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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2014

Open to Public Inspection

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

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

► Information about Form 990 and its instructions is at www.irs.gov/form990.

For the 2014 calendar year, or tax year beginning December 31 20 14 January 1 C Name of organization The ASCAP Foundation D Employer identification number Check if applicable $\overline{\mathbf{V}}$ Address change Doing business as 51-0181769 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change П Initial return 212-621-6219 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Amended return New York, NY 10023 G Gross receipts \$ 3.126.675 Application pending F Name and address of principal officer H(a) Is this a group return for subordinates? Yes No Paul Williams, President H(b) Are all subordinates included? Yes No c/o The ASCAP Foundation, 1900 Broadway, New York, NY 10023) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 If "No." attach a list (see instructions) 501(c)(3) 501(c) (Tax-exempt status Website: ▶ ascapfoundation.org H(c) Group exemption number ▶ Form of organization 📝 Corporation 🔲 Trust Association ☐ Other ▶ L Year of formation 1975 M State of legal domicile Summarv Part I Briefly describe the organization's mission or most significant activities: The ASCAP Foundation is dedicated to supporting American music creators & encouraging their development through music education & talent development programs. Including Activities & Governance songwriting workshops, scholarships, awards, community outreach & grants to other 501(c)(3) organizations for music education Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a). 22 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2014 (Part V. line 2a) 0 6 6 0 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 From Eorm 990-T. line 34 Net unrelated business taxable income 7b 0 **Prior Year Current Year** Program service revenue (Part VIII, pe 1h) 8 1,312,096 1,771,681 Revenue 9 Investment income (Part VIII, column 10 773,770 523,269 Other revenue (Part VIII, column (A Times 5, 6d, 8c 11 181,423 7,991 12 Total revenue—add lines 8 through Arr Des Ce oppart 2.267.289 2,302,941 Grants and similar amounts paid (Part IX, column-13 769,595 809,689 14 Benefits paid to or for members (Part IX, column (A), line 4) . n 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 516.486 533,335 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 443,504 495,621 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 1,729,585 1,838,645 19 Revenue less expenses. Subtract line 18 from line 12 537,704 464,296 **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 9,903,983 10,131,184 21 Total liabilities (Part X, line 26) . 83.312 71,696 22 Net assets or fund balances. Subtract line 21 from line 20 9,820,671 10,059,488 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Date Here SOMPTROLLE ODICE Type or print name and title Print/Type preparer's name Preparer's signature Date Check 🔲 ıf **Paid** self-employed Preparer Firm's EIN ▶ Firm's name Use Only Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Form **990** (2014)

Cat No 11282Y

Form 99	90 (2014) Page 2
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission.
	The ASCAP Foundation is dedicated to nurturing the music talent of tomorrow, preserving the legacy of the past and sustaining the
	creative incentive for today's music creators through a variety of educational, professional and humanitarian programs and activities
	that serve the entire music community.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 528,681 including grants of \$ 237,418) (Revenue \$) MUSIC EDUCATION AND COMMUNITY OUTREACH:
	The ACAP Foundation is dedicated to nurturing the music talent of tomorrow by developing and supporting educational programs that provide effective learning opportunities consistent with our mission to students of all ages. The ASCAP Foundation has provided funding to sponsor 41 Music Education and / or Music Development programs and two community outreach programs throughout the year with the goal of enhancing and promoting music education and providing the community with access to music and its history. These 43 programs include 21 programs that received \$5,000 or more and 22 programs that received less than \$5,000.
4b	(Code:) (Expenses \$ 395,650 including grants of \$ 349,924) (Revenue \$) SCHOLARSHIPS, FELLOWSHIPS, AWARDS AND COMPOSER PROGRAMS :
	The ASCAP Foundation scholarship programs seek to ensure that opportunities for the study of music and instruments, songwriting,
	music composition, the business of music and related areas are available to students at all levels by providing Scholarships and
	Fellowships to 66 recipients ranging from \$1,000 - \$10,000. The ASCAP Foundation provides awards to emerging composers and writers consisting of cash awards to 108 recipients of composer and / or lyricist programs. These awards range from \$200 - \$10,000.
	Of these 108 awards, 3 were for \$10,000, 8 were for \$5,000 and the remaining 97 awards were less than \$5,000.
4c	(Code:) (Expenses \$ 228,796 including grants of \$ 194,033) (Revenue \$)
	TALENT DEVELOPMENT AND COMMUNITY OUTREACH:
	The ASCAP Foundation Talent Development and Community Outreach programs provide aid and encouragement to music creators
	worldwide who are in various stages of their careers including, Workshops (19); Commissions and or commissioning programs, (5);
	sponsorship of talent development programs, (21). By providing professional opportunities to emerging composers, lyricist and
	songwriters, The ASCAP Foundation supports their careers and promotes their works.
4d	Other program services (Describe in Schedule O.) (Expenses \$ 367,928 including grants of \$ 28,314) (Revenue \$)
40	Total average appropriate and

Form 99	90 (2014)			Page
Part	IV Checklist of Required Schedules			3-
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		_	
_	·	1	✓	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I			١,
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		✓
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
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		1
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? <i>If</i> "Yes," complete Schedule D, Part III			
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		√
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, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	7 .20
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		√
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		V
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		▼
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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		✓
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		√
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		<u>√</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	✓	•
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	•	1

20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20a

20b

Part	V Checklist 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 domestic 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 or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	✓	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	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 "Yes," complete Schedule L, Part II	26		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		<u> </u>
	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		√
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 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		▼
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		√
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		/
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		√
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	1	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	
		For	n 990	(2014)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 120			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
20	reportable gaming (gambling) winnings to prize winners?	1c	_	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
ь	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
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		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	:		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		→
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			,
h	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	O.		
7	Organizations that may receive deductible contributions under section 170(c).	6b		<u> </u>
'а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	j	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year		_]
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 h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
Ŭ	sponsoring organizations maintaining donor advised funds. Bid a donor advised fund maintained by the	8		, -
9	Sponsoring organizations maintaining donor advised funds.	0		_
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Ĭ
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	000	40.5 : :
		Form	n シタひ	(2014)

