	Act Notice, se	e the sepa	rate instr	uctions.	Cat. No. 1	1282Y	Form 990	(2009)	

Form **990** (2009)

1 Brefly describe the organization's mission: The ASCAP Foundation is dedicated to nurturing the music talent of tomorrow, preserving the legacy of the past and sustaining the creative incentinive for today's music creators through a variety of educational, professional and humanitarian programs and activities that serve the music community. 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. Did the organization case conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Person of the Schedule O. Did the organization cases conducting, or make significant changes in how it conducts, any program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$	Par	t III Statement of Program Service Accomplishments
humanitarian programs and activities that serve the music community. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 930-E2? 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services or 1° Yes. ¹ describe these changes on Schedule O. 4 Describe the evempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) flusts are required to report the amount of grants and allocations to others, the total expenses, and reverue, if any, for each program service reported. 4a (Code:) (Expenses \$348.534, including grants of \$349.358) (Flevenue \$1 \) Music Education. The ASCAP Foundation is dedicated to nutruing the music talent of tomorrow by developing and supporting educational programs that provide effective learning opportunities consistent with our mission to students of all ages. The ASCAP Foundation has provided funding to sponsor 43 Music Education and / or Music development programs throughout the year. 4b (Code:) (Expenses \$294.323 including grants of \$285.562) (Revenue \$3 \) Scholarships, Fellowships, Awards and Composer programs. The ASCAP Foundation achieves to ensure that opportunities for the study of music and instruments, songeriting, music composition, the business of music and related areas are available to students at all levels by providing Scholarships and Fellowships to 67 receiplents. Additionally, The ASCAP Foundation to the programs are composition, the business of music and related areas are available to students at all levels by providing Scholarships and Fellowships to 67 receiplents. Additionally, The ASCAP Foundation talent development programs provide aid and encouragement to music careaters nationally where they are varied as a fellowships and the programs and 1 or formation to music or free transparts. (B) and other Talent	1	The ASCAP Foundation is dedicated to nurturing the music talent of tomorrow, preserving the legacy of the past
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(Expenses \$ 225,770 including grants of \$ 11,081) (Revenue \$)		Commissions and / or Commissioning programs, (8) and other Talent Development programs, (14).
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(Expenses \$ 225,770 including grants of \$ 11,081) (Revenue \$)		
	4d	
	40	*

Pai	t 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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	√	
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		✓
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		✓
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	✓	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	1	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	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.			
•	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.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	1	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		✓
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		✓
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		✓
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		✓,
20_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	l	✓

Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	1	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	✓	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	✓	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
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		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		√
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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		✓
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		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	1	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		✓_
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		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	-	
	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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
J	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			٠ ,
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С		7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		√
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the 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			
a	initiation roos and suprice contributions moladed on that vin, into 12			
	arous rescipes, more death of the train and the train are train and the public death of the training are training and the training are			
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	1		
	amounts due or received from them.)	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	12a		

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.

<u>Sec</u>	tion A. Governing Body and Management			r
			Yes	No
1a	Like the humber of voting memoris of the governing body	6	Ì	
b	Little the humber of Young members that we mospericent	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?	2	 	/
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3	├	1
4	Did the organization make any significant changes to its organizational documents since the pnor Form 990 was filed?	4	<u> </u>	1
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	 	/
6	Does the organization have members or stockholders?	6	1	<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	✓_	ļ,.
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	ŀ		
	the year by the following:		_	
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	. 8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			l
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	. 9a		✓
Sec	tion B. Policies (This Section B requests information about policies not required by the In-	temal		
Rev	enue Code.)			,
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		✓
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	1		ŀ
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form? , , , , , , , , , ,	11		✓_
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		√
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	. —		
_	rise to conflicts?	12b		
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
C	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		1
14	Does the organization have a written document retention and destruction policy?	14	1	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	✓	
	Other officers or key employees of the organization	15b	1	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	.		
104	with a taxable entity during the year?	16a		✓
_	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
U	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ California, Florida, Illinois, N	ew Yo	rk. TN]
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501			
	available for public inspection. Indicate how you make these available. Check all that apply.	(0)(0)3	Orny)	
	· · · · · · · · · · · · · · · · · · ·			
40		هما کم ا	orost	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	i oi inti	eresi	
20	policy, and financial statements available to the public.	راسي.	£ 14.	
20	State the name, physical address, and telephone number of the person who possesses the books and recorganization: ► Robert F. Candela, Comptroller, One Lincoln Plaza, NY, NY 10023 (212) 621-6523	oras o	i the	<i></i> -

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

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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not of (A)	(B)	<u>,</u>			C)	<u> </u>		(D)	(E)	(F)
Name and Title	Average	Posit	on (d	chec	k all	that ap	ply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Charles Bernstein	part-time							0	0	0
Director	part-time	✓		lacksquare	_		<u> </u>			
Bruce Broughton Director	part-time	1				_		0	19,600	0
Tita Cahn Director	part-time	1						0	0	0
Alf Clausen Director	part-time	1						0	0	0
John Corigliano Director	part-time							0	0	0
Hal David Director	part-time							0	43,669	0
Dan Foliart	- part-time			†				0	21,750	0
Director Arthur Hamilton	- part-time	,						0	17,619	0
Director Wayland Holyfield	part-time	✓	_				-	0	17,619	0
Director James M. Kendrick	 	-	-	-	-		-	0	18,350	0
Director Robert Kimball	part-time	-		-	-					
Director Ed London	part-time	✓		<u> </u>	L			0	0	
Director	- part-time	1		<u> </u>			L	0	0	0
Ginny Mancini Director	part-time	1						0	0	0
Johnny Mandel Director	part-time	✓						0	17,619	0
James McBride Director	part-time	1						0	0	0
Jay R. Morgenstern Director	part-time	√						0	17,619	0

