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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Department of t's 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.

Inspection

<u> </u>	For the 2	015 cale	ndar year, or tax year beginn	ing January 1	, 2015, a	nd ending	Decem	ber 31,	, 20 15	
В	Check if ap	plicable:	C Name of organization The ASC	AP Foundation	_			D Employ	er identification n	umber
	Address ch	nange	Doing business as						51-0181769	
П	Name char	•	Number and street (or P O box	f mail is not delivered to stre	et address)	Room/suite		E Telephoi	ne number	
一	Initial return		1900 Broadway		ĺ			•		
H			- · · · · · · ·	ountry and ZIP or foreign p	ostal code				212-621-6219	
뭄	Final return/			ountry, and zir or foreign p	Ostal Code					
片	Amended r		New York, NY 10023				,	G Gross re		<u>1,801,507</u>
Ш	Application	pending	F Name and address of principal o	fficer Paul Williams, P	resident		H(a) Is this a gr	oup return for	subordinates? 🔲 Yes	₩ No
			same as (c) above				H(b) Are all s	ubordinate	s ıncluded? 🔲 Yes	□ No
<u> </u>	Tax-exemp	ot status:	✓ 501(c)(3)	(c) () 	4947(a)(1) or	527	If "N	o," attach a	i list (see instructio	ns)
<u>J</u>	Website: I	asc	apfoundation.org				H(c) Group	exemption	number ▶	
K	Form of org	janization.	✓ Corporation ☐ Trust ☐ Ass	ociation Other >	L Yea	r of formation	n. 1975	M State	of legal domicile	DE
Р	art I	Summ	arv		•			<u>'</u>		
	_		escribe the organization's m	ission or most signific	ant activities	The ASC	AP Founda	tion is de	edicated to sun	oorting
•	i		music creators & encourgage	_						
Activities & Governance										
Ĕ			ng workshops, scholarships,							ucation.
Š			is box ▶☐ if the organization						its net assets.	
ŏ			of voting members of the go					3		22
Ø Ø			of independent voting mem					4		9
Ħ	5 T	otal nur	mber of individuals employe	d in calendar year 201	5 (Part V, line	2a) .		_ 5		0
₹	6 T	otal nur	mber of volunteers (estimate	if necessary)				6		22
¥	7a T	otal unr	elated business revenue fro	m Part VIII <u>, column (C</u>), line 12	 .		7a		0
	b	let unre	lated business taxable inco	me from Form 990	CEN/ED			7b		0
						701	Prior Ye		Current Ye	
Revenue	8 0	Contribu	tions and grants (Part VIII, li	no 1h) Ø	4]없		774 604		
	1		service revenue (Part VIII, li	' 1'1 14/\	1 3 2016	- RSO -		<u>,771,681</u>		<u>1,613,045</u>
	1	-	•			그렇는		0		0
æ			ent income (Part VIII, column			· - -		523,269		10,276
			venue (Part VIII, column (A),					7,991		<u> 178,186</u>
	-		enue—add lines 8 through 1			ne 12)	2	,302,941		1,801,507
	13 0	arants a	nd similar amounts paid (Pa	rt IX, column (A), lines	1–3)			809,689		889,722
	14 B	Benefits	paid to or for members (Par	t IX, column (A), line 4)			0		0
ø	15 S	Salaries,	other compensation, employe	ee benefits (Part IX, col	umn (A), lines 5	5-10)		533,335		594,984
Se	16a F	rofessio	onal fundraising fees (Part I)	(, column (A), line 11e	2)			0		0
Expenses	ЬТ		draising expenses (Part IX,		•	0,384				
ŭ	17 0		penses (Part IX, column (A),			0,304	-	405 621		400.014
	1		penses. Add lines 13-17 (mu		•	√ ⊢		495,621		480,014
	1		•	· ·	• • •		1	,838,645		1,964,720
		evenue	less expenses. Subtract lin	e 18 from line 12 .	<u></u>		-!!4.0	464,296		(163,213)
Net Assets or Fund Balances						De	ginning of Cu		End of Ye	ear
Set	20 T		sets (Part X, line 16)			· ·	10	,131,184		<u>9,359,450</u>
Ž	21 T		oilities (Part X, line 26)			· · L		71,696		55,153
		let asse	ts or fund balances. Subtra	ct line 21 from line 20			10	,059,488		9,304,297
P	art II	Signa	ture Block							
Ur	nder penalti	es of perju	ıry, I declare that I have examıned t	his return, including accomp	anying schedules	and stateme	ents, and to t	ne best of r	my knowledge and	belief, it is
tru	ue, correct, a	and comp	lete Declaration of preparer (other t	han officer) is based on all i	nformation of whic	ch preparer h	as any knowl	edge		
			(0)							
Sig	an l	Sign	ature of officer				Da	te	 	
-	ere	(College McDon	DUGH EXEC	utive Di	10 Postor	_		- 1/	
•••		Type	e or print name and title	106H C1-01	,C. 170 D.	1000101		2.:	5-16	
	1	,	pe preparer's name	Preparer's signature		Date	·	1	PTIN	
Pa	aid	Filliply	pe preparer a name	i reparer a signature		Date	•	Check	∐	
Pr	eparer					}		self-em	pioyed	
	se Only	1	name 🕨				Firm	n's EIN ▶		
		Firm's a	address ►				Pho	ne no		
Ma	ay the IRS	discus	s this return with the prepar	er shown above? (see	instructions)				<u> </u> Ye	s 🗌 No
For	r Paperwo	ork Redu	ction Act Notice, see the sep	arate instructions.		Cat No	11282Y		Form	990 (2015)

	The ACCAD Foundation Talent Development and C				
	The ASCAP Foundation Talent Development and C				
	world wide who are in various stages of their care				
	and sponsorship of talent development programs,	(26). By pro	viding professional oppor	tunities to emerging	composers, lyricists
	and songwriters, The ASCAP Foundation supports	s their career	s and promotes their work	s.	