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	truct	ions.
Secti	on A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		Yes	No
b 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	·	1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6 7a	Did the organization have members or stockholders?	6		√
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7a 7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a		1
b	Each committee with authority to act on behalf of the governing body?	8b		1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9_		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C)
	District Control of the Control of t	40	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		✓
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a 12b		✓
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	Did the organization have a written whistleblower policy?	13	✓	<u> </u>
14 15	Did the organization have a written document retention and destruction policy?	14	✓	
а	The organization's CEO, Executive Director, or top management official	15a	1	1
b	Other officers or key employees of the organization	15b	1	
16a				
b	with a taxable entity during the year?	16a		✓
	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		
	ion C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed California, Florida, Illinois, New Yor 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 int financial statements available to the public during the tax year.	erest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	:▶	
	Debort F. Candola Comptroller, 1000 Proeducy New York NV 10022			

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

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

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

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

Check this box if neither the organization no	r any relate	d orga	anız	atio	n c	ompe	ensa	ited any currer	nt officer, director	r, or trustee.
(C)								· · · · · · · · · · · · · · · · · · ·		
(A)	(B)	(40.0			ition	than o		(D)	(E)	(F)
Name and Title	Average					s tnan o		Reportable	Reportable	Estimated
	hours per week (list any			_	rect	or/trus		compensation from	compensation from related	other
	hours for	Indiv	Insti	Officer	ě	High	Former	the	organizations	compensation
	related organizations	Individual trustee or director	Institutional trustee	Ř	Key employee	Highest compensated employee	₫	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	2 4	nal t		loye	Ĕ]		and related organizations
	line)	stee	nst		٥	ens		•		organizations
			8			ated		1		
(1) Marilyn Bergman	.25	,			ļ					
Board Director		1		-			-		37,031	
(2) Charles Bernstein	.25	1								
Board Director	25	-		\vdash			\vdash		0	
(3) Bruce Broughton	.25	1							44 200	
Board Director	.25	-	H				┢		44,396	
(4) Tita Cahn Board Director	23	1	İ						اه	
(5) Alf Clausen	.25	<u> </u>	╁	-	-		 		•	
Board Director	25	1							15,150	
(6) Dan Foliart	.25	Ť							13,130	
Board Director	 	1					İ		63,707	
(7) Arthur Hamilton	.25							1	33,131	1.1.1
Board Director		✓							23,081	
(8) Wayland Holyfied	.25									
Board Director		1							23,081	
(9) James Kendrick	.25									
Board Director		✓							15,750	
(10) Robert Kimball	.25					ĺ				
Board Director		✓	L						0	
(11) Ed London	.25									
Board Director		✓		L					0	
(12) Johnny Mandel	.25	ļ								
Board Director	<u> </u>	/	<u> </u>	<u> </u>			↓_		23,081	
(13) James McBride	.25	1.						1		
Board Director	<u> </u>	✓	ļ	<u> </u>			↓_		0	
(14) Jay R. Morgenstern	.25				1	ļ				
Board Director		✓						l	23,081	

Part	VII Section A. Officers, Directors, Trust	lees, Key E	mplo	yees	s, ar	nd H	lighe	st C	ompensated E	mployees (d	continue	d)		
box, and box bottom is bott at									Reportabl					
		hours per week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	a Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation related organizatio (W-2/1099-M	ns	on n i is		
(15) M	ary Rodgers	.25												
	Board Director		/	_	_	<u> </u>	ļ	⊢			0			
	ephen Schwartz	.25	/											
	Board Director	.25	 				ļ	╁╌			- 0			
	alerie Simpson Board Director	25	1				İ			16	,450			
	harles Strouse	.25	Ť					T			,,130			
37.5.	Board Director		1								o			
(19) D	oug Wood	.25]											
	Board Director		✓					ļ		53	,833			
	aul Williams	.25			,									
	President		-	-	✓	<u> </u>		-	<u> </u>		0			
	win Robinson	.25	1		/	ł				20	3,854			
	Vice President ean Kay	.25			Ť						,,634			
	reasurer	† 	1		1			44,981						
(23) G	inny Mancini	.25												
	Secretary		✓	_	1	_		<u> </u>			0			
(24) C	olleen McDonough	35	ļ		ĺ									
(OF)	Director			\vdash	_		-		147,694		0			45,785
(25)			1											
1b	Sub-total		٠	٠		·—	 	▶	147,694	412	2,476			45,785
С	Total from continuation sheets to Part	VII, Section	n A					•	0		0			0
d	Total (add lines 1b and 1c)							•	147,694	412	,476			45,785
2	Total number of individuals (including bu		d to th	ose	e list	ted	abov	e) w	ho received m	ore than \$10	00,000	of		
	reportable compensation from the organ	ization > 1											Voc	No
3	Did the organization list any former of	fficer, direc	tor. c	or tr	ruste	ee.	kev (emc	olovee, or high	est compe	nsated		163	140
_	employee on line 1a? If "Yes," complete									-		3		1
4	For any individual listed on line 1a, is the	e sum of re	porta	ble	con	npe	nsatio	on a	and other comp	ensation fro	om the			
	organization and related organizations	•								nedule J fo	r such			
	individual											4	✓	<u> </u>
5	Did any person listed on line 1a receive of for services rendered to the organization		•					•	•			_ ا		,
Conti	on B. Independent Contractors	- 11 163, (Jonip		00,	7000	iie o i	107 3	such person	• • • •	• •	5	<u> </u>	✓_
1	Complete this table for your five highest	compensat	ed in	den	end	ent	contr	ract	ors that receive	ed more tha	n \$100	000 of	-	
·	compensation from the organization. Rej													ax
	(A) Name and business add	dress							(B) Description of s	ervices	C	(C) compens		
								1						
					_			<u> </u>						
_ 2	Total number of independent contractor	ore finalists	na h	ıt		lumii	tad +		nosa listad ah	0/0/ 14/0				
2	received more than \$100,000 of compen							J Li	iose listed ab	OVEJ WITO				