Pai	t VII Section A. Officers, Directors, Tru	stees, Key	Emp	loy	ees,	an	d Hig	hes	t Compensated	d Employees (c	ontinu	ed)	
	(A)	(B)		(C)					(D)	(E)		(F)	
	Name and title	Average	Posit	on (d	chec	k all	that ap	pty)	Reportable	Reportable		Estimat	
		hours per	오코	2	Q	7	9 ∓	ק	compensation	compensation from related	1	amount	
		week	물물	2	Officer	٧		Former	from the	organizations	000	other mpensa	
			Individual trustee or director	nstitutional trustee	1	Key employee	ye st	Ψ.	organization	(W-2/1099-MISC)	1	from th	ne
			7 2	Ē.	1	8	3		(W-2/1099-MISC)			rganiza: ınd rela	
			ste	200	ļ	۰	9					ganızat	
			"	8	{		Highest compensated employee						
Bane	y Rodge رچ				}	<u> </u>	ä	-			-		
	ctor	part-time	,						0	(0
	phen Schwartz		-	\vdash	 	\vdash	 				+		
	ector	part-time			1				0	()		0
	erie Simpson		_	H	\vdash	\vdash	-	\vdash			1		-
	ector	part-time	1						0	9,660)		0
Cha	rles Strouse		l 🔭		\vdash			t			†		
Dire	ector	part-time	1	ł	1				0	()		0
Bill	/ Taylor		<u> </u>	T	1								
Dire	ector	part-time	1		1				0	(וי		0
Pau	l Williams		<u> </u>							4.454			
Dire	ector	part-time	1						0	4,450	'		0
Dou	g Wood									40.754			
	ector	part-time	1						0	42,751	'		0
	ilyn Bergman	part-time							0	30,496			0
	sident	part-time	✓		L				0	30,490	<u>' </u>		
	n Z. Robinson	part-time		ļ					0	28,624			0
	e-President	part-time	✓	L	_	L				20,02			
	n Kay	part-time			1				o	34,519	, l	o	
	asurer	partamo	1	_	<u> </u>	<u> </u>				0-1,010	1		
	een McDonough	35hrs/wk		l					124,984			34	4,371
DIRE	ctor-The ASCAP Foundation		<u> </u>	<u> </u>	├	_	✓	⊢			+		
				l	l								
				⊢	├		 -	├			+		
45	Total		l	1		Щ	L	_	\$ 124,984	\$ 324,345	;	\$ 3/	4,371
1b 2	Total number of individuals (including but i	not limited	to th	•	hete	· · ·	hovo	1 201				* *	+,3/1
2	reportable compensation from the organization		to tre	USE	IISU	eu c	10006	;) v v:	io received inc	ne man proo,)UU 111		
		•										Yes	No
_	D. 140		4	4-								+	1
3	Did the organization list any former office employee on line 1a? If "Yes," complete S	-				-	-	oye	_	-	3		1
_	• •							• •				† —	<u> </u>
4	For any individual listed on line 1a, is the sthe organization and related organizations	sum of repo	ortabi	e co	owt	ens	sation Voc. "	and	otner compe	nsation from			1
										ie j ioi sucri	4	1 🗸	Ī
5	Did any person listed on line 1a receive									anization for		†	
5	services rendered to the organization? If "	Yes," comp	olete	Sch	edu	le J	for s	uch	person		5	1	1
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co	ompensate	d ind	ере	nde	nt c	contra	acto	rs that receive	d more than \$1	00,00	0 of	
	compensation from the organization.												
	(A)							(B)			(C)		
	Name and business add	ness						┞	Description of s	ervices	Comp	ensatio	
								ـ					
								├					
								-	 				
								<u>. </u>				-	
2	Total number of independent contractors (i					IO	mose	HST	eo above) who	received			

Part	VII	Statement of Rev	venue						
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats at	1a	Federated campaigns		1a	0				
Contributions, gifts, grants and other similar amounts	•	Membership dues		1b	0				
8, E	1			1c	0				
문호				1d	125,000				
8, <u>E</u>		Government grants (contril	butions).	1e	36,000				
출 등	i	All other contributions, gifts, g							
들	l	and similar amounts not include		1f	1,314,439				
g g		Noncash contributions include	d in lines 1a-11	\$	0				
<u>~</u> ■	h	Total. Add lines 1a-1f	<u></u>			1,475,439			
9					Business Code			-	ı
Žen	2a						· · · · · · · · · · · · · · · · · · ·		
Program Service Revenue	ь						.		
<u>Ş</u>	С				ļ				
Se	d								
Ē	e								
9		All other program service			L				
	9	Total. Add lines 2a-2f	· · · · · ·		<u> ▶</u>	0			<u> </u>
	3	Investment income (incl				400 700			
	1	other similar amounts)				196,789			
	4	Income from investment of	•			0			· · · · · · · · · · · · · · · · · · ·
	5	Royalties	(i) Real	<u></u>	(ii) Personal	284,042			
		-	(i) Hear		(a) Personal				
	1	Gross Rents							
		Less: rental expenses							
		Rental income or (loss) Net rental income or (lo	ss) , , .			0	-	-	
	1	` [(i) Securities		(ii) Other	<u> </u>			
	7a	Gross amount from sales of assets other than inventory		,390	(1) CULC				
		, t		,000					
		Less: cost or other basis and sales expenses .	1,196	.887					
	_ ا	Gain or (loss)	(285,						
		Net gain or (loss)			•	(285,497)		_	
•	l					,			
enne	oa	Gross income from events (not including \$	fundraisin	g					
976		of contributions reported	on line 10).					
æ		See Part IV, line 18		,. a					
Other Rev	Ь	Less: direct expenses							
ŏ	С	Net income or (loss) fro	m fundrais	ing e	vents	0			
	9a	Gross income from game	no activities	ς.					
		See Part IV, line 19							
		Less: direct expenses.							
	C	Net income or (loss) fro	m gaming	activ	ities 🕨	0			
	10a	Gross sales of inve	ntory, les	s					
	1	returns and allowances							
		Less: cost of goods sol				_			
	င	Net income or (loss) from		vento		0			
	<u> </u>	Miscellaneous Reve			Business Code				
	11a						· · · · · · · · · · · · · · · · · · ·		
	b								
	C								
		All other revenue				0			
		Total. Add lines 11a-11				1,670,773			
	114	Total revenue. See inst	u ucuons.	<u> </u>	<u> – </u>	1,0/0,//3	<u> </u>	L	L

