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# **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

Department of the Treasury

▶ Do not enter Social Security numbers on this form as it may be made public.

-				Form 990 and its instruc				<u>.                                    </u>	mspection
<del>-</del>			ndar year, or tax year beginning		, 2013, ar	nd ending			, 20 13
В		applicable	C Name of organization The ASCA	P Foundation				D Employe	er identification number
닏	Address of	change	Doing Business As						51-0181769
ᆜ	Name cha	ange	Number and street (or P.O box if n	nail is not delivered to street ad	dress)	Room/suite	9	E Telephor	ie number
	Initial retu	ım	One Lincoln Plaza						212-621-6219
	Terminate	∍d	City or town, state or province, cou	ntry, and ZIP or foreign postal	code				
	Amended	retum	New York, NY 10023					<b>G</b> Gross re	ceipts \$
	Application	on pending	F Name and address of principal offic	er: Paul Williams, Presid	lent		H(a) Is this a gro	oup return for s	subordinates? Yes Vo
			c/o The ASCAP Foundation, 0	One Lincoln Plaza, NY NY	10023				included? Yes No
ī	Tax-exem	npt status	✓ 501(c)(3)	( ) ◀ (insert no ) ☐ 494	7(a)(1) or	527	If "No	o," attach a	list (see instructions)
J	Website:	► asc	apfoundation.org				H(c) Group	exemption	number ►
ĸ	Form of or		✓ Corporation ☐ Trust ☐ Associa	ation ☐ Other ►	L Year	of formation			of legal domicile DE
2	art I	Summ	arv	<del></del>	<u> </u>			<u> </u>	
		Briefly de	escribe the organization's miss	sion or most significant a	ctivities:	The ASC	CAP Founda	tion is de	dicated to supporting
9			music creators & encouraging	<del>-</del>					
au			ng workshops, scholarships, av						
Ě			is box ▶ ☐ if the organization						
Activities & Governance	1		of voting members of the gove	· · · · · · · · · · · · · · · · · · ·		posca o	more trian	3	
رى مح			of independent voting membe	• • • • • • • • • • • • • • • • • • • •	•	ine 1b		4	23
ŝ	1			• • •	•			<u>-</u>	0
Ę			nber of individuals employed i	= -		•		5	0
ਝੁੱ			nber of volunteers (estimate if	••				6	0
⋖			elated business revenue from	• •				7a	0
	b	Net unre	ated business taxable income	from Form 990-1, line	14	<del>· · · ·</del>		7b	0
						<u> </u>	Prior Yea	ar	Current Year
9	8		tions and grants (Part VIII, line	•		· ·  _	1,	244,194	1,312,096
ē	9	_	service revenue (Part VIII, line			· ·	<del></del> -	0	0
Revenue	10		nt income (Part VIII, column (A	-				727,589	773,770
-	1 11 '		enue (Part VIII, column (A), lin			· ·  _		183,849	181,423
	12	Total reve	enue—add lines 8 through 11 (r	nust equal Part VIII, colu	mn (A), line	e 12)	2,	155,632	2,267,289
	13	Grants a	nd similar amounts paid (Part I	IX, column (A), lines 1–3		· · L		736,221	769,595
	14	Benefits	paid to or for members (Part I)	X, column (A), line 4) .		· · L		0	
S	15	Salaries,	other compensation, employee	benefits (Part IX, column	(A), lines 5	<b>–</b> 10) [		507,368	516,486
Expenses	16a	Profession	nal fundraising fees (Part IX, c	column (A), line 11e) .		[		0	0
9	Ь.	Total fun	draising expenses (Part IX, col	lumn (D), line 25) ▶	199	9,684	一 性致一定数 物件并未	· · · · · · · · · · · · · · · · · · ·	
Ð	17		oenses (Part IX, column (A), lin					412,410	443,504
			enses. Add lines 13-17 (must		t), line 25)	. [		655,999	1,729,585
			less expenses. Subtract line		<b></b>	$ abla$		499,633	537,704
- S	+			~	S	В	ginning of Cur		End of Year
Assets or	20	Total ass	ets (Part X, line 16)	5. MAY 19 2014		[	8.	829,094	9,903,983
A Se	21		ilities (Part X, line 26)		S. S.	[		50,054	83,312
Net A	22		ts or fund balances. Subtract			$ abla$	8.	779,040	9,820,671
_	art II		ture Block	- VUULIV, U				,	
			ry, I declare that I have examined this	return, including accompanyin	n schedules	and statem	ents and to th	e hest of m	v knowledge and helief it is
			ete Declaration of preparer (other than						y miemougo una bonon, mio
		$\overline{}$	2225	Por					<del></del>
Sig	an l	Sign	ature of officer	<del>~~~</del>			Date		<del></del> -
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For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2013)

	90 (201			Page
air	Ш	Statement of Program Service Accomplishments		_
1	Brie	_Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	. 🗸
•		ASCAP Foundation is dedicated to nurturing the music talent of tomorrow, preserving the legacy of the past and	cuctaini	na tha
		tive incentive for today's music creators through a variety of educational, professional and humanitarian program		
		serve the music community.		
2	Did	the organization undertake any significant program services during the year which were not listed on the		
		Form 000 at 000 F70	✓ Yes	□No
	If "Y	es," describe these new services on Schedule O.	00	
3		the organization cease conducting, or make significant changes in how it conducts, any program		
			✓ Yes	□ No
		es," describe these changes on Schedule O.		
4	Des	cribe the organization's program service accomplishments for each of its three largest program services, enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocates.	as mea	sured by
		enses. Section 301(c)(3) and 301(c)(4) organizations are required to report the amount of grants and allocated expenses, and revenue, if any, for each program service reported.	ations to	otners
		otal expenses, and revenue, if any, for each program service reported.		
4a	(Coc	de: ) (Expenses \$ 466,112 including grants of \$ 212,877 ) (Revenue \$		1
-	•	IC EDUCATION AND COMMUNITY OUTREACH:		'
		ASCAP Foundation is dedicated to nurturing the music talent of tomorrow by developing and supporting education	onal pro	grams
		provide effective learning opportunities consistent with our mission to students of all ages. The ASCAP Foundat		
		ing to sponsor 37 Music Education and / or Music Development programs and two community outreach programs		
	the y	rear with the goal of enhancing and promoting music education and providing the community with access to mus	ic and it	s history
	Thes	e 39 programs include 18 programs that received \$5,000 or more and 21 programs that received less than \$5,000	·	
4b				
4b	(Coc	le: ) (Expenses \$ 384,783 including grants of \$ 344,946) (Revenue \$ OLARSHIPS, FELLOWSHIPS, AWARDS AND COMPOSER PROGRAMS :		)
4b	(Coc	le: ) (Expenses \$ 384,783 including grants of \$ 344,946) (Revenue \$ OLARSHIPS, FELLOWSHIPS, AWARDS AND COMPOSER PROGRAMS : ASCAP Foundation scholarship programs seek to ensure that opportunities for the study of music and instrumen	nts, song	) writing,
4b	(Coo	le: ) (Expenses \$ 384,783 including grants of \$ 344,946) (Revenue \$ OLARSHIPS, FELLOWSHIPS, AWARDS AND COMPOSER PROGRAMS : ASCAP Foundation scholarship programs seek to ensure that opportunities for the study of music and instrument ic composition, the business of music and related areas are available to students at all levels by providing Scholarship.	nts, song	) writing,
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	0 (2013)			Page 3
Part	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  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	2	<b>√</b>	,
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<b>√</b>
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		✓
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		1
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		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
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	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	÷.		
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
	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		<b>√</b>
	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		✓
	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		✓
	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		<b>√</b>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	11f 12a	1	✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		<b>✓</b>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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		1
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		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
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 (see instructions)	17		1
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		1
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		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		

rait	Checkist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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	<b>√</b>	
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	<b>√</b>	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<b>√</b>
d 25a	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>√</b>
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		<b>✓</b>
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? If so, complete Schedule L, Part II	26		1
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		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		<b>√</b>
С	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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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	<b>√</b>	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
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,			
38	Part VI	37	<b>√</b>	_