			•••••		
			•••••		
_	Other was a series of December 1 and	<u> </u>			
ld	Other program services (Describe in Schedule C				
	(Expenses \$ 419,640 including grants of	f \$	34,780) (Revenue \$)	
le	Total program service expenses ▶	\$1,618,943			
	•				Form 990 (2015)

Part I	V Checklist of Required Schedules		_	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	<u>√</u>	
2	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	,		,
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		✓
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	_	✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III			,
_	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8	-	✓
9	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	Ť	-	
, ,	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	✓	
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.			ا .
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	✓	<u> </u>
D	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
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	1110		 •
C	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	<u> </u>		Ť
	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		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f	✓	<u> </u>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	١		
_	Schedule D, Parts XI and XII	12a	✓	<u> </u>
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
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			,
46	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	├	✓
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	10	 	/
• •	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u> </u>		†
	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	<u> </u>	✓
		For	m 99 0) (2015)

Part	V Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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		_	\vdash
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		1	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	<u> </u>	-
240	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
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		/
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		1
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,	•		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	٠, ,		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	001		,
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		✓
C	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	!	1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30	-	✓
٠.	Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
00	complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	_		1
	or IV, and Part V, line 1	34	✓	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	✓
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	256		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			,
38	Part VI	37	ļ	/
30	19? Note. All Form 990 filers are required to complete Schedule O.	38	1	

Form **990** (2015)

Part				_
	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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			į
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			ļ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		L
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			١.
	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			
	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?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	ļ	✓
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	<u> </u>	✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	┞—	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	L	_
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			ļ
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		ļ	-l
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	-	-
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	ł		
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	ł	ļ	
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources	ł		
•	against amounts due or received from them.)			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	120		-
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	1	
13	• • • • • • • • • • • • • • • • • • • •	120	├	+-
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	├	+
b	Enter the amount of reserves the organization is required to maintain by the states in which			1
	the organization is licensed to issue qualified health plans	ļ	1	1
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	t	1
ı v a	If "Ves" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14h	\vdash	+

Part '				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			_
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	•	<u> </u>
Section	on A. Governing Body and Management	- 1	.,	
_			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 22			
	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	1		
	committee, explain in Schedule O.			
р	Enter the number of voting members included in line 1a, above, who are independent . 1b 9 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2	any other officer, director, trustee, or key employee?	ا ۾ ا		,
2	Did the organization delegate control over management duties customarily performed by or under the direct	2		-
3	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	اما		,
		3		_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		V
5	Did the organization become aware during the year of a significant diversion of the organization's assets?.	6		V
6 70	Did the organization have members or stockholders?	0	_	V
7a	one or more members of the governing body?	7-		,
	· · · · · · · · · · · · · · · · · · ·	7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	▎▂▁▏		,
0	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b		V
8	the year by the following:			
_		.		
a	The governing body?	8a	√	-
9	Each committee with authority to act on behalf of the governing body?	8b	V	-
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
Costi	on B. Policies (This Section B requests information about policies not required by the Internal Reven		odo '	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Secu	on b. Policies (This Section B requests information about policies not required by the internal neven	<i>ue</i> 0	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		┞ *
•	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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.	114		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	-	Ī
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		 *
c	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	1	l
14	Did the organization have a written document retention and destruction policy?	14	7	
15	Did the process for determining compensation of the following persons include a review and approval by		<u> </u>	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	†	1
b	Other officers or key employees of the organization	15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			Ī
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	İ		
	with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	_		
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ California, Florida, Illinois, New Yor			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501	(c)(3)s	only
	available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	polic	y, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	:: ▶	
	loan Hill Director of Finance and Administration. The ASCAP Foundation, 1900 Broadway, NV NV 10023, 212.621.65	20		

Part VII	Compensation of Officers, Directors	, Trustees, Key Employees	, Highest Compensated Employees, and
<u></u>	Independent Contractors		