Part	VIII							
•		Check if Schedule C) contains a re	sponse or note to	o any line in this (A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
इ इ	1a	Federated campaigns	s 1a			revenue		512-514
ran Cun	b	Membership dues .						
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events .						
ifts r A	d	Related organizations		1				
٠ اق	e	Government grants (cor	, 					
Sign	f	All other contributions, g	,					
ğ ğ	'	and similar amounts not inc						
흔ㅎ				1				
<u> </u>	g	Noncash contributions inclu						
	h	Total. Add lines 1a-1	<u> </u>		1,771,681			-
Je				Business Code				
Š	2a							
č	b							
. <u>ŏ</u>	c	***************************************						
Ser	d							
E	e							
Program Service Revenue	f	All other program ser	vice revenue .					<u></u>
چ	g	Total. Add lines 2a-2			0			
	3	Investment income						
	1	and other similar amo	ounts)	▶	539,889		<u> </u>	
	4	Income from investmen	nt of tax-exempt t	oond proceeds ►				
	5	Royalties	<u> </u>	▶	315,831			
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	ြင	Rental income or (loss)						
	d	Net rental income or	(loss)	▶			1 .	_
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	4,87	4 294,500				
	b	Less: cost or other basis	··					
		and sales expenses .	4,97	7 311,017				
	С	Gain or (loss)	(103					
	ď	Net gain or (loss) .			(16,620)			-
		rtot gant of (1000) .			(10,020)			
nue	8a	Gross income from fi	undraising	:				
Š		events (not including \$	619,751	1				
ě		of contributions report						
<u>-</u>		See Part IV, line 18 .	;	a 200,000				
Other Reve	b	Less: direct expense	s	507,840				
U	C	Net income or (loss)		events . ►	(307,840)			-
	9a	Gross income from g	aming activities.		•			
	İ		-	a l				
	Ь	Less: direct expense	s	b				
	C	Net income or (loss)			اه		•	
	10a							
		returns and allowance		a				
	Ь	Less: cost of goods		b				
	C	Net income or (loss)			o			
	——	Miscellaneous F		Business Code				
	11a							
	b							
	C				·	· · · · · · · · · · · · · · · · · · ·		
	d	All other revenue						· · · · · · · · · · · · · · · · · · ·
	l e	Total. Add lines 11a-			0		<u> </u>	
	12	Total revenue. See i			2 202 041			

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must com			s must complete colu	mn (A)
	Check if Schedule O contains a respons	se or note to any lin		<u> </u>	<u>.</u> 🗆
	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 domestic organizations				
	and domestic governments. See Part IV, line 21	249,220	249,220		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	550.450	500,400		
3	Grants and other assistance to foreign	560,469	560,469		
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	o	o		
4	Benefits paid to or for members	0	0		· · · · · · · · · · · · · · · · · · ·
5	Compensation of current officers, directors,				
	trustees, and key employees	o	О	o	O
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	o	0	q
7	Other salaries and wages	406,930	199,137	68,771	139,022
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	10,584	3,849	1,963	4,772
9	Other employee benefits	1 <u>15,821</u>	57,884	19,356	38,581
10	Payroll taxes	0	0	0	0
11	Fees for services (non-employees):	İ			
а	Management	0	0	0	0
b	Legal	0	0	0	
C	Accounting	12,000	0	12,000	
d	Lobbying	0	0	0	
e	Professional fundraising services. See Part IV, line 17	0			
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column	0	0	0	
9	(A) amount, list line 11g expenses on Schedule O.)	o	o	o	
12	Advertising and promotion	0	0	0	
13	Office expenses	17,582	11,028	2,235	4,319
14	Information technology	2,078	693	692	693
15	Royalties	0	0	0	(
16	Occupancy	0	0	0	(
17	Travel	57,749	50,143	3,803	3,803
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0	Q	0	(
19	Conferences, conventions, and meetings .	0	0	0	(
20	Interest	0	0	0	(
21	Payments to affiliates	0	o	0	
22	Depreciation, depletion, and amortization .	979	326	327	326
23	Insurance	0	0	0	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
_	· ' '				
a	Library of Congress program	282,215	282,215	0	42.40
ь	Annual Awards Reception Honoraria / judges fees	83,233	70,748 13,800	0	12,485
c d	Archives Program	13,800	6,405	0	
e	All other expenses miscellaneous	6,405 19,580	15,138	315	4,127
25	Total functional expenses. Add lines 1 through 24e	1,838,645	1,521,055	109,462	208,128
26	Joint costs. Complete this line only if the	1,030,043	1,321,033	109,402	200,120
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 1 Cash—non-interest-bearing 0 2 297.066 2 604,702 3 <u>179,5</u>00 3 106,700 4 0 3,500 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 0 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 6 0 7 Notes and loans receivable, net 0 0 Inventories for sale or use 0 8 8 0 Prepaid expenses and deferred charges . . 15,828 9 2,495 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b (979)1,245 2,341 9,410,344 11 Investments—publicly traded securities 9,411,446 11 12 12 Investments—other securities. See Part IV, line 11 . 0 Investments-program-related. See Part IV, line 11 . . . 0 13 13 0 14 14 ol 0 15 15 Other assets. See Part IV, line 11 0 0 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 9,903,983 16 10,131,184 17 17 54,866 57,207 18 18 3,446 14,489 25,000 19 19 Deferred revenue 0 20 20 0 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. ol 21 0 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L o 22 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 0 0 24 24 Unsecured notes and loans payable to unrelated third parties . . . 0 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 n 0 Total liabilities. Add lines 17 through 25 . . . 83,312 26 26 71,696 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 3,224,271 3,166,656 28 28 5,422,091 5,718,523 29 1,174,309 29 1,174,309 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 30 nΙ 0 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . ol 0 32 32 Retained earnings, endowment, accumulated income, or other funds . ol 0 33 33 9,820,671 10,059,488 Total liabilities and net assets/fund balances . . 34 34 9,903,983 10,131,184 Form 990 (2014)

	Page	1	2
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01111 0					га	ye iz
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			2,30	2,941
2	Total expenses (must equal Part IX, column (A), line 25)	2			1,83	8,645
3	Revenue less expenses. Subtract line 2 from line 1	3	_		46	4,296
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			9,82	0,671
5	Net unrealized gains (losses) on investments	5		(225,479		
6	Donated services and use of facilities	6		_		0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			10,05	9,488
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	ın			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
Þ	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 audit	ed on	а			
	separate basis, consolidated basis, or both.					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent account					
				2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	piain	ın			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in			
	the Single Audit Act and OMB Circular A-133?			За		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	ergo th	ne			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udıts.		3b		
				Forr	n 990	(2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047 2014

Open to Public Inspection

Name of the organization Employer identification number The ASCAP Foundation 51-0181769 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see document? above or IRC section instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E) Total