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	606,864	606,864								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	203,991	203,991								
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	0								
4	Benefits paid to or for members	0	0								
5	Compensation of current officers, directors, trustees, and key employees	0	0	0	0						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0						
7	Other salaries and wages	222,147	99,044	43,789	79,314						
8	Pension plan contributions (include section 401(k)										
•	and section 403(b) employer contributions)	7,293	2,755	1,187	3,351						
9	Other employee benefits	53,697	24,482	10,755	18,460						
10	Payroll taxes	0	0	0	0						
11	Fees for services (non-employees):										
а	Management	0	0	0	0						
	Legal	37,018	0	709	36,309						
	Accounting	5,000	0	5,000	0						
d	Lobbying	_0	0	0	0						
e	Professional fundraising services. See Part IV, line 17	0			0						
f	Investment management fees	32,310	0	32,310	0						
g	Other	0	0	0	0						
12	Advertising and promotion	0	0	0	0						
13	Office expenses	16,714	5,412	2,378	8,924						
14	Information technology	1,433	478	477	478						
15	Royalties	0	0	0	0						
16	Occupancy	0	0	0	0						
17	Travel	13,350	10,216	1,567	1,567						
18	Payments of travel or entertainment expenses		ا	ا	_						
	for any federal, state, or local public officials	0	0	0	0						
19	Conferences, conventions, and meetings .	0		0	0						
20	Interest	0	0	0	0						
21	Payments to affiliates	2,840	1,599	620	<u>0</u> 621						
22	Depreciation, depletion, and amortization .	2,840	0	0	021						
23	Insurance	- 0	,								
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)										
_	Annual Award Reception	64,490	54,817	0	9,673						
a	Juror / Judging fees	7,500	7,500	0	ა,ს/ა ი						
0	Video Archive Project	14,525	14,525	0	0						
C	State filing & registration	3,379	0	0	3,379						
u A	Library of Congress Special Event	120,640	0	0	120,640						
f	All other expenses Miscellaneous	2,106	1,798	154	154						
25	Total functional expenses. Add lines 1 through 24f	1,415,297	1,033,481	98,946	282,870						
26	Joint costs. Check here ► ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation										

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	543,741	2	740,357
	3	Pledges and grants receivable, net	120,250	3	97,625
	4	Accounts receivable, net	500,000	4	775,000
	5	Receivables from current and former officers, directors, trustees, key		ĺ	
		employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L	0	6 7	0
Assets	7	Notes and loans receivable, net	<u></u> 0	8	0
Ase	8	Inventories for sale or use	2,802	_	608
_	9	Prepaid expenses and deferred charges	2,002	-	000
		other basis. Complete Part VI of Schedule D	- 4 741	100	2,930
		Less: accumulated depreciation 10b 2,840	4,741 4,450,738		
	11	Investments—publicly traded securities		12	5,701,138 0
	12	Investments—other securities. See Part IV, line 11		13	0
	13	Investments—program-related. See Part IV, line 11		14	0
	14 15	Intangible assets		15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,622,272		7,317,658
	17	Accounts payable and accrued expenses			57,200
	18	Grants payable	11,421		8,975
	19	Deferred revenue	0	19	15,000
	20	Tax-exempt bond liabilities	0	20	0
8	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
Liabilitles	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
		persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	<u>0</u>
	25	Other liabilities. Complete Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	36,451	26_	81,175
ces		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
ā	27	Unrestricted net assets	154,812		1,837,391
ã	28	Temporarily restricted net assets	4,261,677	28	4,229,760
臣	29	Permanently restricted net assets	1,169,332	29	1,169,332
Net Assets or Fund Balance		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
इ	30	Capital stock or trust principal, or current funds	0	30	0
886	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
Ä	32	Retained earnings, endowment, accumulated income, or other funds	0	32	0
Ž	33	Total net assets or fund balances	5,585,821	33	7,236,483
	34	Total liabilities and net assets/fund balances	5,622,272	34	7,317,658

Pai	t XI Financial Statements and Reporting						
			Yes	No			
1	Accounting method used to prepare the Form 990: Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	✓	<u> </u>			
b	Were the organization's financial statements audited by an independent accountant?	2b	✓				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of						
	the audit, review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain in						
	Schedule O.						
a	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were						
	issued on a consolidated basis, separate basis, or both:						
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	-					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in						
	the Single Audit Act and OMB Circular A-133?	3a		✓			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b					