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

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

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

Check this box if neither the organization r	nor any relate	d org	aniz	atic	n c	ompe	nsa	ited any currer	t officer, director	, or trustee.
				((C)					
(A)	(B)	(B) Position						(D)	(E)	(F)
Name and Title	Average		(do not check more than one box, unless person is both an		Reportable	Reportable	Estimated			
	hours per week (list any		officer and a director/trustee)			tee)	compensation from	compensation from related	amount of other	
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
						8				
(1) Marilyn Bergman	.25	↓ .								
Director		/					_	0	34,471	0
(2) Charles Bernstein	.25	1.								
Director		✓	<u> </u>	<u> </u>	1		ļ	0	0	0
(3) Bruce Broughton	.25	↓	1							
Director		/	<u> </u>	<u> </u>	ļ		┢	0	40,931	0
(4) Tita Cahn	.25	١.			İ	ł				:
Director		_	<u> </u>	ļ	<u> </u>		\vdash	0	0	0
(5) Alf Clausen	.25				i			1		
Director		1	_	_	<u> </u>	<u> </u>	<u> </u>	0	12,150	0
(6) Dan Foliart	.25				ł	ĺ		1		
Director		✓	↓	₩	╙		<u> </u>	0	37,935	0
(7) Arthur Hamilton	.25				ļ					
Director		<u> </u>	ļ	 		<u> </u>	┞	0	25,571	0
(8) Wayland Holyfield	.25		ĺ							п
Director		/	ļ	┞	┞	<u> </u>	┺		25,571	0
(9) James Kendrick	.25									
Director		✓	-	_	_	<u> </u>	╄		14,750	0
(10) Robert Kimball	.25				Ì	1				1
Director		 	<u> </u>	_	┡	<u> </u>	╙	<u> </u>	0	0
(11) Ed London	.25		l							
Director		/	╙	╙	<u> </u>		╙	ļ <u>q</u>	0	0
(12) Johnny Mandel	.25	1.								
Director		✓	1	\vdash	<u> </u>	<u> </u>		ļ <u> </u>	25,571	0
(13) James McBride	.25		ŀ							
Director		✓		\vdash	┞	<u> </u>	_	ļ	0	0
(14) Jay R. Morgenstern	.25							1		
<u>Director</u>		<u> </u>			<u> </u>				25,571	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
, (С)													
(A)	(B)	(do o			ition more	than c	nne	(D)	(E)	(F)			
Name and title	Average					is both		Reportable	Reportable			mated	
	hours per week (list any		ranc	ad	rect	or/trust	<u> </u>	compensation	compensation from related	١		ount of ther	
	hours for	Individual trustee or director	<u>s</u>	Officer	<u>⊼</u>	HIg em,	Former	the	organizations			ensatio	n
	related	direct.	[출	cer	Key employee	hest	Mer	organization	(W-2/1099-MISC	<i>i</i>		m the	
	organizations below dotted	학	9		plo	66		(W-2/1099-MISC)			_	nızatıor related	
	line)	뎙	ᇐ		yee	npe						ızatıon	
		8	Institutional trustee			Highest compensated employee							
(15) Complete Complet	05		$\vdash \vdash$			8.		<u> </u>		+			
(15) Stephen Schwartz Director	.25	1						0		0			•
(16) Valorio Simpson	.25	_	H				┢╌	-		"	•		<u>v</u>
Director		1						o	7,45	ام			0
(17) Charles Strouse	.25		П							1			
Director		✓						0		0			0
(18) Doug Wood	.25												
Director		✓	\square				L_	0	47,84	5			0
(19) Paul Williams - President	.25							1					
100)		✓	\square	✓	\vdash			0		0			0
(20) Irwin Robinson - Vice President	.25	1		1					25.07	ړ			
(21) Dean Kay - Treasurer	.25	_	Н	Ť	\vdash			0	25,87	-			0
<u> </u>	†	✓		1				o	34,62	1			0
(22) Ginny Mancini - Secretary	.25									\top			
		✓		✓				0		0			0
(23) Colleen McDonough - Executive Director,	40												
(effective 7/1/2015 formerly Director)			Н	\			<u> </u>	160,535		0			26,33 <u>2</u>
(24)	 												
(25)	<u> </u>		Н		\vdash			-		+			
3207													
1b Sub-total		·		•		•	▶	160,535	115,78	9			 26,332
c Total from continuation sheets to Part	VII, Sectio	n A						0	242,52	1			0
d Total (add lines 1b and 1c)							<u> </u>	160,535	358,31	0		- 1	26,332
2 Total number of individuals (including but		to th	ose	list	ed a	above	e) w	ho received m	ore than \$100,0)00 o	f		
reportable compensation from the organi	zation >	<u> </u>										Γ	
3 Did the organization list any former of	ficer direc	tor c	or tr	ueta	20	kev e	mr	Novee or high	est compensa	ted		Yes	No
employee on line 1a? If "Yes," complete s											3	ł	1
4 For any individual listed on line 1a, is the	sum of re	portal	ble d	com	nper	nsatio	n a	nd other comp	ensation from	the	<u> </u>		 •
organization and related organizations													
individual	·					•					4	1	1
5 Did any person listed on line 1a receive of									ation or individ	lual			
for services rendered to the organization	? If "Yes," c	ompl	ete -	Sch	nedu	ıle J f	or s	such person		<u>. </u>	5	<u> </u>	✓
Section B. Independent Contractors													
Complete this table for your five highest compensation from the organization. Report year.	•									-			ax
year.		_					I	/R\			(C)		
(A) (B) (C) Name and business address Description of services Compensation													
							<u> </u>						
2 Total number of independent contractor	re (includia	30 bi	d ==	<u></u>	imi*	od +-	<u>_</u>	oca listad at	ove) who				
received more than \$100,000 of compens							, u	iose iisteu ad	OVE) WITO				