Form 996	• o (2013)		P	age :
Part				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a				Ž.
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	✓	
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			- 3
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2	_		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	9	100
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
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)?	4a	्रक्रम् स्टब्स्ट	V
Ь	If "Yes," enter the name of the foreign country: ►  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			<b>E</b> .
_		5-0	# 67 E E	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		<del>*</del>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		<u> </u>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	[	1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Oa		<u> </u>
D	aifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			7
ʻa	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		3 G	4.0
_	and services provided to the payor?	7a		<b>√</b>
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	1		
_	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			ęt.
е	Did the organization 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		✓
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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	2 2 2 2 2 2	✓
9	Sponsoring organizations maintaining donor advised funds.			بجد
а	Did the organization make any taxable distributions under section 4966?	9a		<u>√</u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<b>√</b>
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
ь	Clobb (occipie) included on the included of th			: چُذر
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders		į.	
a	Gross income from members or shareholders			ري نو - تا-
b	against amounts due or received from them.)			1
100	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			- 13
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note. See the instructions for additional information the organization must report on Schedule O		8.	
b	Enter the amount of reserves the organization is required to maintain by the states in which	110		
-	the organization is licensed to issue qualified health plans	4		

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . . . b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .

c Enter the amount of reserves on hand

14a 14b

13c

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O contains a response or note to any line in this Part VI	See ins	tructi	ions.
Secti	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		Tes	No
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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	- <sub>2</sub> (5)	<b>√</b>
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 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6	√ √	<b>√</b>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b 9	The governing body?	8a 8b		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever		ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		<b>✓</b>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		<b>✓</b>
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		<b>✓</b>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13 14 15	Did the organization have a written whistleblower policy?	13	- 35.	
a b 16a	The organization's CEO, Executive Director, or top management official	15a 15b 16a	<b>✓</b>	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		Ĭ.
	ion C. Disclosure	rk Tar-	noco.	
17 18	List the states with which a copy of this Form 990 is required to be filed California, Florida, Illinois, New You Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.			
19	✓ Own website ✓ Another's website ✓ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in financial statements available to the public during the tax year.			y, and
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Robert F Candela, Comptroller - One Lincoln Plaza, New York, NY 10023	or the	3	

	_	
900	(2013)	

		<u> </u>
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
والمستحدد	realistics of officers, Directors, Trastees, Rey Employees, Trighest Compensated Employees,	anu
•		
	Independent Contractors	
	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.
- 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 organized	zation nor any relate	d org	aniz		_	ompe	nsa	ted any currer	t officer, director	, or trustee.
<b></b>			(C) Position				-			
(A) Name and Title	(B) Average hours per	box,	unles	neck ss pe	more rson	than on the street that the st	n an	(D) Reportable compensation	(E)  Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Marilyn Bergman	.25	1								
Board Director	25	•					├	0	34,905	_
(2) Charles Bernstein  Board Director	.25	1						0	اه	
(3) Bruce Broughton	.25						┢	<u>_</u>	U	
Board Director	23	1							17,300	
(4) Tita Cahn	.25	•						<del>                                     </del>	17,300	
Board Director		1						0	0	
(5) Alf Clausen	.25						┢	<u>°</u>		
Board Director		1						o	14,000	
(6) Dan Foliart	.25								,,,,,,,,	
Board Director		1						0	19,800	
(7) Arthur Hamilton	.25									
Board Director		1				:		0	21,855	
(8) Wayland Holyfield	.25									
Board Director		✓						0	21,855	
(9) James M. Kendrick	.25									
Board Director		✓						0	17,450	
(10) Robert Kimball	.25									
Board Director		✓						0	0	
(11) Ed London	.25									
Board Director		✓					<u> </u>	0	0	
(12) Johnny Mandel	.25								]	
Board Director		1						0	21,855	
(13) James McBride	.25									
Board Director		✓	<u> </u>				$\vdash$	0	0	
(14) Jay R. Morgenstern	.25							1		
Board Director		✓		<u> </u>				0	21,855	Form <b>990</b> (201

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(C)											
	(A)	(B)	(do n	ot ch		more	e than o	one	(D)	(E)	(F)
	Name and title	Average	box,	unles	s pe	rson	is both	n an	Reportable	Reportable	Estimated
		hours per week (list any	veek (list any					<del>,                                    </del>	compensation	compensation from related	amount of other
			Individual trustee or director	Institutional trustee	Officer	Key employee	量量	Former	the	organizations	compensation
		related organizations	eg à	<u>\$</u>	ĕ	em	oyest est	l et	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		below dotted	현	) <u>na</u>		탕	8 6		(11 2 1000 111100)		and related
		line)	uste	Ę		ee	l agr				organizations
			ě	stee			Highest compensated employee	ļ			
(15) M	ary Rodgers	.25				-					
	Board Director	1	✓					1	0	0	o
(16) St	ephen Schwartz	.25								-	
	loard Director		✓						0	0	0
(17) Va	lerie Simpson	.25							1		
	Board Director		✓						0	16,450	0
(18) CI	narles Strouse	.25									
	Board Director		<b>/</b>					_	0	0	0
	oug Wood	.25									
	Board Director		/			<u> </u>		<u> </u>	. 0	48,075	0
3	ul Williams	.25									
4- 14	President		<u> </u>		<b>✓</b>				0	0	0
	vin Z Robinson	.25	1		1				_		
	ice President		- <del></del>	-	<b>-</b>	_			<u>o</u>	27,136	0
	ean Kay	.25	1		1				_	25.004	
	reasurer	25	-		<u> </u>				0	35,904	0
	nny Mancini ecretary	.25	1		1				o		
	blieen McDonough	35	<u> </u>	_					U	0	0
	Director - The ASCAP Foundation	33	•				1		141,205	0	43,327
(25)	Sireoto. The Noon Foundation							_	141,200		45,527
										,,,,	
1b	Sub-total							<b>&gt;</b>	141,205	318,440	43,327
C	Total from continuation sheets to Part	-						<b>•</b>	0 \$141.20E	0	<u> </u>
d	Total (add lines 1b and 1c)							<u> </u>	\$141,205		1 1 1 1 1 1 1
2	Total number of individuals (including but		i to th	ose	list	ed	above	e) w	ho received m	ore than \$100,0	00 of
	reportable compensation from the organi	zation - 1									Yes No
3	Did the organization list any former of	ficer direc	tor o	r tr	uste	96	kev e	emn	lovee or high	est compensati	
•	employee on line 1a? If "Yes," complete										3 /
4	For any individual listed on line 1a, is the							n a	nd other comp	ensation from t	
-	organization and related organizations										
	individual	·									4 🗸
5	Did any person listed on line 1a receive of									ation or individu	ial all all all all all all all all all
	for services rendered to the organization	? If "Yes," c	ompl	ete	Sch	iedu	ıle J f	or s	such person	<u>.</u> .	5 🗸
Section	on B. Independent Contractors										
1	Complete this table for your five highest	•		•							•
	compensation from the organization. Repyear.	ort compe	nsatio	on fo	or th	ne c	alend	ar y	ear ending wit	h or within the c	organization's tax
	(A)					_		Γ	(B)		(C)
	Name and business add	ress							Description of s	ervices	Compensation
	<del></del>										
	<del></del>									-	
-		<del></del>						_			<del></del>
	Total number of independent contractor	rs (ıncludir	na bu	ıt n	ot I	imit	ed to	th	ose listed abo	ove) who	75/1
_	received more than \$100,000 of compens							_,		<b>建</b> 等	