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047
2009
Open to Public

Inspection

Name of the organization

Department of the Treasury

Employer identification number

The	: AS	CAP Founda	tion						51 :		D181769	
Pa	rt I	Reason	for Public Ch	arity Status (All or	ganizatio	ons mus	t compl	ete this	part.) Se	e instru	ctions.	
The	ora	anization is no	ot a private foun	dation because it is:	(For lines	1 through	ah 11, ch	eck only	one box	.)		
1			*	rches, or association								
2	$\overline{\Box}$	-		on 170(b)(1)(A)(ii). (Att						71.7		
3				nospital service organ		-	in sectio	n 170/h)	(1)/A\(ii)			
4		A medical re		tion operated in conj)(A)(iii).	Enter the
5		•	ion operated for (b)(1)(A)(iv). (Co	the benefit of a colle- nplete Part II.)	ge or uni	versity ov	wned or o	perated	by a gov	emmenta	ıl unit des	scribed in
6		A federal, st	ate, or local gov	emment or governme	ental unit	describe	d ın sect	ion 170(l	o)(1)(A)(v).		
7	V	An organizat	ion that normally	receives a substantia 1)(A)(vi). (Complete P	al part of						the gene	ral public
8	П			in section 170(b)(1)	-	omplete	Part II.)					
9	\Box							m contrib	utions. m	embersh	ıo fees. a	and aross
•					(1) more than 33% % of its support from contributions, membership fees, and grokempt functions—subject to certain exceptions, and (2) no more than 33% % of							
				ent income and unre								
				after June 30, 1975.						•		
10	П		_	nd operated exclusive						(a)(4)		
11	Ħ	_	_	nd operated exclusive	-		_				r to carr	v out the
••				olicly supported organ								
		509(a)(3). Cl	neck the box that	it describes the type	of suppo	rting orga	anization	and com	plete line	s 11e th	rough 11	h.
		a ☐ Type	_				ctionally			_	Type II	
_				ify that the organizat			-	_			. , .	
•	_			n managers and other								
		•	section 509(a)(2)	_			. ,	• •	J			
f		If the organi	zation received	a written determinati	on from	the IRS	that it is	a Tyne I	Type II	or Type	e III sunn	ortina
•		•	, check this box		011 110111		triat it is	и турс	, турс п	, o. 1,pc	, iii oupp	, iii.ig
g				the organization acce	nted anv	aftorc	ontributio	n from a	nv of the	• • •		· · —
9		following per		ano organization door	,p.oc,	g 0, 0	0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, 0. 0			
				r indirectly controls, e	either alo	ne or too	ether wit	h persor	s descri	oed in (ii)		Yes No
		••	•	ning body of the supp		_					11g(i)	
			. •	rson described in (i) a		J	•				11g(ii)	
				of a person described		(ii) above	?		· · ·		11g(iii)	
h			_	ation about the suppo								
Ø	Name	e of supported	(6) EIN	(iii) Type of organization		rganization	i	ou notify	(vi)	s the	(vii) An	nount of
	org	janization		(described on lines 1-9		sted in your		nization in		ion in col	sup	port
				above or IRC section (see instructions))	governing	document?		(i) of your (i) organized in the propert?				
					Yes	No	Yes	No	Yes	No		
							<u> </u>					
		_										
. •												
					-							
		······································			. 							
	<u> </u>											
			i i		ı	ı	ł	1	ı			

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 680,354 614,188 673.033 880,993 700,439 3,549,007 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on 0 0 0 0 0 0 its behalf The value of services or facilities furnished by a governmental unit to the 0 0 0 0 0 organization without charge 680,354 614,188 673,033 700,439 3,549,007 880,993 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount 930,493 shown on line 11, column (f) Public support. Subtract line 5 from line 4. 2,618,514 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 3,549,007 680,354 614,188 673,033 700,439 880,993 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 599,038 1,229,121 712,492 496,442 199,694 3,236,787 sources Net income from unrelated business activities, whether or not the business is 0 0 0 0 0 0 regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets 0 0 0 0 0 (Explain in Part IV.) 6,785,794 Total support. Add lines 7 through 10 . 11 0 12 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 38.59 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % 41.93 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 331/3 % support test-2009. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box b 331/2 % support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/2 % or more, check this 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

<u></u>	adiam A. Dudelia Command						.	
	ction A. Public Support	1	T					
С	alendar year (or fiscal year beginning in) >	(a) 2005	(b) 2006	(c) 2007	(d) 2008	1 (e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's fax-exempt purpose.							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5 6	The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							•
8	Public support (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
C	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(€	2009	(f) Total
9	Amounts from line 6					<u> </u>		·
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b					ļ		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	Total support. (Add lines 9, 10c, 11, and 12)							
14	First five years. If the Form 990 is for the organization, check this box and stop he	iere	· · · · ·		-			
	tion C. Computation of Public Sup	*				-		
15	Public support percentage for 2009 (line			•	**	15		%_
16	Public support percentage from 2008 S			· · · · ·	<u> </u>	16		<u>%</u>
	tion D. Computation of Investment							
17	Investment income percentage for 2009			-	'''	17		<u> </u>
18 100	Investment income percentage from 200					18		<u> </u>
19a	33½% support tests – 2009. If the orgal 17 is not more than 33½%, check this bo	x and stop he	r e. The organiz	ation qualifies	as a publicly s	uppo	rted organ	ization 🕨 🗖
b	33% % support tests-2008. If the organization 18 is not more than $33%$ %, check this	box and stop h	iere. The organi	ization qualifies	as a publicly s	suppo	rted organi	zation 🕨 🗌
20	Private foundation. If the organization of	lid not check a	box on line 14	l, 19a, or 19b,	check this bo	x and	see instri	uctions ▶ 🔲