Par		Check if Schedule O contains a response or note	to any line in this	Part VIII		П
		Onesk ir concodic o contains a response of note	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts ıts	1a	Federated campaigns 1a				
ara our	b	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	D			
S, G	С		0			
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations 1d 280,000	<u> </u>			
S, E	е	, <u> </u>	<u> </u>			
활동	f	All other contributions, gifts, grants,				_
췯		and similar amounts not included above 1f 1,333,04	5			
a di	g		2			
<u>⊘</u> <u>a</u>	h	Total. Add lines 1a–1f ▶ Business Code	1,613,045			
Program Service Revenue	0-		-			
e e	2a		+			
8	b		+			
Ž	d		+			
Š	e		1			
grai	f	All other program service revenue .	†			
5	g	Total. Add lines 2a–2f ▶	0		-	
	3	Investment income (including dividends, interest,				
	ļ	and other similar amounts) ▶	10,276			10,276
	4	Income from investment of tax-exempt bond proceeds ▶	0			
	5	Royalties	178,186			178,186
		(i) Real (ii) Personal				
	6a	Gross rents				1
	b	Less: rental expenses	_			
	C	Rental income or (loss)		-		I
	d	Net rental income or (loss)	0			
	7a	Gross amount from sales of assets other than inventory (ii) Securities (ii) Other	-			<u> </u>
	b	Less: cost or other basis and sales expenses .				İ
	С	Gain or (loss)]			
	d	Net gain or (loss)	o			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).				
Jer R		See Part IV, line 18 a				
₹	b	Less: direct expenses b	_			i
	C	Net income or (loss) from fundraising events . ▶	0			
	9a	Gross income from gaming activities. See Part IV, line 19 a				
	b	Less: direct expenses b Net income or (loss) from gaming activities b		-		
	1 -	Gross sales of inventory, less returns and allowances a				1
	Ь	Less: cost of goods sold b	⊣			
	C	Net income or (loss) from sales of inventory				
	- د	Miscellaneous Revenue Business Code	0			-
	11a				-	i
	b		+		 	
	C					
	d	All other revenue			İ -	
	e	Total. Add lines 11a–11d	0			
	12	Total revenue. See instructions	1.801.507	0	0	188,462
						Form 990 (2015)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (B) Program service (D) Fundraising (A) Total expenses (C) Management and 8b, 9b, and 10b of Part VIII. expenses expenses general expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . 588.727 588.727 Grants and other assistance to domestic 2 individuals. See Part IV. line 22 300,995 300,995 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . 4 Benefits paid to or for members 0 0 Compensation of current officers, directors, 5 trustees, and key employees 185,427 92,713 46,357 46,357 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . n Other salaries and wages 138,802 67,441 73,161 279,404 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 15,260 5,806 6,919 2,535 Other employee benefits 9 114.893 59,018 29.329 26,546 Payroll taxes 10 0 0 0 11 Fees for services (non-employees): а Management 0 b Legal 0 0 0 0 Accounting 12,000 0 12,000 C 0 0 0 d 0 0 Professional fundraising services. See Part IV, line 17 e 0 0 Investment management fees f 0 0 0 0 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 0 0 0 0 12 Advertising and promotion 0 0 0 0 13 Office expenses 21,408 16,622 1,951 2,835 Information technology . . . 14 2,136 712 712 712 15 Royalties 0 0 0 0 16 0 0 0 0 17 Travel 3,771 70,262 62,720 3,771 18 Payments of travel or entertainment expenses for any federal, state, or local public officials O 0 19 Conferences, conventions, and meetings . 0 0 0 0 20 0 0 0 0 21 Payments to affiliates 0 0 0 0 Depreciation, depletion, and amortization 22 1,425 475 475 475 23 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.) Library of Congress Program 253,996 0 253,996 0 Annual Awards Reception 0 95,047 80,790 14,257 Honoraria / judges' fees 0 12,700 12,700 0 State filing and registrations 0 4,243 n 4,243 All other expenses Plaques/awards/misc. 6,797 4,867 822 1,108 Total functional expenses. Add lines 1 through 24e 25 1,964,720 1,618,943 165,393 180,384 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 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 Par	<u>tX</u>		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	0	1	
	2	Savings and temporary cash investments	604,702	2	472,601
	3	Pledges and grants receivable, net	106,700	$\overline{}$	50,125
	4	Accounts receivable, net	3,500		0
	5	Loans and other receivables from current and former officers, directors,	3,300	-	
	3	trustees, key employees, and highest compensated employees.			
1		Complete Part II of Schedule L	-	5	
		' 	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section			1
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			1
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		_	
ets	_	organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	-	0
۷	8	Inventories for sale or use	0		0
	9	Prepaid expenses and deferred charges	2,495	9	2,476
	10a	Land, buildings, and equipment: cost or			1
		other basis. Complete Part VI of Schedule D 10a 3,071			
	b	Less: accumulated depreciation 10b 1,425	2,341	10c	1,646
	11	Investments—publicly traded securities	9,411,446	11	8,832,602
	12	Investments—other securities. See Part IV, line 11	0	12	0
1	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	10,131,184	16	9,359,450
	17	Accounts payable and accrued expenses	57,207		50,444
	18	Grants payable	14,489		4,709
	19	Deferred revenue		19	0
	20	Tax-exempt bond liabilities	0	_	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0		0
ທູ	22	Loans and other payables to current and former officers, directors,			
E E		trustees, key employees, highest compensated employees, and			i
pii		disqualified persons. Complete Part II of Schedule L	0	22	
Liabilities	23	Secured mortgages and notes payable to unrelated third parties	0		0
	24	Unsecured notes and loans payable to unrelated third parties	0		0
	25	Other liabilities (including federal income tax, payables to related third			•
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0	25	o
	26	Total liabilities. Add lines 17 through 25	71,696	-	55,153
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and	71,090		33,133
es		complete lines 27 through 29, and lines 33 and 34.			
Net Assets or Fund Balances	27	Unrestricted net assets	3,166,656	27	2,924,189
3al	28	Temporarily restricted net assets	5,718,523		5,205,799
P	29	Permanently restricted net assets	1,174,309		1,174,309
5		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and □	.,,		
ΥĒ		complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds		30	0
se	31	Paid-in or capital surplus, or land, building, or equipment fund	0	_	0
As	32	Retained earnings, endowment, accumulated income, or other funds .	0		0
let	33	Total net assets or fund balances	10,059,488		9,304,297
~	34	Total liabilities and net assets/fund balances	10,131,184		9,359,450
_			,,,,,,,		Form 990 (2015)

_	4	•
Page		~

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				V
1	Total revenue (must equal Part VIII, column (A), line 12)	1	_	1,80	1,507
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,96	4,720
3	Revenue less expenses. Subtract line 2 from line 1	3		(163	3,213)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		10,05	9,488
5	Net unrealized gains (losses) on investments	5		(588	B,478)
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		(3,500)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1			
	33, column (B))	10		9,30	4,297
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				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 ir)		
	Schedule O.				_
2a					✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled oi			
	reviewed on a separate basis, consolidated basis, or both:		1		I
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				-
b	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 separate basis, consolidated basis, or both:	ea on a	·		
	•				
	Separate basis Consolidated basis Both consolidated and separate basis	voroiab			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent according to the second selection of the second selection selection of the second selection			,	
	If the organization changed either its oversight process or selection process during the tax year, ex		2c	✓	
	Schedule O.	(piaiti ii	'		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
Jd	the Single Audit Act and OMB Circular A-133?		' 3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	erao the			┡ ~
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		´ зь		
				n 99 0	(2015)
					,,