Sched	ule A (Form 990 or 990-EZ) 2014						Page 2
Par	II Support Schedule for Organiza	tions Descri	bed in Secti	ons 170(b)(1)	(A)(iv) and 1	70(b)(1)(A)(vi)
	(Complete only if you checked th	e box on line	5, 7, or 8 of	Part I or if the	organization	n failed to qua	alify under
	Part III. If the organization fails to	qualify unde	r the tests l <u>ıs</u>	ted below, pl	ease comple	te Part III.)	
Sect	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")	1,210,303	1,463,194	1,244,194	1,312,096	1,151,930	6,381,717
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				İ		
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	1,210,303	1,463,194	1,244,194	1,312,096	1,151,930	6,381,717
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)						
_	′ ''						2,499,199
6	Public support. Subtract line 5 from line 4.	<u> </u>					3,882,518
	tion B. Total Support	(=) 0010	(h) 0011	(*) 2012	(4) 2012	f=\ 0014	/6 Total
Cale 7	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
-	7	1,210,303	1,463,194	1,244,194	1,312,096	1,151,930	6,381,717
8	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar			ĺ			
	sources	1,065,545	765,636	911,438	955,193	855,720	4,553,532
9	Net income from unrelated business	1,005,545	703,030	911,430	333,133	833,720	4,333,332
Э	activities, whether or not the business	ļ					
	is regularly carried on	o	o	o	o	o	0
10	Other income. Do not include gain or	- 4					
	loss from the sale of capital assets						
	(Explain in Part VI.)	o	0	o	0	o	0

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)						2,499,199
6	Public support. Subtract line 5 from line 4.						3,882,518
Section	on B. Total Support	•					
Calen	dar year (or fiscal year beginning in) >	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	1,210,303	1,463,194	1,244,194	1,312,096	1,151,930	6,381,717
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
	sources	1,065,545	765,636	911,438	955,193	855,720	4,553,532
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	•
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	
11	Total support. Add lines 7 through 10						10,935,249
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	10,535,245
13	First five years. If the Form 990 is for the					ear as a section	n 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor	rt Percentag	е				<u></u>
14	Public support percentage for 2014 (line	6, column (f) dı	vided by line 1	1, column (f))		14	35.50 %
15	Public support percentage from 2013 Scl					15	36.93 %
16a	331/3% support test-2014. If the organi						
	box and stop here. The organization qua	•		-			
b	331/3% support test-2013. If the organ					15 is 33 ¹ /3%	or more,
	check this box and stop here. The organ	ization qualifie	s as a publicly	supported org	anization .		. ▶ [
17a	10%-facts-and-circumstances test—2010% or more, and if the organization mee Part VI how the organization meets the "forganization".	ets the "facts-	and-circumsta	inces" test, che	eck this box ar	nd stop here. I	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	tion meets the	facts-and-ci	rcumstances"	test, check th	nis box and st	op here.
18	Private foundation. If the organization di	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see
							. ▶ ⊏

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.)

)A:	an A. Dudella Command				•	<u> </u>	
	on A. Public Support	(a) 0010	/b) 0044	(6) 2012	(4) 2012	(e) 2014	(f) Total
_	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	received. (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise	_					
_	sold or services performed, or facilities						
	furnished in any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are not an						-
3	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				1		
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5	<u> </u>	ļ			<u> </u>	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
			 		-		
b	Amounts included on lines 2 and 3			1		•	
	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		1				
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
_	line 6.)		1				
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						ļ
	payments received on securities loans, rents,						
	royalties and income from similar sources						
b	Unrelated business taxable income (less]					
	section 511 taxes) from businesses						
	acquired after June 30, 1975			-			
C	Add lines 10a and 10b			-	<u> </u>		
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on						
40					<u> </u>		-
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)	1					
13	Total support. (Add lines 9, 10c, 11,						<u> </u>
. •	and 12.)						
14	First five years. If the Form 990 is for the						
	organization, check this box and stop he			<u> </u>		<u> </u>	► <u> </u>
	ion C. Computation of Public Suppo			10 1 75		l de l	
15	Public support percentage for 2014 (line		-				<u>%</u>
16	Public support percentage from 2013 Sc			<u> </u>	<u> </u>	16	<u>%</u>
	ion D. Computation of Investment In			av line 12 politi	ump (fl)	. 17	
17	Investment income percentage for 2014 Investment income percentage from 201						% %
18	33½% support tests—2014. If the organ	o ochedule A, nzation did no	raitill, line 17 t check the ho	 ox on line 14 s	 and line 15 is r	nore than 331/2	
19a	17 is not more than 331/3%, check this box	and stop here	. The organizat	ion qualifies as	a publicly sunr	orted organization	tion . 🕨 📋
L-	331/3% support tests—2013. If the organi						
b	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d						

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

00011	on A. All Supporting Organizations		Van	NI -
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.			
-		6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a		9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings.)

10b

Part	Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?	Γ—	Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secu	on B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	163	140
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			· · · · · ·
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	instru	ction:	s)
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			-7.
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	structi	ons).
2	Activities Test. Answer (a) and (b) below.	,	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	[1.00	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must con			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	З		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6	<u> </u>	
7 Recoveries of prior-year distributions	7		·
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly-ın	tegrated Type III suppor	ting organization (see

Part		s) Supporting Organi	zations (continuea)	
Secti	on D - Distributions	<u> </u>		Current Year
1_	Amounts paid to supported organizations to accomplish	exempt purposes		<u>. </u>
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	nizations		
4_	Amounts paid to acquire exempt-use assets	· · · ·	·- · · · · · · · · · · · · · · · · · ·	*·····································
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6		<u> </u>	
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
<u> </u>				
c				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			
i_	Carryover from 2009 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7: \$			
a_	Applied to underdistributions of prior years			
<u> </u>	Applied to 2014 distributable amount			
<u>C</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3 _j and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014 Page							
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; a Part III, line 12. Also complete this part for any additional information. (See instructions.)	nd					
	<u>`</u>						
		-					
	,						

SCHEDULE D (Form 990)

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.