Page	4

Part IV	Supplement Part II, line 1	tal Information. Comp 7a or 17b; and Part III	ete this part to provide the line 12. Provide any other a	explanations required by Part II, line 10; additional information. See instructions.
Part II, Se	ection A - Public	Support, line 1 -		
Exclude	d from contribu	itions are unusual items	accrued as follows:	
E	Bequest	12/31/2008	\$ 500,000	
E	Bequest	12/31/2009	\$ 775,000	
		•••••		
-				
				
	•••••			
		•••••		

SCHEDULE D (Form 990)

Denartment of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047 Open to Public

Inspection Internal Revenue Service Employer identification number Name of the organization The ASCAP Foundation 51 0181769 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified 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 2b 2c c Number of conservation easements on a certified historic structure included in (a) . . . 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

Assets included in Form 990, Part X . . .

Par	t III Organizations Maintaini	ng Collections	of Art, His	torical	Treasures, o	or Other Simila	Asset	ts (conti	nued)
3	Using the organization's acquisition collection items (check all that apply		other record	ts, ched	ck any of the fe	ollowing that are	a signıf	icant use	e of its
а	Public exhibition		d ļ		oan or exchan				
b	Scholarly research		e l	_J O	ther		· •		
C	Preservation for future general							_	_
4	Provide a description of the organiz Part XIV.	ation's collections	s and expla	in how	they further th	ne organization's	exemp ^r	t purpos	e in
5	During the year, did the organization sassets to be sold to raise funds rather	r than to be mainta	ained as par	t of the	organization's	collection?	. [Yes [☐ No
Par	rt IV Escrow and Custodial A IV, line 9, or reported an					swered "Yes" to	Form 9	990, Par	t
1a	Is the organization an agent, trustee		her interme	diary fo	or contribution		not [Yes	□ No
b	If "Yes," explain the arrangement in					<u> </u>			
	3		•	`			Amou	int	
С	Beginning balance					1c			
đ	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
	b If "Yes," explain the arrangement in Part XIV.								
Par	rt V Endowment Funds. Co		f						
		(a) Current year	(b) Pnory	 	(c) Two years ba	ck (d) Three years	back (e	e) Four year	rs back
1a	3 3 ,	1,169,332	1,16	9,332					
b	Contributions	0		0					
С	Net investment earnings, gains, and losses	0		0					<u></u>
d	Grants or scholarships	0_		0					
e	Other expenditures for facilities	_		_					
	and programs	0		0					
	Administrative expenses End of year balance	1,169,332	4 46	0 9.332					
g 2	Provide the estimated percentage of								
a	Board designated or quasi-endowm			as.					
b	Permanent endowment ▶		4.70						
c	Term endowment ► 37 %								
3a	Are there endowment funds not in th		e organizati	ion that	are held and	administered for t	he		
	organization by:		J				_	Yes	s No
	(i) unrelated organizations						. 🖺	3a(i)	11
	(ii) related organizations						. 3	3a(ii)	1
ь	If "Yes" to 3a(ii), are the related orga						. L	3b	
4	Describe in Part XIV the intended us	 				V II 40			
Par	t VI Investments—Land, Bu						-		
	Description of investment	(a) Cost or ot (investm			t or other (other)	(c) Accumulated depreciation	(d	d) Book vah	
1a	Land		0		0		<u> </u>		0
b	Buildings		0		0	0	ļ		0
C	Leasehold improvements		0		0	0	ļ		<u> </u>
	Equipment		0		5.769	1,027	 		2,930
	Other		0		0	0	 		0
ı ota	II. Add lines 1a through 1e. (Column (d)	must equal Form 9	su, Part X, C	oiumn (i	в), iine 10(c).)	<u> ▶</u>	L		<u>2,930</u>

	es. See Form 990, Part X, li	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
inancial derivatives		
-inancial derivatives		
Other		
Julio		
•••••		
Total. (Column (b) must equal Form 990, Part X, col (8) line 12.)		
Part VIII Investments—Program Relate	ed. See Form 990, Part X, li	ine 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	<u> </u>	
	1	
	}	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, P.		
	art X, line 15. (a) Description	(b) Book value
		(b) Book value
Part IX Other Assets. See Form 990, Part IX	(a) Description	
Part IX Other Assets. See Form 990, Part IX Total. (Column (b) must equal Form 990, Part X, col.)	(a) Description	(b) Book value
Part IX Other Assets. See Form 990, Part IX Total. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. See Form 990	(a) Description (B) line 15.) Part X, line 25.	
Part IX Other Assets. See Form 990, Part X, col. Total. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. See Form 990 1. (a) Description of liability	(a) Description	
Part IX Other Assets. See Form 990, Part X, col. Total. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. See Form 990 1. (a) Description of liability	(a) Description (B) line 15.) Part X, line 25.	
Part IX Other Assets. See Form 990, Part X, col. Total. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. See Form 990 1. (a) Description of liability	(a) Description (B) line 15.) Part X, line 25.	
Part IX Other Assets. See Form 990, Part X, col. Total. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. See Form 990 1. (a) Description of liability	(a) Description (B) line 15.) Part X, line 25.	
Total. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. See Form 990 (a) Description of liability	(a) Description (B) line 15.) Part X, line 25.	
Total. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. See Form 990 (a) Description of liability	(a) Description (B) line 15.) Part X, line 25.	
Part IX Other Assets. See Form 990, Part X, col. Part X Other Liabilities. See Form 990	(a) Description (B) line 15.) Part X, line 25.	
Part IX Other Assets. See Form 990, Part X, col. Total. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. See Form 990 1. (a) Description of liability	(a) Description (B) line 15.) Part X, line 25.	
Total. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. See Form 990 (a) Description of liability	(a) Description (B) line 15.) Part X, line 25.	
Part IX Other Assets. See Form 990, Part X, col. Total. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. See Form 990 1. (a) Description of liability	(a) Description (B) line 15.) Part X, line 25.	
Fotal. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. See Form 990 (a) Description of liability	(a) Description (B) line 15.) Part X, line 25.	
Part IX Other Assets. See Form 990, Part X, col. Part X Other Liabilities. See Form 990 1. (a) Description of liability Federal income taxes	(a) Description (B) line 15.) Part X, line 25.	
Part IX Other Assets. See Form 990, Part X, col. Total. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. See Form 990 1. (a) Description of liability	(a) Description (B) line 15.) , Part X, line 25. (b) Amount	