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2015

Open to Public Inspection

Employer identification number

The ASCAP Foundation 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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) d 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 listed in your governing other support (see (described on lines 1-9 support (see document? instructions) above (see instructions)) instructions) Yes No (A) (B) (C) (D) (E)

Schedule A (Form 990 or 990-EZ) 2015 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) > (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015

	ical year (er needl year beginning in)	(4) 2011	(5) 20 . 2	10, 20.0	(4) 2011	(0) 2010	(1) 10tu.
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	1,463,194	1,244,194	1,312,096	1,151,930	1,148,857	6,320,271
2	Tax revenues levied for the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.,,			-,,-
	organization's benefit and either paid						
_	to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the						
	organization without charge	o	0	اه	0	اه	0
4	Total. Add lines 1 through 3	1,463,194	1,244,194	1,312,096	1,151,930	1,148,857	6,320,271
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)						2,764,987
6	Public support. Subtract line 5 from line 4.						3,555,284
Sect	ion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	1,463,194	1,244,194	1,312,096	1,151,930	1,148,857	6,320,271
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources	765,636	911,438	955,193	855,720	188,462	3,676,449
9	Net income from unrelated business	705,030	311,430	333,193	655,720	166,402	3,070,443
	activities, whether or not the business						
	is regularly carried on	0	0	O	0	0	0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
44	(Explain in Part VI.)	0	0	0	0	0	0
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc	(see instruction	l			12	9,996,720
13	First five years. If the Form 990 is for the	•	-				n 501(c)(3)
	organization, check this box and stop he	•			•		
Sect	ion C. Computation of Public Suppor	rt Percentag	е				
14	Public support percentage for 2015 (line		-	1, column (f))		14	35.81 %
15	Public support percentage from 2014 Sch					15	35.50 %
16a	331/3% support test—2015. If the organia box and stop here. The organization qua						
b				-			ات ا
J	check this box and stop here. The organ						or more, . ► ☑
17a		•				a or 16b and	
174	10% or more, and if the organization me						
	Part VI how the organization meets the "f						
	organization						. ▶ 🛚
b							
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization m supported organization				•	n qualifies as a	publicly
18	supported organization					k this boy and	· - L
	instructions	a not oneon a	DOX OIT III IG 10	, 10a, 10b, 176	., 5, 175, 0,160	K IIIIS DON AIIU	▶ □

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you chec	ked the box on line 9 of Part I or if the o	organization failed to qualify under Part II.
If the organization fails to	qualify under the tests listed below, plea	ase complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	<u>i</u> _					
2	Gross receipts from admissions, merchandise	= =					
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
_							
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b		 				
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,]	
_	royalties and income from similar sources .		ļ				
b	Unrelated business taxable income (less						İ
	section 511 taxes) from businesses acquired after June 30, 1975						
•	Add lines 10a and 10b		1			-	
С 11	Net income from unrelated business						
''	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	•			_		
	organization, check this box and stop he		<u> </u>	<u> </u>	<u> </u>		🕨 🔲
	ion C. Computation of Public Suppor					1 4= 1	
15	Public support percentage for 2015 (line	, ,	•				<u>%</u>
16 Soct	Public support percentage from 2014 Sci ion D. Computation of Investment In			<u></u>		10	%
	Investment income percentage for 2015 (v line 13 colu	mp (fl)	17	%
17 18	Investment income percentage for 2015 (•		•	, ,,		
19a		the organization did not check the box on line 14, and line 15 is more than 331/3%, and line					
ıJa	17 is not more than 33 ¹ / ₃ %, check this box						
ь	331/3% support tests-2014. If the organiz		-				
_	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 in line 11 on 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.)

Section	Α.	All	Supporting	Organizations

			Yes	No
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		
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		
3а	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		
С	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		
С	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	•	-
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	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? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	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 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		}
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
I0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	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		

Scriedu	E X (FOITH 550 OF 550-EZ) 2015			age 🗨
Part	Supporting Organizations (continued)			
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	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		
<u>Secti</u>	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		
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		
Secti	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		
Secti	on D. All Type III Supporting Organizations		T	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	١.		i
		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.	ļ _		
		3	L	
Sect	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 it	nstru	ction	s):
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in:	structi	ons).
0	Activities Test. Answer (a) and (b) below.		Yes	No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
а	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	1	-
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		†-	T
J	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
•	-	20	+	
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	Ì		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-	}	
	trustees of each of the supported organizations? Provide details in Part VI.	3a	+	+-
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	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)
1 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	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
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-in	tegrated Type III suppor	ting organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secți	on D - Distributions			Current Year				
1_	Amounts paid to supported organizations to accomplish	exempt purposes						
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	rted 						
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.							
	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive					
9	Distributable amount for 2015 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount							
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015				
1	Distributable amount for 2015 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2015							
	(reasonable cause required-see instructions)		_					
3	Excess distributions carryover, if any, to 2015:							
a	1							
b	<u> </u>							
	From 2013							
d	F 0044							
<u>e</u>	Total of lines 3a through e							
_ _	Applied to underdistributions of prior years							
h	Applied to 2015 distributable amount		-					
i	Carryover from 2010 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2015 from Section D, line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2015 distributable amount							
С	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).							
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).							
7	Excess distributions carryover to 2016. Add lines 3j and 4c.							
8	Breakdown of line 7:							
а	1							
b								
С	Excess from 2013							
d	Excess from 2014							
е	Excess from 2015							

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)						
SCHEDULE A, PART II, LINE 1 - Gifts, Grants, Contributions and membership fees received for 2015 excludes an unusual bequest of \$464,189							
	••••••						

SCHEDULE D (Form 990).