Pár	<b>VIII.</b>	Check if Schedule O contains a response or note	to ony lina in thia	Dort \/III		
		Check if Schedule O contains a response or note	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a		0			
ts, Grants Amounts	b		0			
ts, (	С		0			
ia g	d	Related organizations 1d 240,90	0			
ns,	е		0			
e ë	f	All other contributions, gifts, grants,				
년 동		and similar amounts not included above 1f 1,071,190	¬(	ı		
Contributions, Gifts, Grants and Other Similar Amounts	g		<u> </u>			
	h	Total. Add lines 1a-1f ▶  Business Code	1,312,096			
Ĕ	0-		<del></del>			
Program Service Revenue	2a b		0	0	0	
8	C		0	0	0	
ΘŽ	ď		0	0	0	
Š	e		0	0	0	
grar	f	All other program service revenue .	0	0	0	
Po	g	<b>Total.</b> Add lines 2a–2f ▶	0			
	3	Investment income (including dividends, interest,				·····
		and other similar amounts) ▶	773,770			
	4	Income from investment of tax-exempt bond proceeds ▶	0			
	5	Royalties	181,423			**************************************
		(i) Real (II) Personal				
	6a	Gross rents				
	b	Less: rental expenses	_	İ		
	C	Rental income or (loss)				<del></del> -
	d	Net rental income or (loss)	0			
	7a	Gross amount from sales of assets other than inventory	-			
	ь	Less: cost or other basis	-	j		
		and sales expenses .				
	c	Gain or (loss)	+	ļ		
	d	Net gain or (loss)	0		*******	
	_	The games (1886)	<del>                                     </del>			
venue	8a	Gross income from fundraising events (not including \$				
Other Re		of contributions reported on line 1c). See Part IV, line 18 a				
₹	l	Less: direct expenses b		-		
		Net income or (loss) from fundraising events .	0			
	ya	Gross income from gaming activities. See Part IV, line 19 a	-			
			-			
		Less: direct expenses <b>b</b> Net income or (loss) from gaming activities <b>b</b>	<del>                                     </del>			· · · · · · · · · · · · · · · · · · ·
		Gross sales of inventory, less	<del> </del>		·	
		returns and allowances a				
	ь	Less: cost of goods sold b	-	,		
		Net income or (loss) from sales of inventory	o			
		Miscellaneous Revenue Business Code	† · · · · · · · · · · · · · · · · · · ·			·····
	11a		1			
	b					
	С					
	d	All other revenue				
	е	<b>Total.</b> Add lines 11a-11d	0			
	12	Total revenue See instructions				-

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX								
	t include amounts reported on lines 6b, 7b, , 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 United States. See Part IV, line 21	508,276	508,276	e figure a figure of the control of	<u> </u>			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	261,319	261,319					
3	Grants and other assistance to governments,							
	organizations, and individuals outside the	1		A CONTRACTOR OF THE PROPERTY O				
	United States. 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	394,265	194,463	65,928	133,874			
8	Pension plan accruals and contributions (include							
	section 401(k) and 403(b) employer contributions)	11,930	4,276	2,482	5,172			
9	Other employee benefits	110,291	56,008	17,954	36,329			
10	Payroll taxes	0	0	0	0			
11	Fees for services (non-employees):							
а	Management	0	0	0	0			
þ	Legal	0	0	0	0			
C.	Accounting	10,000	0	10,000	0			
d	Lobbying	0		0	0			
e	Professional fundraising services. See Part IV, line 17	0	ALL DE STREET AND A STREET		0			
g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column		U	0	0			
9	(A) amount, list line 11g expenses on Schedule O.)	o	0	o	0			
12	Advertising and promotion	. 0	0	0	0			
13	Office expenses	17,309	10,007	2,892	4,410			
14	Information technology	1,644	548	548	548			
15	Royalties	0	0	0	0			
16	Occupancy	0	0	0	0			
17	Travel	58,546	51,898	3,324	3,324			
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials	0	0	0	0			
19	Conferences, conventions, and meetings .	0	0	0	0			
20	Interest	0	0		0			
21	Payments to affiliates	0	0		0			
22	Depreciation, depletion, and amortization .	807	269		269			
23	Insurance	0	0	0	0			
24	Other expenses. Itemize expenses not covered			5				
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column		grunda.					
	(A) amount, list line 24e expenses on Schedule O.)							
а	Library of Congress Program	243,514	243,514	0	0			
ь	Annual Awards Reception	75,559	63,648		11,911			
c	Honoraria / judges fee	13,200	13,200		0			
d	Archives Program	8,012	8,012		0			
e	All other expenses miscellaneous	14,913	10,796		3,847			
25	Total functional expenses. Add lines 1 through 24e	1,729,585	1,426,234	103,667	199,684			
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 following SOP 98-2 (ASC 958-720)							

33

34

Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest-bearing . . . . . . . 1 0 0 2 Savings and temporary cash investments . . . . . 2 506,758 297,066 3 184,000 179,500 4 4 a 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 0 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. . . . . . . . . . . . 6 Assets 0 7 0 Inventories for sale or use . . . . . . . . . 8 8 0 0 9 Prepaid expenses and deferred charges . . . 9 13,648 15.828 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation . . . . 10b 10c 807 1,638 1,245 11 Investments—publicly traded securities . . . . . . . 11 8,123,050 9,410,344 Investments-other securities. See Part IV, line 11 . 12 12 0 0 13 Investments-program-related. See Part IV, line 11 . . . 13 0 0 14 Intangible assets . . . . . . . . . . . . . . . . . 14 n 0 15 Other assets. See Part IV, line 11 . . . . . . . . . 15 0 0 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 8,829,094 9,903,983 17 Accounts payable and accrued expenses . . . . . . . . . 17 46,958 54,866 18 Grants payable . . . . . . . . . . . . . . . . . . 18 3,096 3,446 19 19 0 25,000 20 20 0 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 0 0 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . 0 22 0 23 23 Secured mortgages and notes payable to unrelated third parties . . . 0 0 24 Unsecured notes and loans payable to unrelated third parties . . . 24 ol 0 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 0 Total liabilities. Add lines 17 through 25 . 50,054 26 83,312 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 2,484,647 27 3,224,271 28 Temporarily restricted net assets . . . . 5,125,061 28 5,422,091 1,169,332 29 <u>1,174,3</u>09 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . . . . . . . 0 30 0 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 ol 0 32 Retained earnings, endowment, accumulated income, or other funds . 32 0 0

Total liabilities and net assets/fund balances . . . . . .