OMB No 1545-0047

Open to Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	SCAP Foundation		51-0181769
Pa	Organizations Maintaining Donor Adv Complete if the organization answered		•
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the bene conferring impermissible private benefit?		for any other purpose
Par	Conservation Easements. Complete if the organization answered	"Yes" to Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the		-
	Preservation of land for public use (e.g., recrea		of a historically important land area
	Protection of natural habitat	·	of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribut	ion in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen	ts	. 2b
С	Number of conservation easements on a certified		
d	Number of conservation easements included in		I I
_	3		
3	Number of conservation easements modified, trantax year ►	· · · · · · · · ·	rminated by the organization during the
4	Number of states where property subject to conse		
5	Does the organization have a written policy reviolations, and enforcement of the conservation ea		spection, handling of
6	Staff and volunteer hours devoted to monitoring, i	nspecting, and enforcing conservatio	n easements during the year
7	Amount of expenses incurred in monitoring, inspe	cting, and enforcing conservation eas	sements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	e 2(d) above satisfy the requirements of	of section 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text organization's accounting for conservation easem	of the footnote to the organization's fents.	inancial statements that describes the
Pai	Complete if the organization answered		
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar with a service of the	r assets held for public exhibition, e	education, or research in furtherance o
-	public service, provide, in Part XIII, the text of the		
b	works of art, historical treasures, or other simila public service, provide the following amounts rela	r assets held for public exhibition, eting to these items.	education, or research in furtherance o
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art following amounts required to be reported under S		ar assets for financial gain, provide the
а	D 1 1 5 000 D 11/11/1 4	, ,	
b	Assets included in Form 990. Part X		• •

Part							
3	Using the organization's acquisition, collection items (check all that apply):		ner records, chec	k any of the follow	ving that are a sig	gnificant u	se of its
а	Public exhibition		d □ Loan	or exchange prog	rams		
b	Scholarly research						
c	Preservation for future generations	8	3 3s.				
4	Provide a description of the organization		nd explain how th	nev further the ord	anızation's exem	pt purpose	e in Part
	XIII.			,	,	p. pa.poo.) i ait
5	During the year, did the organization	solicit or receive of	donations of art,	historical treasure	s, or other similar	,	
	assets to be sold to raise funds rather					☐ Yes	□ No
Part	IV Escrow and Custodial Arra	angements.			-		
	Complete if the organization	answered "Yes"	to Form 990, P	art IV, line 9, or i	reported an amo	ount on Fe	orm
	990, Part X, line 21.						
1a	Is the organization an agent, trustee						
	included on Form 990, Part X?					Yes	☐ No
b	If "Yes," explain the arrangement in P	art XIII and comple	te the following to	able:			
					An	nount	
С	Beginning balance				- 		
d	Additions during the year				<u> </u>		
е	Distributions during the year						
f						_	
2a	Did the organization include an amoun				•		∐ No
	If "Yes," explain the arrangement in P Endowment Funds.	art XIII. Check here	the explanation	n has been provide	ed in Part XIII .	· · ·	Ш
- Fal	Complete if the organization	anewordd "Voe"	to Form 900 P	art IV line 10			
	Complete if the organization	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance	1,174,309	1,169,322			-	
b	Contributions	1,174,309	4,977	1,169,322 0	1,169,322 0		,169,322
c	Net investment earnings, gains, and	9	4,911	U			0
·	losses	o	0	0	^		^
d	Grants or scholarships	0	0	0	0		0
e	Other expenditures for facilities and		0	<u> </u>	<u>_</u>		0
_	programs	o	0	o	^		
f	Administrative expenses	0	0	0	0		0 0
g	End of year balance	1,174,309	1,174,309		1,169,322	 	,169,322
2	Provide the estimated percentage of t					<u> </u>	105,322
a	Board designated or quasi-endowmer	-	0%	, 00.0 (0), 110.0			
b	Permanent endowment ▶	17%					
C	Temporarily restricted endowment ▶						
	The percentages in lines 2a, 2b, and 2		0%.				
3a	Are there endowment funds not in the			at are held and ad	ministered for the)	
	organization by:		-			· ·	es No
	(i) unrelated organizations					3a(i)	1
	(ii) related organizations					3a(ii)	1
b	If "Yes" to 3a(II), are the related organ	izations listed as re	equired on Schedi	ule R?		3b	
4	Describe in Part XIII the intended uses	s of the organizatio	n's endowment fu	ınds.		-	
Part	, , ,						
	Complete if the organization	answered "Yes"	to Form 990, P	art IV, line 11a. S	See Form 990, F	art X, line	<u>∍</u> 10.
	Description of property	(a) Cost or oth			Accumulated	(d) Book v	alue
		(investme	ent) (o	ther) de	epreciation		
1a	Land	-					0
b	Buildings						0
c	Leasehold improvements	•					0
d	Equipment	•		3.320	979		2,341
e Total	Other	·)0. Dow V	(D) /m = 10 1			0
ı otal.	Add lines 1a through 1e. (Column (d) r	nusi equal FORM 95	ιυ, rai ι λ. coiumn	וווונס). וווופ ועכו ו	🕨 🖯		2.341

Part VII	Investments – Other Securities. Complete if the organization answ		rm 990, Part IV, line	11b. See Form 990, Part	X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value	(c) Method of valuate Cost or end-of-year mark	on
(1) Financial	derivatives				
(2) Closely-h	neld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)	(h) must small form 000. Port V and (P) inn 12 \				
Part VIII	(b) must equal Form 990, Part X, col. (B) line 12) ► Investments—Program Related				
Part VIII	Complete if the organization ans		orm 990 Part IV line	11c See Form 990 Part	X line 13
	(a) Description of investment	wered res to re	(b) Book value	(c) Method of valuat	
	(a) Description of investment		(b) Book value	Cost or end-of-year mark	
(1)					
(2)					
(3)					
(4)					
(5)	<u> </u>				
(6)					
(7)					
(8)					
(9)	(b) must equal Form 990, Part X, col. (B) line 13)		-		
Part IX	Other Assets.				
TaitiA	Complete if the organization ans	wered "Yes" to Fo	orm 990. Part IV. line	e 11d. See Form 990. Par	t X. line 15.
	<u> </u>) Description			Book value
(1)		<u> </u>			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	43	. (0) (
	umn (b) must equal Form 990, Part X, c	oi. (B) line 15.)	· · · · · · · · · · · · · · · · · · ·	▶	
Part X	Other Liabilities.		000 David IV lim	- 11 116 Coo Forms 00	O Dort V
	Complete if the organization ans	wered "Yes" to Fo	orm 990, Part IV, line	e He or Ht. See Form 99	o, Part X,
1.	line 25. (a) Description of liability	(b) Book value	<u> </u>		
-	(a) Description of liability	(b) Dook value	·		
(2)	incomo taxos				
(3)					
(4)		- -			
(4)					
(4)		 			
(5)					
(5)					
(5) (6) (7)					
(5)					