Department of the Treasury

Supplemental Financial Statements

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

► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Employer identification number Name of the organization 51-0181769 The ASCAP Foundation Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) . 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 2a Total number of conservation easements . . 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Assets included in Form 990, Part X .

ı	Page	2

Part	III Organizations Maintaining	Collections of	Art, Historical 7	Treasures, or O	ther Similar Ass	ets (continued)
<u>3</u> .	Using the organization's acquisition,	accession, and ot	her records, chec	k any of the follo	wing that are a sig	nificant use of its
	collection items (check all that apply):					
а	☐ Public exhibition		d 🗌 Loan	or exchange prog	rams	
b	☐ Scholarly research			r		
	☐ Preservation for future generations	s	:: -	***************************************		
4	Provide a description of the organizar		and explain how t	hev further the ord	anization's exemi	ot purpose in Part
·	XIII.			,	,	F F
5	During the year, did the organization	solicit or receive	donations of art	historical treasure	s or other similar	,
·	assets to be sold to raise funds rather					☐ Yes ☐ No
Part				3		<u> </u>
rare	Complete if the organization		on Form 990 I	Part IV line 9 or	reported an amo	ount on Form
	990, Part X, line 21.		0 0 000, .	art (11, m.10 0, 0.	roportoa an ann	
	Is the organization an agent, trustee	. custodian or oth	er intermediary fo	or contributions o	r other assets not	
	included on Form 990, Part X?					☐ Yes ☐ No
b	If "Yes," explain the arrangement in P					_ 103 _ NO
D	ii res, explain the analigement iir	art Am and comple	ste the following to	able.	Am	nount
_	Paginning balance			10		
C	Beginning balance				- +-	
d	Additions during the year					
e	Distributions during the year					
f o-	Ending balance					□ Vaa □ Na
2a	Did the organization include an amou					
	If "Yes," explain the arrangement in P	art XIII. Check here	e ir the explanatio	n nas been provid	ed on Part XIII .	Ц
Pari			" F 000 I	Dark IV 15-a 40		
	Complete if the organization				(d) Three years head	(a) Four years book
_		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	
1a	Beginning of year balance	2,171,080				
b	Contributions	51,000	51,076	56,832	63,750	85,000
С	Net investment earnings, gains, and	1				
	losses	(67,683)	87,663	230,889	187,200	(46,532)
d	Grants or scholarships	(72,327)	(66,460)	(70,084)	(66,224)	(44,658)
е	Other expenditures for facilities and					
	programs	(18,798)	(23,933)	(27,533)	(26,312)	(20,842)
f	Administrative expenses	0	0	0	0	0
g	End of year balance	2,063,272				1,774,216
2	Provide the estimated percentage of		d balance (line 1g	g, column (a)) held	as:	
а	Board designated or quasi-endowme	nt ▶	<u>0</u> %			
b	Permanent endowment ▶	57%				
C	Temporarily restricted endowment ▶	43%				
	The percentages on lines 2a, 2b, and	2c should equal 10	00%.			
3a	Are there endowment funds not in th	e possession of th	e organization th	at are held and ad	iministered for the	·
	organization by:					Yes No
	(i) unrelated organizations					3a(i) ✓
	(ii) related organizations					3a(ii) ✓
b	If "Yes" on line 3a(ii), are the related of	organizations listed	as required on S	chedule R?		3b
4	Describe in Part XIII the intended use	s of the organization	on's endowment f	unds.		
Part	VI Land, Buildings, and Equip	oment.	-	 		
	Complete if the organization	n answered "Yes"	" on Form 990, I	Part IV, line 11a.	See Form 990, I	Part X, line 10.
	Description of property	(a) Cost or ot	her basis (b) Cost	or other basis (c)	Accumulated	(d) Book value
		(investm	ent) (d	other) c	lepreciation	
1a	Land		0	0		0
b	Buildings		0	0	0	0
С	Leasehold improvements		0	0	o	0
ď	Equipment		0	3,071	1,425	1,646
e	Other		0	0	0	0
	Add lines 1a through 1e. (Column (d)	nust equal Form 9			•	1 646

	(a) Description of security or cat		(b) Book value		00, Part X, line of valuation
	(including name of security)		Cost or end-of-y	ear market value
	I derivatives				
•	held equity interests				
Other					
A) 3)				<u> </u>	
?) >)					
)))					
<u></u> -)					
- <u>/</u> -)					
<u>.</u> G)					
H)				-	
I. (Column ((b) must equal Form 990, Part X, col (B) line 12) ▶		•	-
rt VIII	Investments-Program Rel				
	Complete if the organization	answered "Yes" on Fo	rm 990, Part IV, line	11c. See Form 99	0, Part X, line
	(a) Description of investment	nt	(b) Book value	1.7	of valuation
				Cost or end-of-y	/ear market value
					