9,820,671

9,903,983

33

34

8,779,040

8.829.094

	•				
Form 9	90 (2013)			Pa	age <b>12</b>
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1			67,289
2	Total expenses (must equal Part IX, column (A), line 25)	2			29,585
3	Revenue less expenses. Subtract line 2 from line 1	3			37,704
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		8,77	79,040
5	Net unrealized gains (losses) on investments	5			08,927
6	Donated services and use of facilities	6			
7	Investment expenses	7			- (
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			5,000
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			•	
	33, column (B))	10		9.82	20,671
1	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	· · · ·	<u></u>	Yes	. ✓ No
•	If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O.	olain in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<b>V</b>	
	If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:	iled or			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b		
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	d on a			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersight			
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c	1	
	If the organization changed either its oversight process or selection process during the tax year, expended to C	plain in			

**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.

За

Form **990** (2013)

#### 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.

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the organization					· · · · · · · · · · · · · · · · · · ·	E	mployer id	dentificatio	n number	
	SCAP Foundation		<del> </del>							81769	
Pai			rity Status (All orga						nstruction	ons.	
The 6	A church, conv	vention of church ribed in section cooperative hos	tion because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjunc	churches th Schedation desc	s describe ule E.) cribed in s	ed in sec section	tion 170( 170(b)(1)(	(b)(1)(A)(i A)(iii).		(iii). Ente	r the
5	☐ An organizatio	n operated for the state of the	the benefit of a collec	ge or uni	versity ov	wned or	operated	by a go	vernmen	tal unit d	escribed in
6 7	An organizatio	n that normally	nment or governmenta receives a substantia <b>(A)(vi).</b> (Complete Par	I part of					nit or fror	n the ger	neral public
8 9	An organization receipts from support from	n that normally activities related gross investme	n section 170(b)(1)(A) receives: (1) more that d to its exempt function int income and unrel fter June 30, 1975. Se	an 331/₃% ions—sul lated bus	6 of its subject to disiness tax	upport fre certain e xable inc	xceptions come (les	s, and (2) ss sectio	no more	e than 33	31/₃% of its
10 11	An organization purposes of o 509(a)(3). Che	on organized an ne or more pub ck the box that o	operated exclusively od operated exclusive ficily supported organ describes the type of	ely for th nizations supportin	ne benefit described ng organiz	t of, to d in sect zation an	perform tion 509(ad comple	the funct a)(1) or se te lines 1	ions of, ection 50 1e throug	9(a)(2). S gh 11h.	see section
е		ndation manage	II c Type III that the organization ers and other than one	is not co	ntrolled d	lirectly o	r indirectly		or more	disqualifi	ed persons
f	organization, o	heck this box .								oe III sup 	porting
g	following person	ons?	he organization accep	•	-			-			
			ndirectly controls, eitlody of the supported o					describe · · ·	d in (ii) a	nd 11g(i)	Yes No
	(ii) A family m	ember of a perso	on described in (i) abo	ve?						11g(ii)	
			a person described in							11g(iii)	)
h	Provide the fo	llowing informati	on about the support	ed organ	ization(s).					,	
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the orga	ou notify nization in of your port?	organiza (i) organi	Is the tion in col ized in the S?	1, ,	nt of monetary ipport
	<del> </del>			Yes	No	Yes	No	Yes	No		
(A)											
(B)											
(C)											
(D)											
(E)											

Total

•	(Complete only if you checked the Part III. If the organization fails to				-	•	alify under
Secti	on A. Public Support	quality of do	1 110 10010 110	tou bolott, pi	caco compio	to r art iii.,	
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,475,439	1,210,303	1,463,194	1,244,194	1,312,096	6,705,226
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	1,475,439	1,210,303	1,463,194	1,244,194	1,312,096	6,705,226
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,790,107
6	Public support. Subtract line 5 from line 4.						3,915,119
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	<b>(d)</b> 2012	(e) 2013	(f) Total
7	Amounts from line 4	1,475,439	1,210,303	1,463,194	1,244,194	1,312,096	6,705,226
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	199,694	1,065,545	765,636	911,438	955,193	3,897,506
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	o	0
11	Total support. Add lines 7 through 10			<u> </u>			10,602,732
12	Gross receipts from related activities, etc					12	0
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he			<u> </u>	· · · ·		▶ 📋
Secti	on C. Computation of Public Suppor						
14 15 16a	Public support percentage for 2013 (line of Public support percentage from 2012 Scl 331/3% support test—2013. If the organitation dual stop here. The organization qual	nedule A, Part l zation did not d	II, line 14 . check the box	on line 13, and	 d line 14 is 33¹.	14 15 /3% or more, cl	36.93 % 37.19 % heck this
b	331/3% support test—2012. If the organ check this box and stop here. The organ	nization did no	t check a box	on line 13 or	16a, and line		or more,
17a	10%-facts-and-circumstances test—2010% or more, and if the organization me Part IV how the organization meets the "forganization".	ets the "facts- facts-and-circu	and-circumsta imstances" tes 	nces" test, che st. The organiz	eck this box ar ation qualifies	nd <b>stop here.</b> E as a publicly si 	explain in upported .
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part IV how the organization m supported organization	tion meets the neets the "facts	facts-and-cis-and-cis-and-circums	rcumstances" tances" test. T	test, check th he organizatio	ns box and <b>st</b> on n qualifies as a	<b>op here</b> . a publicly
18	Private foundation. If the organization d instructions	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