Page	4
raye	-

Pai	Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	ate	nents
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,670,773
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,415,297
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	255,476
4	Net unrealized gains (losses) on investments	4	1,395,186
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV.)	8	0
9	Total adjustments (net). Add lines 4 through 8	9_	1,395,186
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,650,662
Pai	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue	e pe	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
1	Total revenue, gains, and other support per audited financial statements	H'	0,240,100
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments 2a 1.395,18	6	
а	thet diseased gains on sivestificities	-1	
b	Donated services and use of facilities	0	
C	necoveries of phot year grants	<u></u>	
d	Other (Describe in Part XIV.)	Ť 2	e 1,575,413
e	Add lines 2a through 2d		3 1,670,773
3	Subtract line 2e from line 1		7,010,110
4	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	o	
a b	Other (Describe in Part XIV.)	o	
C	Add lines 4a and 4b	4	c 0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		1,670,773
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expens	es	per Return
1	Total expenses and losses per audited financial statements		1,595,524
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	7	
b	Prior year adjustments	<u>0</u>	
С	Other losses	0	
d	Other (Describe in Part XIV.)	9	400 007
е	Add lines 2a through 2d	<u> </u>	e 180,227
3	Subtract line 2e from line 1	<u> -3</u>	3 1,385,297
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	0	
а	investment expenses not included on Form 990, Fait VIII, line 70	0	
þ	Other (Describe in Part XIV.)	4	0
с 5	Add lines 4a and 4b	-	5 1,415,297
	rt XIV Supplemental Information		7, 1, 10,207
and this	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d ar part to provide any additional information. rt V - line 4 - response to intended use of endowment funds - The ASCAP Foundation will cor	nd 41	b. Also complete
en	dowment funds and use the interest earned for donor specified program support.		

Schedule D (Form	990) 2009 Page 5
Part XIV	Supplemental Information (continued)
• • • • • • • • • • • • • • • • • • • •	
• • • • • • • • • • • • • • • • • • • •	
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SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public Inspection 2009

OMB No. 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Employer Identification number

0181769 5 **2** □

Part I General Information on Grants and Assistance The ASCAP Foundation

Z Yes Does the organization maintain records to substantlate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance?

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Part II

Part IV and Schedule I-1 (Form 990) if additional space is needed	-1 (Form 990) if	additional spac	e is needed				△
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash easistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
I-Safe, Inc. 5900 Pasteur Court Ste 100, Carsbad CA 92008	33-0821845	501 (c) (3)	000'08 \$				Cyber citizenship
Alfred Publishing Inc. PO Box 10003 Van Nuys CA	12-0423210		6£2'9				sheet music distrib
AmericaScores 520 8th Ave Ste 801 NY NY 10018	52-1955491	501 (c) (3)	10,000				Songwriter resident
Eaine Kaufman Cultural Center 129 W 67 St. NY NY 10023	13-199118	501 (c) (3)	10,000				Music school prog
Exploring the Arts 50 W 23 St. #702 NY NY 10010	13-4069251	501 (c) (3)	10,000				Music Ed-Interview
JazzReach 55 Washington St Brooklyn NY	11-3179208	501 (c) (3)	11,000				Jazz education
Bring Out the Music 525 Canton Ave Milton MA 02186	04-6001228	501 (c) (3)	0,529				Music instruction
Manhattan School of Music 120 Claremont St. NY NY 10027	13-1656667	501 (c) (3)	000'98				Music summer cam
Louis Armstrong Summer Jazz 124 Roselyn Park Place NO LA	31-1696655	501 (c) (3)	20,000				Summer jazz camp
JF Kennedy Center Washington, DC 20566	53-0245017	501 (c) (3)	8,613				Performance
JazzMobile 154 W 127 St. NY NY 10027	13-2614483	501 (c) (3)	15,000				Jazz workshops
Musical Theatre Gulld 5435 Balboa Blvd Encino CA	95-4525915	501 (c) (3)	000'9				Performance educ

Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50055P

Schedule I (Form 990) 2009

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Part III

(a) Type of grant or assistance	(b) Number of reciplents	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(1) Description of non-cash assistance
1. Awards to Indivuals for Lyricist and Composer					
programs.	08	\$500 - \$ 7,500			
2. Scholarships paid to individuals rather than the					
educational instittution as reflected in part II.	-	\$500 - \$ 6,000			
3. Commissioning program fees paid to					
Individuals.	2	\$ 7,500			
Part IV Supplemental Information. Complete this part		ovide the informatio	in required in Part	to provide the information required in Part I, line 2, and any other additional information.	additional information.