Part	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" to Form 990,	ents W	/ith Revenue per l	return.	
<u> </u>	Total revenue, gains, and other support per audited financial statements			1	2,742,470
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				2,142,470
a	Net unrealized gains (losses) on investments	2a	(225,479)		
b	Donated services and use of facilities	2b	157,168		
c	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIII)		507,840		
e	Add lines 2a through 2d		30.70.0	2e	439,529
3	Subtract line 2e from line 1			3	2,302,941
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				<u> </u>
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII.)	\vdash	0		
С	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	2,302,941
Part	XII Reconciliation of Expenses per Audited Financial Stater	nents '	With Expenses pe	r Return.	
	Complete if the organization answered "Yes" to Form 990,	Part IV,	, line 12a.		
1	Total expenses and losses per audited financial statements			1	2,503,653
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	157,168		
b	Prior year adjustments	2b	0		
С	Other losses	2c	. 0		
d	Other (Describe in Part XIII.)	2d	507,840		
е	Add lines 2a through 2d			2e	665,008
3	Subtract line 2e from line 1			3	1,838,645
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b		0		
b	Other (Describe in Part XIII.)	4b	0		
С	Add lines 4a and 4b			4c	
_ 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III Supplemental Information.	ne 18.) .		5	1,838,645
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par nse to Part XI, line d & Part XII, line d - Other - Centennial Awards Gala produc				

Schedule D (Fo		Page 5
Part XIII	Supplemental Information (continued)	
		<u></u>
		••••
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		•

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

2014
Open to Public Inspection

Name o	of the organization			•		Employer identifi	cation number
The A	SCAP Foundation						-0181769
Par	Fundraising Activities. Form 990-EZ filers are n				vered "Yes" to Fo	rm 990, Part IV,	line 17.
1 a b c d 2a	Indicate whether the organization Mail solicitations Internet and email solicitation Phone solicitations In-person solicitations Did the organization have a write	ns tten or oral agre	e [/ f [g // ement with	Solicitat Solicitat Special any indivi	ion of non-governm ion of government of fundraising events dual (including offic	ent grants grants ers, directors, trus	
b	or key employees listed in Form If "Yes," list the ten highest paid compensated at least \$5,000 by	individuals or	entities (fun				
	(i) Name and address of individual or entity (fundraiser)	(iı) Actıvıty	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1			Yes	No	-		
2							
3							
4							
6 							
7							
			1				
10			<u> </u>				
			<u> </u>			· · · · · · · · · · · · · · · · · · ·	
Total 3 Califo	List all states in which the orga registration or licensing. rnia, Florida, New York, Illinois, Ten	nessee					

		gross receipts greater tha			,	
			(a) Event #1 Awards Dinner	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	819,751			819,75
	2	Less: Contributions Gross income (line 1 minus	14,075	<u> </u>		14,07
		line 2)	805,676			805,67
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs	74,972			74,97
Direct Expenses	7	Food and beverages	165,000			165,00
Direc	8	Entertainment				
	9	Other direct expenses .	267,868			267,86
١.	0	Direct expense summary. Ad	ld lines 4 through 9 in co	olumn (d)		507,84
- 1	1	Net income summary. Subtra	act line 10 from line 3, c	olumn (d)		
1		Net income summary. Subtra Gaming. Complete if the	act line 10 from line 3, c e organization answer	olumn (d)		297,83
Part		Net income summary. Subtra	act line 10 from line 3, c e organization answer	olumn (d)		297,83
Part		Net income summary. Subtra Gaming. Complete if the	act line 10 from line 3, c e organization answer 90-EZ, line 6a.	olumn (d)	▶ [0, Part IV, line 19, or r	297,83 eported more (d) Total gaming (add
Part enne A		Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 99	act line 10 from line 3, c e organization answer 90-EZ, line 6a.	olumn (d)	▶ [0, Part IV, line 19, or r	297,83 eported more (d) Total gaming (add
Part enne Hevenne	1	Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 99	act line 10 from line 3, c e organization answer 90-EZ, line 6a.	olumn (d)	▶ [0, Part IV, line 19, or r	eported more (d) Total gaming (add
rect Expenses Revenue	1 2	Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 99 Gross revenue	act line 10 from line 3, c e organization answer 90-EZ, line 6a.	olumn (d)	▶ [0, Part IV, line 19, or r	eported more (d) Total gaming (add
Part enne A	1 2 3	Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 99 Gross revenue	act line 10 from line 3, c e organization answer 90-EZ, line 6a. (a) Bingo	olumn (d)	▶ [0, Part IV, line 19, or r	eported more (d) Total gaming (add
rect Expenses Revenue	1 2 3 4	Gross revenue	act line 10 from line 3, c e organization answer 90-EZ, line 6a.	olumn (d)	▶ [0, Part IV, line 19, or r	eported more (d) Total gaming (add
rect Expenses Revenue	1 2 3 4 5	Gross revenue	act line 10 from line 3, ce organization answer 90-EZ, line 6a. (a) Bingo	olumn (d) red "Yes" to Form 99 (b) Pull tabs/instant bingo/progressive bingo Yes% No	0, Part IV, line 19, or reconstruction (c) Other gaming	eported more (d) Total gaming (add
rect Expenses Revenue	1 2 3 4 5	Gross revenue	act line 10 from line 3, ce organization answer 90-EZ, line 6a. (a) Bingo Yes% No	olumn (d)	(c) Other gaming Yes% No	eported more (d) Total gaming (add
rect Expenses Revenue	1 2 3 4 5 6 7 8	Gross revenue	Tyes	olumn (d)	O, Part IV, line 19, or reconstruction (c) Other gaming Yes % No	eported more (d) Total gaming (add col (a) through col (c))
Direct Expenses Revenue	1 2 3 4 5 6 7 8 En Is	Gross revenue	Tyes % No Id lines 2 through 5 in conducts garonduct gaming activities	olumn (d)	O, Part IV, line 19, or re (c) Other gaming	eported more (d) Total gaming (add col (a) through col (c))
Part Part Expenses Bevenue	1 2 3 4 5 6 7 8 En Is	Gross revenue	Tyes % No Id lines 2 through 5 in conducts garonduct gaming activities	olumn (d)	▶	297,834 eported more (d) Total gaming (add col (a) through col (c))

Schedu	ule G (Form 990 or 990-EZ) 2014		Page 3
11 12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	☐ Yes [☐ Yes [_
13 a	Indicate the percentage of gaming activity conducted in: The organization's facility		%
ь 14	An outside facility		<u>%</u>
	Name ▶		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes [□ No
b	amount of gaming revenue retained by the third party ► \$		
	Name ▶		
	Address▶		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ► \$		
	Description of services provided ▶		
	□ Director/officer □ Employee □ Independent contractor		
17 a		☐ Yes [□ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) ar Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional informinstructions).	nd (v), and nation (so	d ∍e
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SCHEDULEI (Form 990)