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

## 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support		_				
Calen	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(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		i i				
	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 business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						<u> </u>
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						<u> </u>
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3					i	
	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				1		
	or 1% of the amount on line 13 for the year		İ				
_	•						
с 8	Add lines 7a and 7b				7		1
	line 6.)		!				
Secti	on B. Total Support	<u> </u>	J	· _ · · · · · · · · · · · · · · · · · ·	<u> </u>	·	<u> </u>
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,		1	•	,		
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	1	ļ	i			
	acquired after June 30, 1975						<u> </u>
C	Add lines 10a and 10b						
11	Net income from unrelated business	!		į.			
	activities not included in line 10b, whether						
	or not the business is regularly carried on						<del> </del>
12	Other income. Do not include gain or					ŀ	
	loss from the sale of capital assets		1				
40	(Explain in Part IV.)	<b></b>	<del> </del>		<del>                                     </del>		
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	1					
14	First five years. If the Form 990 is for t	he organizatio	n's first secon	d third fourt	h or fifth tax v	ear as a section	on 501(c)(3)
17	organization, check this box and stop he	ere					▶ □
Secti	on C. Computation of Public Suppo				<del></del>		
15	Public support percentage for 2013 (line	8, column (f) c	livided by line	13, column (f))		15	%
16	Public support percentage from 2012 Sc					16	%
	on D. Computation of Investment In	come Perce	entage				
17	Investment income percentage for 2013	(line 10c, colu	mn (f) divided b	y line 13, colu	ımn (f))	17	%_
18	Investment income percentage from 201	2 Schedule A,	Part III, line 17			18	%
19a	331/3% support tests-2013. If the organ	nization did no	t check the bo	x on line 14, a	and line 15 is n	nore than 331/3	%, and line
	17 is not more than 331/3%, check this box	and stop here	. The organizat	ion qualifies as	a publicly supp	orted organiza	tion . ► 🗌
b	331/3% support tests-2012. If the organi	zation did not	check a box on	line 14 or line	19a, and line 1	is more than	33 <sup>1</sup> /3%, and
	line 18 is not more than 331/3%, check this	box and stop	here. The organ	nization qualifie	s as a publicly s	supported orga	nization
20	Private foundation. If the organization of	lid not check a	a box on line 14	, 19a, or 19b,	Check this box	and see instri	uctions 🕨 📋

Schlednie V.fi	0/11 990 01 990-LZ/ 2013	Page <b>4</b>
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17 Part III, line 12. Also complete this part for any additional information. (See instructions).	b; and
***************************************		
••		••••

### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

OMB No. 1545-0047 2013

Open to Public Inspection

	CAP Foundation		51-0181769
Par		or Advised Funds or Other Similar F	
	Complete if the organization answ	vered "Yes" to Form 990, Part IV, line	
4	Total number at and of year	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2 3	Aggregate contributions to (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and	donor advisors in writing that the assets	s held in donor advised
•	funds are the organization's property, subje-		
6	Did the organization inform all grantees, do		
•	only for charitable purposes and not for the		
		<i></i>	
Par	Conservation Easements.		
	Complete if the organization answ	vered "Yes" to Form 990, Part IV, line	7
1	Purpose(s) of conservation easements held		
	☐ Preservation of land for public use (e.g.,	recreation or education)   Preservation	of an historically important land area
	☐ Protection of natural habitat	☐ Preservation	n of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservation contribu	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation eas		
c d	Number of conservation easements on a ce Number of conservation easements include		
u	historic structure listed in the National Regis		l l
3	Number of conservation easements modifie		<u> </u>
	tax year ▶	-, · · · · · · · · · · · · · · · · · · ·	and a game of game of game of the game of
4	Number of states where property subject to	conservation easement is located ▶	
5	Does the organization have a written po	licy regarding the periodic monitoring,	inspection, handling of
	violations, and enforcement of the conserva		
6	Staff and volunteer hours devoted to monitor	oring, inspecting, and enforcing conservati	on easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ea	asements during the year
•	<b>&gt;</b> \$		
8	Does each conservation easement reported (i) and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requirement	
•			
9	In Part XIII, describe how the organization rebalance sheet, and include, if applicable, the		
	organization's accounting for conservation		mancial statements that describes the
Pari		ections of Art, Historical Treasures,	or Other Similar Assets.
		vered "Yes" to Form 990, Part IV, line	
1a	If the organization elected, as permitted un		
	works of art, historical treasures, or other	similar assets held for public exhibition,	education, or research in furtherance of
	public service, provide, in Part XIII, the text	of the footnote to its financial statements t	that describes these items.
b	If the organization elected, as permitted u	nder SFAS 116 (ASC 958), to report in i	its revenue statement and balance sheet
	works of art, historical treasures, or other		education, or research in furtherance of
	public service, provide the following amoun	<del>-</del>	
	(i) Revenues included in Form 990, Part VIII		***************************************
_	(ii) Assets included in Form 990, Part X .		
2	If the organization received or held works following amounts required to be reported to		
_	-		
a	Revenues included in Form 990, Part VIII, lin	101	

Part										
3	Using the organization's acquisition, collection items (check all that apply):		her recor	ds, chec	k any of th	e follov	ving that are a	sign	ificant u	se of its
а	☐ Public exhibition		d {	Loan	or exchang	je progi	rams			
b	☐ Scholarly research			Other						
С	☐ Preservation for future generations	3								
4	Provide a description of the organizat XIII.		ınd expla	in how th	ney further	the org	anization's exe	empt	purpos	e in Part
5	During the year, did the organization assets to be sold to raise funds rather	than to be mainta							☐ Yes	□ No
Part										_
	Complete if the organization 990, Part X, line 21.						•		nt on F	orm
1a	Is the organization an agent, trustee, included on Form 990, Part X?								☐ Yes	□ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing ta	able:			Amo	ount	
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amoun								_	☐ No
b	If "Yes," explain the arrangement in P	art XIII. Check here	e if the ex	planation	n has been	provide	d in Part XIII		<u> </u>	
Par	t V Endowment Funds.									
	Complete if the organization				art IV, line	10.				
		(a) Current year	(b) Prid	or year	(c) Two year	rs back	(d) Three years ba	ıck	(e) Four ye	ears back
1a	Beginning of year balance	1,169,332	•	1,169,332	1,1	169,332	1,169,3	32	. 1	,169,332
b	Contributions	4,977		0		0	_	0		0
C	Net investment earnings, gains, and									
	losses	o		0		0		0		0
d	Grants or scholarships	0		0		0		0		0
е	Other expenditures for facilities and									
	programs	0		0		0	_	0		0
f	Administrative expenses	0		0		0		0		0
g	End of year balance	1,174,309		1,169,332		169,332		32	1	,169,332
2	Provide the estimated percentage of t		d balanc	e (line 1g	, column (a	a)) held :	as:			
а	Board designated or quasi-endowment	nt ▶	0%							
b	Permanent endowment ►	64%								
С	Temporarily restricted endowment ▶	36%								
	The percentages in lines 2a, 2b, and 2									
3a	Are there endowment funds not in the	e possession of th	e organi:	zation tha	at are held	and ad	ministered for	the	_	
	organization by:								Y	es No
	(i) unrelated organizations								3a(i)	✓
	(ii) related organizations								3a(ii)	_ <
b	If "Yes" to 3a(ii), are the related organ								3b	
4	Describe in Part XIII the intended uses		n's endo	wment fi	unds.					
Par	VI Land, Buildings, and Equip									
	Complete if the organization	answered "Yes'	" to Forr	n 990, F	art IV, line	e 11a. S	See Form 990	), Pa	ırt X, lin	e 10.
	Description of property	(a) Cost or ot			or other basis other)		Accumulated epreciation		(d) Book	value
1a	Land		0		0					0
b	Buildings		0		0		0			0
C	Leasehold improvements	•	0		0		0			0
d	Equipment		0		2,052		807			1,245
е	Other		0		0		0			0
Total	. Add lines 1a through 1e. <i>(Column (d) r</i>	must equal Form 9	90, Part 2	K, columr	n (B), line 1	0(c).)	<u>.</u> ▶			1,245