The ASCAP Foundation, A not-for-profit organization, incorporated under the laws of the state of Delaware in 1975, was established to promote and support charitable /educational programs in the field of music. All institutional grantees are required to submit a written proposal requesting grant funds and to file a final report at the on a panel's review of submitted works and / or recommendations of noted authorities.

end of the grant period. Additionally, they are requested to provide copies of their IRS tax exemption notification. Individual awards for 2009 were awarded based

SCHEDULE 1-1 (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

(c) IRC section if (d) Amount of cash grant (e) Amount of non-cash applicable

11,000

10,000

501 (c) (3)

95-1696734

501 (c) (3)

13-3206277

10,000

501 (c) (3)

14-1915493

4 Lighthouse St. Marina del Rey CA

Festival of New American Musicals

95-4085877

5535 Baiboa Blvd Encino CA 91316

(D) EIN

(a) Name and address of organization

or government

The ASCAP Foundation

6,300

10,500

501 (c) (3)

38-3283759

Sphinx Organization 400 Renaissance Center Detroit Mi

Grand Canyon Musical Festival PO Box 1332 Grand Canyon AZ

151 S Grand Ave LA CA 90012

Los Angeles Philharmonic

13,500

8,500

501 (c) (3)

62-0465076

Belmont College-Music Business 1900 Belmont Blvd Nashville TN Berklee College of Music

1016 Austin St Evanston IL

Victor Goines Enterprises

26-3432879

501 (c) (3)

04-2300472

1140 Boylston St Boston MA Manhattan School of Music 501 (c) (3)

13-1656667

120 Claremont Ave NY NY 10027

NYU Tisch School of the Arts

501 (c) (3)

13-5562308

12,070

5,500

14,533

6,100

501 (c) (3)

84-1158773

Perry Mansfield Performing Arts Can 40755 Routte Co Rd 36 Steamboat St

113-A 2nd Ave, 1st fir NY NY 10003

501 (c) (3)

59-0624458

PO Box 248165 Coral Gables FL

University of Mlami

31A 29th St. San Francisco, CA

Walden School

PO Box 368 Syosset, NY 11791

Spirit Improv

24,000

12,500

6,000

501 (c) (3)

11-3526167

501 (c) (3)

52-0974083

OMB No. 1545-0047

Open to Public Inspection

Employer Identification number

0181769

Part II.) Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990) 5

€	works	Works
(g) Description of non-cash assistance		
sal,		

(h) Purpose of grant or assistance	workshop venue	Workshops	
Description of cash assistance			

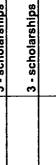
Work		
works		
(h) o	(g) Description of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)

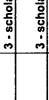
Fellowshi	Compose	Commiss	Commiss	-1-4

5

r project

Commission fee	3 - scholarships	5 - scholarships	































































Improv camp

6 - scholarships

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule I-1 (Form 990) 2009

Cat. No. 51026W

SCHEDULE J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

51 0181769 The ASCAP Foundation **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence ☐ Travel for companions ☐ Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) ☐ Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4b b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4c c Participate in, or receive payment from, an equity-based compensation arrangement?. If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a a The organization?.... 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6а a The organization?.......... **6**b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 payments not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Page 2

Schedule J (Form 990) 2009

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. Part II

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation				
(A) Name		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	benefits	(B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
Colleen McDonough	€ €	\$ 118,754	\$ 11,000	0	0	\$ 4,770	\$ 124,984	\$ 126,578
	€ !							
	E E							
	€ €							
	€ €							
	εĒ							
	€€							
	εE							
	€€							
	ε£							
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	88							
	(3)							
	(E)							
	€ €							
	€€							
							Sche	Schedule J (Form 990) 2009

Schedule J (Form 990) 2009 Part III Supplemental Information
129
Schedule J (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

Open to Public Inspection

0181769

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

Name of the organization

The ASCAP Foundation

Employer identification number

51

Part III-Statement of Service Accomplishments-response to line 2... undertake significant program services during the year The ASCAP Foundation accepts grant applications on an annual basis. Grants are reviewed and are selected for funding based on The ASCAP Foundation's mission. In some cases new funding has become available to establish new programs. In 2009 The ASCAP Foundation funded an additional 13 programs that had not been funded in 2008. These programs are reflected in Part III line 4 a-d. Programs over \$5,000 are also reflected on Schedule I. Part III - Statement of Service Accomplishments-response to line 3-...cease conducting or significant changes in programs. Some programs may not have requested funding in 2009, some may have only been for a one year commitment and in other cases the source of funding is no longer available or the program is not as vital to the Foundation's mission. In total 12 programs were eliminated in 2009 and 6 programs were deferred to 2010. Part III - Statement of Service Accomplishments - response to line 4d - Other program services Grants for senior programs, (1) and Humanitarian programs, (2). Other expenses include salaries, benefits and other allocated expenses related to all program activity. Part VI, section A - Governing Body & Management - response to line 6 - The ASCAP Foundation membership are the Board of Director's of ASCAP. Part VI, section A - Governing Body & Management - response to line 7 (a)...members elect members of governing body... A meeting of the Members is held annually for the election of Directors of The ASCAP Foundation. Part VI, section B - Policies - response to line 11A: There is no review of the 990 by the governing body of The ASCAP Foundation. The Board of Director's of The ASCAP Foundation does review the annual independent audited financial statements.