		· · · · · · · · · · · · · · · · · · ·			
 		· · · · · · · · · · · · · · · · · · ·			
1				· ·	
<u></u>					
	(b) must equal Form 990, Part X, col (B) line 13 Other Assets.		<u> </u>		
	Other Assets. Complete if the organization	·	rm 990, Part IV, line	11d. See Form 99	90, Part X, line
art IX	Other Assets.	answered "Yes" on Fo	rm 990, Part IV, line	11d. See Form 99	··
art IX	Other Assets.	answered "Yes" on Fo	rm 990, Part IV, line	11d. See Form 99	··
art IX	Other Assets.	answered "Yes" on Fo	rm 990, Part IV, line	11d. See Form 99	··
art IX	Other Assets.	answered "Yes" on Fo	rm 990, Part IV, line	11d. See Form 99	··
art IX	Other Assets.	answered "Yes" on Fo	rm 990, Part IV, line	11d. See Form 99	
art IX	Other Assets.	answered "Yes" on Fo	rm 990, Part IV, line	11d. See Form 99	··
art IX	Other Assets.	answered "Yes" on Fo	rm 990, Part IV, line	11d. See Form 99	··
art IX	Other Assets.	answered "Yes" on Fo	rm 990, Part IV, line	11d. See Form 99	
art IX	Other Assets. Complete if the organization	answered "Yes" on Fo (a) Description	rm 990, Part IV, line		
art IX)))))))) tal. (Colu	Other Assets. Complete if the organization	answered "Yes" on Fo (a) Description	rm 990, Part IV, line	11d. See Form 99	
art IX	Other Assets. Complete if the organization	answered "Yes" on Fo (a) Description X, col. (B) line 15.)			(b) Book value
art IX	Other Assets. Complete if the organization Imn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability	answered "Yes" on Fo (a) Description X, col. (B) line 15.)			(b) Book value
tal. (Colu	Other Assets. Complete if the organization Imn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25.	answered "Yes" on Fo (a) Description X, col. (B) line 15.) answered "Yes" on Fo			(b) Book value
tal. (Colu	Other Assets. Complete if the organization Imn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability	answered "Yes" on Fo (a) Description X, col. (B) line 15.) answered "Yes" on Fo			(b) Book value
art IX	Other Assets. Complete if the organization Imn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability	answered "Yes" on Fo (a) Description X, col. (B) line 15.) answered "Yes" on Fo			(b) Book value
art IX	Other Assets. Complete if the organization Imn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability	answered "Yes" on Fo (a) Description X, col. (B) line 15.) answered "Yes" on Fo			(b) Book value
art IX	Other Assets. Complete if the organization Imn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability	answered "Yes" on Fo (a) Description X, col. (B) line 15.) answered "Yes" on Fo			(b) Book value
art IX)))))) tal. (Columnation (Colum	Other Assets. Complete if the organization Imn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability	answered "Yes" on Fo (a) Description X, col. (B) line 15.) answered "Yes" on Fo			(b) Book value
Part IX))))))) tal. (Columnation (Co	Other Assets. Complete if the organization Imn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability	answered "Yes" on Fo (a) Description X, col. (B) line 15.) answered "Yes" on Fo			(b) Book value
art IX)))))) tal. (Colu	Other Assets. Complete if the organization Imn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability	answered "Yes" on Fo (a) Description X, col. (B) line 15.) answered "Yes" on Fo			(b) Book value
art IX))))) tal. (Columnation (Columna	Other Assets. Complete if the organization Imn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability	answered "Yes" on Fo (a) Description X, col. (B) line 15.) answered "Yes" on Fo (b) Book value			(b) Book value

Part	•		•	Return.	
	Complete if the organization answered "Yes" on Form 990,			4	
1	Total revenue, gains, and other support per audited financial statements			1	1,302,168
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا مم ا	(500.450)		
a	Net unrealized gains (losses) on investments	2a 2b	(588,478)		
b		2c	92,639		
C	Recoveries of prior year grants	2d	(2.500)		
d	Other (Describe in Part XIII.)		(3,500)	20	(400 220)
e	Subtract line 2e from line 1			2e 3	(499,339)
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i .		3	1,801,507
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	•		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	1,801,507
Part					
. are	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements			1	2,057,359
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	92,639		
b	Prior year adjustments	2b	0		
C	Other losses	2c	0	1	
d	Other (Describe in Part XIII.)	2d	0		
е	Add lines 2a through 2d			2e	92,639
3	Subtract line 2e from line 1			3	1,964,720
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII.)	4b	0		
С	Add lines 4a and 4b			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)		5	1,964,720
Part					
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an				
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	=	•	iormation	1.
RESPO	ONSE TO PART XI, LINE 2D - OTHER: write off of \$3,500 for uncollected 2014	accrue	d income.		
	•				

_					•••
Accou	nting for Uncertainity in Income Taxes - The Foundation recognizes the effect	of inco	me tax positions only	it those p	ositions are more
likely t	than not to be sustained. Management has determined that the Foundation ha	a no u	ncertain tax positions t	nat would	require financial
-	nent recognition or disclosure. The Foundation is no longer subject to examin	ations	by the applicable toxin	a iuriadia	tions for pariods
Staten	nent recognition of disclosure. The Foundation is no longer subject to examin	auviis	by trie applicable taxin	gjurisuic	tions for perious
prior t	o fiscal 2012.				
prior c	U 113Cai LUTE.				
	•••••				
Respo	nse to Part V, line 4 - Endowment funds were established by the donors. The	interes	t and dividend earned	on the en	dowment principle
PY					
are av	ailable to be used for a specific purpose as requested by the donor. The endo	wment	funds are to be held in	n perpetui	ty.
		•••••			

Schedule D (Fo	om 990) 2015	Page 5
Part XIII	Supplemental Information (continued)	-
,	· · · · · · · · · · · · · · · · · · ·	
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

The ASCAP Foundation

Part I

Name of the organization

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

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

► Attach to Form 990.