(7) (8) (9)  Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	Part VII	Investments - Other Secur				
(1) Financial derivatives (2) Closely-held equity interests (3) Clother (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	•	Complete if the organization	answered "Yes" to Fo	orm 990, Part IV, lin	e 11b. See Form	990, Part X, line 12.
(2) Closely-held equity interests   (3) O'ther (A)   (A)   (B)   (B)   (C)		(a) Description of security or ca (including name of securit	tegory y)	(b) Book value		
(3) Other   (4)   (5)   (6)   (7)   (7)   (7)   (7)   (7)   (8)						
Color   Colo						
Color   Colo	(3) Other					
C    C    C    C    C    C    C    C	(~)			-		<u>-</u> .
C						
C	<del></del>					<del></del>
Fig.	· · · · · · · · · · · · · · · · · · ·					
(G) (H) (Total, Column (b) must equal Form 990, Part X, col (B) line 12.) ▶    Part VIII   Investments — Program Related.						<del></del>
Column   (a)   Description of investments   Part VIII   Investments   Program Related.				-		<del></del>
Total, Column (b) must equal Form 990, Part X, col. (B) line 12.) ►				-		
Investments — Program Related.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	<b>-</b>	h) must equal Form 990. Part X. col. (R) line 12	) <b>&gt;</b>	• <del> </del>		to the second second second second second second second second second second second second second second second
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   (a) Description of investment   (b) Book value   (c) Method of valuation Cost or end-of-year market value     (1)						<del></del>
(a) Description of investment (b) Book value (c) Method of Valuation Cost or end-of-year market value (c) Cost or end-of-y				rm 990. Part IV. lin	e 11c. See Form	990 Part X line 13
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10						
(2) (3) (4) (5) (6) (7) (8) (9) Total, (Column (b) must equal Form 990, Part X, col. (B) line 15) (9) (9) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (11) (12) (13) (14) (15) (15) (17) (16) (18) (19) (19) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (16) (17) (16) (17) (17) (18) (19) (19) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (16) (17) (18) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (16) (17) (18) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (16) (17) (18) (19) (19) (10) (10) (10) (11) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (16) (17) (16) (17) (18) (19) (19) (10) (10) (10) (10) (10) (10) (10) (10		(-,		(0, 2001.12.20		
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(6) (7) (8) (9) (9) (1014. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (c) Book						
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (c) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (c) Federal income taxes (c) (d) (e) (f) Federal income taxes (c) (g) (g) (e) (f) (g) (g) (g) (h) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h						
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Other Assets.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.						
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)			3.) ▶			, for .
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(9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)						
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Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶			.,			<u> </u>
Iine 25.   1.			answered "Yes" to Fo	rm 990. Part IV. lin	e 11e or 11f. See	Form 990 Part X
1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶						, , , , , , , , , , , , , , , , , , ,
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1.		(b) Book value		*	
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	(1) Federal II	ncome taxes				
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(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶						
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶						
					and the second second	man, a serve ama a sala ana
	organization'	s liability for uncertain tax positions t	under FIN 48 (ASC 740). Ch	neck here if the text of	the footnote has bee	en provided in Part XIII [

Part	ΧI	Complete if the organization answered "Yes" to Form 990, F			Retur	n.
1	Total	revenue, gains, and other support per audited financial statements			1	2 000 010
2		unts included on line 1 but not on Form 990, Part VIII, line 12:				2,896,016
a		nrealized gains on investments	2a	508,927		
b		ted services and use of facilities	2b	124,800		
c		veries of prior year grants	2c	124,800		
ď		r (Describe in Part XIII.)	2d			
e		ines 2a through 2d			2e	633,727
3		ract line 2e from line 1			3	2,262,289
4		unts included on Form 990, Part VIII, line 12, but not on line 1:	<i>i</i> . I			2,202,203
a		tment expenses not included on Form 990, Part VIII, line 7b	4a	•		
b		r (Describe in Part XIII.)	4b	5,000		
		ines 4a and 4b			4c	E 000
С 5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	5,000
	XII	Reconciliation of Expenses per Audited Financial Statem			_	2,267,289
rart	ΛII	Complete if the organization answered "Yes" to Form 990, F			net	uiii.
	Total	expenses and losses per audited financial statements		<del></del>	1	4 054 005
1		unts included on line 1 but not on Form 990, Part IX, line 25:			•	1,854,385
2		ted services and use of facilities	2a	124 000		
a			2a 2b	124,800		
b		year adjustments	2c	0		
C		r losses	2d	0		
d		r (Describe in Part XIII.)			_	404.000
e		ines 2a through 2d			2e	124,800
3			i . ı		3	1,729,585
4		unts included on Form 990, Part IX, line 25, but not on line 1:	40		Í	
a		thment expenses not included on Form 990, Part VIII, line 7b		0		
b		r (Describe in Part XIII.)		<u> </u>	4-	_
С 5	Add I	ines <b>4a</b> and <b>4b</b>			4c	4 700 505
		Supplemental Information.	10.7	<u> </u>	9 1	1,729,585
		nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part Part XI, line 4B: Other revenue - \$5,000, Write off of uncollected pledge	receiva	able.		
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Schedule D (Fo	rm 990) 2013	Page <b>5</b>
Part XIII	Supplemental Information (continued)	
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SCHEDULE I (Form 990)

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

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

OMB No. 1545-0047

2013

Department of the Treasury			► Attach to Form 990.	Form 990.		ş	Open to Public Inspection
Name of the organization		ormation about scre	dule i (rorm 330) an	d its insurcations is	MINORMATION ABOUT SCREENIE I (FORM 350) AND ItS INSTITUTIONS IS AT WWW.IIS. BOYTON 1550.		Employer Identification number
The ASCAP Foundation							51-081769
Part   General Inform	General Information on Grants and Assist	d Assistance					
1 Does the organization the selection criteria	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	ibstantiate the amou	ınt of the grants or	assistance, the g	rantees' eligibility for	the grants or assist	ance, and
2 Describe in Part IV the	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ures for monitoring	the use of grant fur	nds in the United	States.		
11	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered	overnments and	<b>Organizations</b> i	n the United St	ates. Complete if the	he organization a	Iswered "Yes" to Form 990,
1	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	it received more th	nan \$5,000. Part	Il can be duplica	ated if additional sp	ace is needed.	
1 (a) Name and address of organization or government	zation (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Louis Armstrong summer Jazz c	r jazz c						
124 Roselyn Park PI New Orleans, LA	ans, LA 31-1696655	501 (c)(3)	\$18,000				Summer jazz camp
(2) AmericaScores							
520 8th Ave. Suite 201C, NY NY 10018	Y 10018 52-1955491	501(c)(3)	13,000				Songwriter residency
(3) Alfred Publishing Co. Inc	13.0423210		14 678				music books & sheet music
(4) Flains Kaufman Cultural Center	1						
129 W 67th St. NY NY 10023	13-1991118	501(c)(3)	10,000				Special music school progr
(5) JazzMobile, Inc							
91 Claremont Ave, NY NY 10027	13-2614483	501(c)(3)	10,000				Saturday Jazz Workshop
(6) Music Conservatory of Westche	estche						
216 Central Ave. White Plains, NY	NY 13-6007082	501(c)(3)	10,000				Music Therapy program
(7) Be An Artist, Inc.							
PO Box 2354, Austin, TX 78760	0 26-1626709	501(c)(3)	10,000				Songwriting with Soldiers
(8) Nederlander Theatre							
1450 Broadway, 6th Flr, NY NY	13-261516		666'6				Musical theater education
(9) JoAnne-Kane Music Services	ices				_		
10960 Wilshire Blvd, 7 flr, LA, CA	CA 95-4063257		13,899				Workshop musical services
(10) Exploring the Arts, Inc							
16 W 23rd St. 4th fl, NY NY 10010	13-4069251	501(c)(3)	8,000				Musical Theater program
(11) Katselas Theatre Company							
254 S Robertson Blvd Beverly Hills C	Hills C 95-4007314	501(c)(3)	7,500				Irving Caesar Lyric project
(12) American Theater Group Inc		101(1)(0)	1				
E	ICK, NJ Z/-1141524	201(5)	loon'/				New American reading seri
<ul><li>2 Enter total number of</li><li>3 Enter total number of</li></ul>	Enter total number of section 501(c)(3) and govemment organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	ovemment organiza ed in the line 1 table	tions listed in the li	ne 1 table			<b>A A</b>
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Notice, see the Instructi	ons for Form 990.		ပိ	Cat. No. 50055P		Schedule I (Form 990) (2013)