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Name of the organization	1 1	loyer	identification number	
The ASCAP Foundation	51	<u>:</u>	0181769	
Part VI, section B - Policies - response to line 15 a, bcompensation: The organization	n ma	intaiı	ns a formal written	
compensation program. Annual performance appraisal's are prepared by an employee's	supe	viso	r or manager, it is	
reviewed and discussed with the employee. Compensation and merit increases are base	d on a	ora e	gram that is linked	
			9	
to the current market.				
Part VI - Section C, Disclose - response to line 19 : The Federal form 990 and other inform	ation	rega	rding The ASCAP	
Foundation is available on the website, ASCAPFoundation.org or by request to The ASCA	P Fo	unda	tion	
Tourndation is available on the website, ASCAPT oundation.org of by request to the ASCAPT		u1146		
Part XI - Financial Statements and Reporting - response to line 2 (c)oversight of audit, re	wiow	2 co	lection of independ	ont
rait XI - Financial Statements and Reporting - response to line 2 (c) Versight of addit, re	VICW	u se	ection of machena	CIIL
accountant The Finance Committee of The ASCAP Foundation Board of Director's review	ws fi	nanc	ial statements and	is
recognition for collection of the independent accountant				
responsible for selection of the independent accountant.				

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

The ASCAP Foundation

Part I

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. See separate Instructions. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

0181769 51

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total Income	(e) End-of-year assets	(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	itions (Complete if the organise during the tax year.)	zation answered "	Yes" to Form 990), Part IV, line 34	because it
	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	orm 990.	Cat. No. 50135Y	0135Y	Schedu	Schedule R (Form 990) 2009

Page 2

Schedule R (Form 990) 2009

Yes No Percentage ownership managing partner? General or S Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Ê Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 Code V—UBI amount In box 20 of Schedule K-1 (Form 1065) (g) Share of end-of-year assets (h)
Disproportionate
allocations? ٩ membership org. Yes (f) Share of total income Share of end-of-year assets unincorporate Type of entity (C corp, S corp, or trust) because it had one or more related organizations treated as a partnership during the tax year. (f) Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) (d)
Direct controlling antity Primary activity American Society of Composers Authors & Publishers EIN: 13-04334220 One Lincoln Plaza NY NY 10023 (c)
Legal
domicile
(state or
foreign Name, address, and EIN of related organization Primary activity Name, address, and EIN of related organization ◉ Part IV Part III

Schedule R (Form 990) 2009

Schedule R (Form 990) 2009	V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)
Schedule R (Part V

Receipt of (i) interest (ii) annuities (iii) royalities or (iiv) rent from a controlled entity. Giff, grant, or capital contribution to other organization(s) Giff, grant, or capital contribution to other organization(s) Loans or loan guarantees to or for other organization(s) Sale of assets to other organization(s) Sale of assets to other organization(s) Sale of assets from other organization(s) Exchange of assets from other organization(s) Performance of services or membership or fundrasing solicitations for other organization(s) Performance of services or membership or fundrasing solicitations for other organization(s) Sharing of facilities, equipment, mailing lists, or other assets Sharing of pacific cash or property from other organization(s) Sharing of pacific cash or property to other organization(s) Sharing of the arganization for expenses Relimbursament paid to other organization(s) Other transfer of cash or property from other organization(s) Other transfer of cash or property from other organizations Name of other organization Name of other organization for information on who must complete this line, including covered relationships and transaction transaction from the organization for information on who must complete this line, including covered relationships and transaction transfer of cash or property from other organizations Other transfer of cash or property from other organizations Name of other organization for expenses Relimbursament paid to solve or property from other organizations Other transfer of cash or property from other organizations Other transfer of cash or property from other organizations Other transfer of cash or property from other organizations Transaction Trans	\$364,632 19,500 160,727 283,998 Schedule R (Form 990) 2009	a, c c	ASCAP - In 2009, 43 ASCAP members/heirs elected to donate/bequest a portion or all of their royalties from ASCAP to the ASCAP Foundation. ASCAP also made a contribution to the ASCAP Foundation in 2009. ASCAP - ASCAP provides office space at no charge to the Foundation, estimated value ASCAP - ASCAP personnel assist in the administration of the ASCAP Foundation activities as needed. Estimated salaries a henefits: ASCAP - The ASCAP Foundation reimburses ASCAP for co-oped payroll services; benefits; postage; supplies; telephone a other office related services are rendered.
refusion a controlled entity. Jatistion(s) Appenses Appense	\$364,6	o e	eirs elected to donate/bequest a portion or all of their royalties from ASCAP to the a contribution to the ASCAP Foundation in 2009. It no charge to the Foundation, estimated value
traition(s) or (fly frefit from a controlled entity) ization(s) anization(s) cation(s) cation(s) or ther organization(s) or ther organization(s) reasing solicitations for other organization(s) controlled sasets xpenses xpenses	(c) Amount involved	(b) Transaction type (a–r)	
n a controlled entity	1r /	relationships and tra	Other transfer of cash or property to other organization(s) Other transfer of cash or property from other organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covere
n a controlled entity	10 d		Reimbursement paid to other organization for expenses
n a controlled entity.	± = = = = = = = = = = = = = = = = = = =		Performance of services of membership or fundraising solicitations by other organization(s)
a controlled entity.	+ B		Lease of facilities, equipment, or other assets from other organization(s)
	10 10 10 10 10 10 10 10 10 10 10 10 10 1		Sale of assets to other organization(s)

Part VI

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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.

	66				1				1
(a) Name, address, and EIN of entity	(b) Primary activity		Are all par) artners		(f) Disproportionate		Genera	ਠ - ਲ
		(state or foreign country)	section 501(c)(3) organizations?	on)(3) ttions?	end-of-year assets	allocations	of Schedule K-1 (Form 1065)	managing partner?	
			Yes	٥		Yes No	0	Yes	Š
									1

Schedule R (Form 990) 2009