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

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

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OMB No 1545-0047 2014

Open to Public Inspection

Employer identification number

51-0181769

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

General Information on Grants and Assistance

The ASCAP Foundation

Department of the Treasury Internal Revenue Service Name of the organization

Songwriting & Composition Music books & sheet music Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Creativity in the classroom Film & TV scoring workshp. Special music curriculum Musical theater education Music education program **%** □ Musical theater program Saturday Jazz workshop (h) Purpose of grant or assistance Songwriter residency Summer jazz camp ✓ Yes Lyric Project Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and **A** (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. (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash 7,500 7,500 30,000 6,000 13,000 10,000 7,000 18,500 9,420 15,538 10,000 14,499 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? 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 33-0821845 66-0391387 95-4007314 13-0423210 13-1991118 11-3179208 52-1955491 21-1696655 13-4069251 95-4530840 13-2614483 26-1716177 (a) 618 Camino Real Ste 201 CarlsbadCA 245 S Robertson Blvd Beverly HillsCa (9) Louis Armstrong summer jazz c 124 Roselyn Park PI New Orleans LA PO Box 180, St John, VI 00831-0180 (6) Elaine Kaufman Cultural Center 16 W 23rd St 4th floor, NY NY 10010 (10) New Amsterdam Development 1 (a) Name and address of organization PO Box 10003 Van Nuys, CA 91410 3526 Hayeden Ave, Culver City, CA 520 8th Ave Ste 201C NY NY 10018 45 Main Street Brooklyn NY 11201 (1) St. John School of the Arts (3) Skylight Theatre Company 91 Claremont Ave. NY NY 10027 (4) Alfred Publishing Co. Inc. (12) Belvedere Music Inc 129 W 67th St NY NY 10023 214 W 42nd St NY NY 10036 (7) Exploring the Arts, Inc or government (2) I-Safe America, Inc. (5) AmericaScores JazzMobile, Inc. (8) JazzReach Inc Partl

Schedule I (Form 990) (2014)

Cat No 50055P

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

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States

► Attach to Form 990. ► 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.

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. **%** □ □ Yes 51-0181769 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance The ASCAP Foundation Part II

	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated it additional space is needed.	y recipient that	received more th	ian \$5,000. Part	II can be duplic	ated if additional t	space is needed.	
1 (a	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	(1) Film Musicians Secondary Mrks							Eilm cooring workshop
12001	12001 Ventura PI 5th fl, Studio City ca	13-6695765		278'¢				FIIM SCORING WORKSHOP
(2) F	(2) Festival of New American Musicl	14-1915493	501(c)(3)	10,000				Staged reading series
(3) N	(3) Music Conservatory of Westchst	13.6007082	501(c)(3)	10.000				Music therapy program
(4) S	(4) Songwriting with Soldiers 510 S Congress Ave. 108, Austin TX	26-1626709	501(c)(3)	10,000				Songwriting retreat
(2)								
(9)								
(3)								
(8)								
6)								
(10)								
(11)								
(12)								
8	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	501(c)(3) and gov	rernment organiza	tions listed in the li	ne 1 table			. 🕨
က	Enter total number of other organizations listed in the line	ganizations listed	in the line 1 table					. • 16

Schedule I (Form-990) (2014)

Cat No 50055P

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

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Schedule I (Form 990) (2014)

Part III

Schedule I (Form 990) (2014) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance \$1,000-\$10,000 \$100-\$250 \$160-\$900 \$400-\$1,600 \$400-\$3,850 \$2,500-\$7,500 \$200-\$10,000 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients 108 99 25 15 24 6 5 Workshop moderator/mentor/instructor-honorarium 6 Fees to facilitate Music Education programs 4 Performer fees - Kennedy Center showcase 1 Awards to lyricist & composer programs (a) Type of grant or assistance 3 Workshop demo and / or studio fees 2 Music scholarships & fellowships Part IV

SGHEDULE J (Form 990)

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.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 51-0181769 The ASCAP Foundation Part I Questions Regarding Compensation Yes No 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. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b 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 2 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 ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 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 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

9

Schedule J (Form 990) 2014

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 (i) and from related organizations, described in the

(F) Compensation in column (B) reported as deferred in prior Form 990 Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, Ine 1a, applicable column (D) and (E) amounts for that individual. 147,694 (E) Total of columns (B)(I)+(D) 5,628 (D) Nontaxable benefits 17,807 (C) Retirement and other deferred compensation 1,440 (iii) Other reportable compensation (B) Breakdown of W-2 and/or 1099-MISC compensation instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. 10,000 (ii) Bonus & incentive compensation 112,819 (i) Base compensation EE EE EE EE EE Ξ EE \equiv \equiv $\mathbf{\epsilon}$ EE ≘ ≘ E EE EE E Colleen McDonough

1 Director, ASCAP Foundation (A) Name and Title N က S 9 œ 6 우 2 13 * 5 16 Ξ

Schedule J (Form 990) 2014

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part									:			Schedule J (Form 990) 2014
d for Part II. Also												Sche
a, 6b, 7, and 8, an												
4b, 4c, 5a, 5b, 6												
ines 1a, 1b, 3, 4a,						:						
equired for Part I, I												
, or descriptions r		1	-									
ation, explanation	nformation.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								,		
Provide the inform	or any additional											

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service ► 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.

51-0181769 The ASCAP Foundation Part III - Statement of Service Accomplishments, response to line 2 ...undertake significant program services during the year.... The ASCAP Foundation accepts grant applications on an annual basis. Grants are reviewed and are selected for funding based on The ASCAP Foundation's mission. In some cases new funding has become available to establish new programs. There were 14 new programs in 2014 ranging in support of \$1,500 - \$10,000. Programs with support of more than \$5,000 are reflected on schedule I. Part III - Statement of Service Accomplishments, response to line 3cease conducting or significant changes in programs.... The ASCAP Foundation may discontinue funding a program because an organization did not request funding for 2014 or funding may have been for a one year commitment and in other cases the source of funding is no longer available or the program is not as vital to the Foundation's mission. In total 7 programs were eliminated in 2014. Part III - Statement of Service Accomplishments - response to line 4d - Other Program Services... Grants and allocations for senior service programs (1) and other/humanitarian, (4). Other expenses include 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 one or more members of the governing body? The ASCAP Foundation officers are elected by the ASCAP Foundation board of directors. Part VI, Section B, Policies: response to line 11a...provide a copy of this form 990 to all members of its governing body before filing.... The Form 990 is reviewed by internal staff members. The Board of Director's of The ASCAP Foundation review the annual independent audited financial statements as well as the 990 program service accoplishments and functional expenses.