Pagel of 3

SCHEDULE (Form 990)

Grants and Other Assistance to Organizations,

OMB No. 1545-0047

Open to Public Inspection 2013

Schedule I (Form 990) (2013) Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Conductor program musici Creativity in the classroom Music Education program **%**□ (h) Purpose of grant or assistance Employer identification number Ξ ✓ Yes 51-081769 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . . . (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other) Cat. No. 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ Attach to Form 990. \$6,100 6,000 20,000 (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance 501(c)(3) 501(c)(3) 33-0821845 11-3179208 13-3591741 (a) 618 El Camino Real Ste 201 Carlsbad, 1 (a) Name and address of organization 45 Main Street Brooklyn NY 11201 322 W 48th St. 5 flr, NY NY 10036 (2) JazzReach Inc (3) I-Safe America, Inc The ASCAP Foundation Department of the Treasury Internal Revenue Service Name of the organization (1) Legit 802 Inc Part II Ð **®** 2 ₹ 9 0 <u></u> 5

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. · Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2013)

Part III Grants an

(a) Type of grant or assistance (b) Number of	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
	Supplies	Casi gran		المار ملطان معادر والمار	
1 Awards for lyricist & composer programs	109	\$200-\$10,000			
2 Music scholarship & fellowships	64	\$1,000-\$10,000			
3 Workshop demo and / or studio fees	26	\$60-\$275	٠		
4 Performer fees-Conductor progr/Kennedy Ctr shwc		\$200-\$620			
5 Workshop moderator/mentor/instructor honorarium	:	\$150-\$5,000			
6 Fees to facilitate Music Education Programs	ıs	\$150-\$6,000			
Ě	m	\$2,500-\$5,000			
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	the information r	equired in Part I, Im	e 2, Part III, columr	ι (b), and any other additi	onal information.
	E		1		
					Schedule I (Form 990) (2013)

#### **SCHEDULE J** (Form 990)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990. See separate instructions.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

**Employer identification number** 

Part	Questions Regarding Compensation	03		
			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.	-		
	<ul> <li>☐ First-class or charter travel</li> <li>☐ Travel for companions</li> <li>☐ Tax indemnification and gross-up payments</li> <li>☐ Housing allowance or residence for personal use</li> <li>☐ Payments for business use of personal residence</li> <li>☐ Health or social club dues or initiation fees</li> </ul>			i.
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
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 explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee		i	
	☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee		i !	
4	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:			
а	Receive a severance payment or change-of-control payment?	4a	<u> </u>	<b>✓</b>
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	ļ	<b>√</b>
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		1
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		l S	
5	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:			
а	The organization?	5a	-	<b>/</b>
þ	Any related organization?	5b	j	✓
	If "Yes" to line 5a or 5b, describe in Part III.		!	
6	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:		Ì	
а	The organization?	6a		1
b	_	6b		1
	If "Yes" to line 6a or 6b, describe in Part III.			21.0
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		1
8	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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		1
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Schedule J (Form 990) 2013

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (ii) 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation (III) Other deferred compensation compensation compensation compensation compensation compensation								
(A) Name and Title		(B) Breakdown or	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(F) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(b)(a)	(F) Compensation reported as deferred in prior Form 990
Colleen McDonough,	€ €	\$109,942	\$10,000	\$1,440	\$14,303	\$5,520	\$141,205	0
Diecid, Ascar roundation	<b>E</b>							
2	<b>E</b>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
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	(9)							
8	<b>E</b>							
	(i)							
6	<b>(E)</b>					0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
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10	<u>(ii)</u>							
	()							
11	<b>E</b>							
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12	(3)							
	(1)							
13	<b>(E)</b>							
	(i)							
14	(E)							
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15	€							
	8							
16	€							

Schedule J (Form 990) 2013

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

The ASCAP Foundation	<u>5</u> 1-0181769
Part III - Statement of Service Accomplishments, response to line 2undertake significant program so	ervices during the year
The ASCAP Foundation accepts grant applications on an annual basis. Grants are reviewed and are se	elected for funding based on The
ASCAP Foundation's mission. In some cases new funding has become available to establish new process.	grams. There were 19 new programs
in 2013 ranging in support of \$1,000 - \$19,000. Programs with support of more than \$5,000 are reflected	d on schedule I.
Part III - Statement of Service Accomplishments, response to line 3 cease conducting or significant	changes in programs
Some organizations may not have requested funding in 2013, some may have only been a one year con	mmitment 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 the	total 10 programs were eliminated
in 2013.	
Part III - Statement of Service Accomplishments - response to line 4d - Other Program Services	
Grants and allocations for senior service programs (1); other / humanitarian, (4). Other expenses inclu	des salaries, benefits and other
allocatable expenses related to program activity.	
Part VI, Section A, response to line 6 - Does the organization have members or stockholders?	
The ASCAP Foundation membership consists of ASCAP's Board of Directors.	·
Part VI, Section A, response to line 7elect or appoint or one or more members of the governing boo	dy?
The ASCAP Foundation board of directors elect the organizations officers.	
Part VI, Section B, Policies: response to line 11aprovide a copy of this form 990 to all members of its	
The Form 990 is reviewed by internal staff members. The Board of Director's of The ASCAP Foundation	
audited financial statements as well as the 990 program service accoplishements and functional exper	ises.

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name'of the organization	Employer identification number
The ASCAP Foundation	51-0181769
Part VI, Section B, Policies - reponse to line 15a, b	
The organization maintains a formal written compensation program. Annual performance appraisal's ar	e prepared by an employee's
supervisor or manager and is reviewed and discussed with the employee. Compensation and merit incr	eases are based on a program
that is linked to the current market.	
Part VI, Section C, Disclosure - response to line 19: The Federal form 990, annual report and other information of the control	mation regarding the ASCAP
Foundation are available on the website, ASCAPFoundation.org or by request to The ASCAP Foundation	n.
Part XI, Reconciliation of Net Assets, response to line 9Other changes in net assets or fund balances:	
The ASCAP Foundation wrote off an uncollected pledge receivable at year end 2013 in the amount of \$5	,000.
	·····
	<del></del>

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

The ASCAP Foundation

Partl

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 38, or 37.

► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

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OMB No. 1545-0047

Open to Public

Inspection Employer identification number

51-0181769 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	(a) Name, address, and EIN (if applicable) 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
£	(1)					
(2)	(2)					
6	(8)					
3						
(2)						
(9)	(9)					
Part II	<b>Identification of Related Tax-Exempt Organizations</b> 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.	nplete if the organization x year.	answered "Yes" or	1 Form 990, Par	t IV, line 34 beca	use it had

orm 990) 2013	Schedule R (Form 990) 2013		Cat. No. 50135Y	Cat. N	٠	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
						ω
						(9)
						(5)
						(4)
		·-				(6)
						(2)
						(1)
Yes No						
(g) Section 512(b)(13) controlled entity?	(f) Direct controlling Sentity	(e) Public chanty status (if section 501(c)(3))	(d) Exempt Code section	(c) Legal domicile (state or foreign country)	(b) Primary activity	(a) Name, address, and EIN of related organization
					IIIg tile tan year.	one or more related tax-exempt organizations during the tax year.

Page 2		(k) ' Percentage ownership									ζ,	(f) Section 512(b)(13) controlled entity?	No		!						Schedule R (Form 990) 2013
	ne 34		No			-	<u> </u>	<u> </u>			Part	Section con er	Yes								Form 9
	t IV, li	(I) General or managing partner?	Yes								1 990,	(h) Percentage ownership									ule R (
	Form 990, Par	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)									"Yes" on Form	Share of Percend-of-year assets own									Sched
	"Yes" on	(h) Disproportionate allocations?	Yes No	_							answered r.	Share of total income end-		membership							
	vered										ation a	Share inco		тетр							
	ization ansv ar.	(g) Share of end-of- year assets									the organiz luring the ta	(e) Type of entity (C corp, S corp, or trust)		unincorporated							
	organ tax ye	(f) Share of total Income									ete if rust d			unino				ļ			
	if the g the							<u> </u>			Sompl on or t	ıtrolling ty				ļ					
	complete ship durin	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)									or Trust Coorporation	(d) Direct controlling entity									
	ship C Irtners	Pro inco u exc t t sectir									tion c	nicile n country)			i						
	<b>Partners</b> d as a pa	(d) Direct controlling entity					: - -				<b>Corpora</b> s treated	(c) Legal domicile (state or foreign country)									
	as a treate	Direct									as a										
	ı <b>s Taxable</b> anizations	(c) Legal domicile (state or foreign country)									is Taxable ted organiz	(b) Primary activity		Music Licensing							
	<b>zatior</b> d orga	>				ı					zatior e rela			Music							
	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.	(b) Primary activity									Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	(a) Name, address, and EIN of related organization		(1) American Soc Composers, Authors & Publisher One Lincoln Plaza, NY NY 10023							
	thad on	ĵo L									ation of scause it	(a) EIN of relate		posers, Au IY 10023							
ım 990) 2013	Identifica because i	(a) Name, address, and ElN of related organization									Identifica line 34 be	, address, and		(1) American Soc Composers, I One Lincoln Plaza, NY NY 10023							
Ē.	Part III	Name, ¿ relai		(1)	(2)	(3)	(4)	(2)	(9)	(£)	Part IV	Nате,		(1) America One Lincoln	(2)	(3)	(4)	(5)	(9)	(2)	

	elated Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
Schedule R (Form 990) 2013	Part V Transactions With Related Organizations Complete if the organization

2013	Schedule R (Form 990) 2013	Scheduk			
					(9)
		;			(5)
1	nbursed	575,466 actual amount reimbursed	575,466	0	ASCAP - The ASCAP Foundation reimburses ASCAP for co-op payroll services, employee benefits, (4) postage, supplies, telephone and other office related services as rendered.
		estimated value	105,300	<b>E</b>	ASCAP - ASCAP personnel assist in the administration of the ASCAP Foundation activities as needed. Estimated salaries & benefits based on individual current salary & estimated time allocated (3) to The ASCAP Foundation.
	market value	estimate based on market value	19,800	E	ASCAP - ASCAP provides office space at no charge to the ASCAP Foundation, the estimated value of (2) the space is:
	eived	\$490,791 Actual amount received	\$490,791	a, c	ASCAP - in 2013, 53 members/heirs elected to donate/bequest a portion or all of their royalties from ASCAP to the ASCAP Foundation. Additionally, ASCAP made a contribution to the ASCAP (1) Foundation in 2013 for program support.
p	(d) ning amount involv	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a-s)	(a) Name of related organization
s.	tion threshold	ships and transac	complete this line, including covered relationships and transaction thresholds.	omplete this line, incl	2 If the answer to any of the above is "Yes," see the instructions for information on who must co
>	1s				s Other transfer of cash or property from related organization(s)
>	-				r Other transfer of cash or property to related organization(s)
~	14				<b>q</b> Reimbursement paid by related organization(s) for expenses
	1p ~				<b>p</b> Reimbursement paid to related organization(s) for expenses
	<b>1</b> 0				o Sharing of paid employees with related organization(s)
	1n <		•		n Shanng of facilities, equipment, mailing lists, or other assets with related organization(s) .
>	두				m Performance of services or membership or fundraising solicitations by related organization(s)
<b> </b> >	=				Performance of services or membership or fundraising s
>	<del>+</del>	•	•	•	k Lease of facilities, equipment, or other assets from related organization(s)
>	1;		•		j Lease of facilities, equipment, or other assets to related organization(s)
<b>\</b>	;=				i Exchange of assets with related organization(s)
>	÷				h Purchase of assets from related organization(s)
>	19				g Sale of assets to related organization(s)
<b>\</b>	#				f Dividends from related organization(s)
<b> </b> ~	<u>-</u>				e Loans or loan guarantees by related organization(s)
>	1d				d Loans or loan guarantees to or for related organization(s)
	1c 🗸				c Gift, grant, or capital contribution from related organization(s)
<b> </b>	1b				<b>b</b> Gift, grant, or capital contribution to related organization(s)
	1a <			o inde letated diga	a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
No.	Yes	974			Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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.

(a)	19	(c) (a)	6	(e)	e	(b)	Ê	0	6	3
Name, address, and EIN of entity	Primary activity	Legal domicile	Predominant	Are all partners	20		Disproportionate	Soci	General or	Percentage
		(state or foreign country)	income (related, unrelated, excluded	section 501(c)(3)		end-of-year assets	allocations?	of Schedule K-1	managing partner?	ownership
			sections 512-514)	Vee No			Ves No		Yes	
(1)										
(2)										
(3)										
(4)	ļ									
(5)										
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(8)										
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(10)										
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(12)										
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(15)										
(16)										
						].		Sche	Schedule R (Form 990) 2013	n 990) 2013

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Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).	
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