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer identification number
The ASCAP Foundation	51-0181769
Part VI, Section B, Policies - response to line 15a, bCompensation	
The organization maintains a formal written compensation program. Annual performance a	annraisal's are prepared by an employee's
	ppruisurs are prepared by arremployees
supervisor or manager and is reviewed and discussed with the employee. Compensation a	and merit increases 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 an	d other information regarding The ASCAP
Foundation are available on its website, ASCAPFoundation.org or by request to The ASCAI	P Foundation.
	•••••••••••••••••••••••••••••••••••••••
	•
	·····

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

Related Organizations and Unrelated Partnerships

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

9	
ē	
2	
Attach	

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

Open to Public

Employer identification number Inspection

(g) Section 512(b)(13) controlled entity? (f)
Direct confrolling
entity Schedule R (Form 990) 2014 ŝ Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Yes 51-0181769 (f)
Direct controlling
entity (e) End-of-year assets Public chanty status (if section 501(c)(3)) (d) Total income Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. e (d) Exempt Code section (c)
Legal domicile (state or foreign country) Cat No 50135Y (c)
Legal domicile (state
or foreign country) (b) Primary activity (b) Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization The ASCAP Foundation Name of the organization Part I E Part II ଷ ପ **£** 3 9 **æ** 2 9 E 8 ල E

Decades It Had Of	because it had one or more related organizations treated as a partnership during the tax year	because it had one or more related organizations treated as a partnership during the tax year.	treated as a po	artnershi	p during the	tax year.			-		-	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity		Predominant Sha income (related, unrelated, excluded from tax under sections 512-514)	Share of total Sincome	(g) Share of end-of- year assets	(h) Disproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	BI General or x 20 managing K-1 partner?		(k) Percentage ownership
								Yes	N _O	Yes	٥ گ	
(1)											_	
(2)												
(6)												
(4)								•		_	-	3 1
(5)												
(9)												
(7)												i
Part IV Identification of line 34 because i	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.	ations Taxable related organiz	as a Corpora	ation or	Trust Compler por transfer or transfer to the transfer or transfer to the transfer or transfer to the transfer or transfer to the transfer or transfer to the transfer or transfer to the transfer transfer to the transfer transfer to the transfer transfer transfer to the transfer tra	lete if the c trust during	organizatio g the tax y	n answe	red "Yes" on	Form 990), Part I	, _
(a) Name, address, and EIN of related organization	ted organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	micile gn country)	(d) Direct controlling entity	(e) Type of entity (C corp. S corp, or trust)	entity She p, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section	(i) Section 512(b)(13) controlled entity?
											Yes	Š
(1) American Soc Composers, Authors & Publisher 1900 Broadway NY NY 10023 EIN: 13-0434220	olisher	Music Licensing				unincorporated		membership				
(2)												
(6)												
(4)												
(5)												
(9)												
(7)						-						

Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Schedule R (Form 990) 2014

Part V Transactio

				L.	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Į	Yes	2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in	r more related organiz	ations listed in Parts	Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				>	
b Giff, grant, or capital contribution to related organization(s)				_	>
c Gift, grant, or capital contribution from related organization(s)				> 0	
d Loans or loan quarantees to or for related organization(s)			- 19	-	>
				0	>
				1	
f Dividends from related organization(s)			<u>- </u>		>
g Sale of assets to related organization(s)					>
h Purchase of assets from related organization(s)				-	>
i Exchange of assets with related organization(s)					>
j Lease of facilities, equipment, or other assets to related organization(s)					\
k Tases of facilities aminoment or other assets from related organization(s)			At.		7
				, _	
m Derformance of services or membership or fundraising solicitations by related organization(s)	•	•	F	-	
		• •	‡	\ \ !	
	•		<u></u>	\ \ \	
	· · · · ·		· · ·	•	
p Reimbursement paid to related organization(s) for expenses			- 1 - 1	>]
					>
r Other transfer of cash or property to related organization(s)		•	<u>-</u>		\
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z if the answer to any of the above is res, see the instructions for information on who must co	mpiete tnis line, includ	ing covered relation	Isnips and transaction tr	resnoids	ان
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	ount involve	D.
ASCAP- in 2014, 44 members / heirs elected to donate/bequest a portion or all of their royalties from ASCAP to The ASCAP Foundation, \$289,702. ASCAP also contributed \$290,000 for program support (1) and ASCAP purchased tables/tickets to the Centennial Awards Gala, \$121,175.	o 'e	\$700,877	Actual amounts received		
ASCAP - ASCAP provides office space at no charge to the ASCAP Foundation, the estimated value of (2) this space is:	٧	19,800	19,800 estimate based on market value	et vafue	
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.	=	137,668	estimated value		
ASCAP - The ASCAP Foundation reimburses ASCAP for co-oped payroll services, employee benefits, (4) postage, supplies, telephone and other office related services and expenses as rendered.	0	537,222	actual amount reimbursed to ASCAP	ed to ASC	ΑP
(5)					
(9)					
			Schedule R (Form 990) 2014	rm 990) 2(014

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.

COUNTY C	(a) (b) (c) (d) (e) (f) (g) Name, address, and EIN of entity Primary activity Legal domicile Predominant Are all partners Share of Share of	(b) Primary activity	(c) Legal domicile	(d) Predominant	(e) Are all partners	(f) Share of	(g) Share of	(h) Disproportionate	Code V—UBI		(k) Percentage
Sections 51/2-64-1/4 Test No			(state or foreign country)	income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?		assets	allocations	of Schedule K-1 (Form 1065)	partner?	
				sections 512-514)	Yes No						
(8) (8) (9) (1) <td>(1)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>_</td> <td></td>	(1)									_	
(4) (6) (7) (8) <td>(2)</td> <td></td>	(2)										
(6) (6) (7) (8) <td>(3)</td> <td></td>	(3)										
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(15)	(13)										
(15)	(14)							-			
(16)	(15)										
	(16)										

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