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

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

General Information on Grants and Assistance

2015	Open to Public Inspection
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OMB No 1545-0047

Employer identification number

51-0181769

	award the grants o	or assistance?					· · · · · · · · · · · · · · · · · · ·
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	zation's procedur	es for monitoring	the use of grant fu	nds in the United	States.		
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization ans 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	sistance to Do	mestic Organiz that received me	ations and Dom ore than \$5,000.	lestic Governm Part II can be d	i ents. Complete i i uplicated if additi	nnizations and Domestic Governments. Complete if the organization answered "Yes" on Form I more than \$5,000. Part II can be duplicated if additional space is needed.	rered "Yes" on Form
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) St. John School of the Arts PO Box 180, St John VI 00831-0180	66-0391387	501(c)(3)	\$14,900	0			Songwriting & composition
(2) Skylight Theater Company 254 S Robertson Blvd Beverly HillsCa	95-4007314	501(c)(3)	005'L	0			Lyric Project
(3) I'Safe America, Inc. 618 Camino Real Ste 201 Calsbad CA	33-0821845	501(c)(3)	20,000	0			Creativity in the classroom
(4) Alfred Publishing, Inc. PO Box 10003 Van Nuys, CA 91410	13-0423210		15,819	0			Music books & sheet music
(5) America Scores 520 8th Ave, Ste 201C, NY NY 10018	52-1955491	501(c)(3)	13,000	0			Songwriter residency
(6) Elaine Kaufman Cultural Center 129 W 67th St NY NY 10023	13-1991118	501(c)(3)	10,000	0			Special Music Curriculum
(7) Exploring the Arts 16 W 23rd St 4th fir NY NY 10010	13-4069251	501(c)(3)	000'L	0			Songwriting Program
(8) JazzReach 45 Main St. Brooklyn, NY 11201	11-3179208	501(c)(3)	000'9	0			Music Education Programs
(9) Louis Armstrong summer jazz c 124 Roselyn Pk Pl New Orleans LA	31-1696655	501(c)(3)	18,500	0			Summer Jazz Camp
(10) JazzMobile, Inc. 154 W 127th St NY NY 10027	13-2614483	501(c)(3)	10,000	0			Saturday jazz workshop
(11) JoAnne-Kane Music Service, Inc. 10960 Wilshire Blvd, 7 fir, LA, CA	95-4063257		15,977	0			Film & TV scoring workshp
(12) MSR Studios 168 W 48th St. NY NY 10036	13-3356438		5,045	0			Film & TV scoring workshp
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	501(c)(3) and gov	ernment organization in the line 1 table	tions listed in the li	ine 1 table			A A

Schedule 1 (Form 990) (2015)

Cat No 50055P

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

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection 2015

Employer identification number 51-0181769

OMB No. 1545-0047

▶ Attach to Form 990.

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

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

General Information on Grants and Assistance

The ASCAP Foundation

Part I

Name of the organization

•	the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	award the grants zation's procedur	or assistance? es for monitoring 1	the use of grant fur	nds in the United	States		· · · · Yes
Part II		sistance to Do or any recipient	mestic Organiz that received mo	ations and Domore than \$5,000.	lestic Governm Part II can be du	ents. Complete i	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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.	ered "Yes" on Form
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) So 510 Cor	(1) Songwriting with Soldiers 510 Congress Av Ste 108 Austin TX	26-1626709	501(c)(3)	10,000	0			Song writing retreat
(2) Mt	(2) Music Converatory of Westchest	13-6007082	501(c)(3)	10,000	0			Music Therapy program
(6)								
(4)						-		
(5)								
(9)							!	
E								
(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	vernment organiza	tions listed in the li	ne 1 table			=
ကြ	Enter total number of other organizations listed in the line 1	rganizations listed	in the line 1 table					3
For Par	or Paperwork Reduction Act Notice, see the Instructions for Form 990	see the Instruction	is for Form 990.		Ca	Cat No -50055P		Schedule I (Form 990) (2015

F _P					Page 2
Partill Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	mestic Individu space is needec	als. Complete if the	organization answ	ered "Yes" on Form 990,	Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Awards to lyricist & composer programs	113	\$209,750			
2 Music scholarships & fellowships	70	\$172,200			
3 Workshop demo and / or studio fees	26	\$5,850			
4 Workshop moderator/mentor/instructor-honorarium	25	\$42,150			
5 Performer fees-Kennedy Ctr / Legacy series	18	\$30,150			
6 Commissioning fees & copying costs	-	\$8,500			
7 Part IV Cumpomental Information Drovide the informati	a doitematica	gil 1 hed di berji be	Tanloo III tool in	on required in Bart I line 2. Bart III column (h) and any other additional information	information
을	ocedures for monit	oring the use of grant f	unds in the United Sta	ites	
The Foundation requires all grantees to apply for a grant and / or grant renewal on an annual basis. Grantees are required to file a year end report explaining how the funds were utilized	and / or grant renev	wal on an annual basis.	Grantees are require	d to file a year end report exp	laining how the funds were utilized
as well as the number of people impacted by their program. The Associate Director of Programs will discuss with the Grantees throughout the year to insure that the funds are allocated	m. The Associate [Director of Programs wi	II discuss with the Gr	intees throughout the year to	insure that the funds are allocated
in accordance with the mission of the Foundation.					
			7		
	0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
					Schedule I (Form 990) (2015)

SCHEDULE J (Form 990)

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

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Inspection

51-0181769

Name of the organization The ASCAP Foundation **Employer identification number**

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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	1		
	☐ Travel for companions ☐ Payments for business use of personal residence	1		
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			İ
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	-	· -	-
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
		<u> </u>		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee	ł		
	☐ Independent compensation consultant ☐ Compensation survey or study			ŀ
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee	ļ		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		1
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		✓
C	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.			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:	:		
а	The organization?	5a		1
b	Any related organization?	5b		1
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		1
b	Any related organization?	6b		1
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		1
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject		\vdash	⊢
-	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		1
		۲		-
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	۱۵		

Page 2

Schedule J (Form 990) 2015

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

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

Note: The sum of column (N) (iii) for each listed individual must equal the total amount of Form 600, Dat VII. Society A, line to a sum of column (N) and (E)

(A) Name and Title		(-)	** E antaron 1000 mile	o compensation	(C) Bettrement and	(D) Montachio	(C) Total of only	(B) Breakdown of W-2 and/or 1099-MISC compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	benefits	(E) (O(H(D) (B)(I)+(D)	in column (B) reported as deferred on prior Form 990
Colleen McDonough	€ €	145,470	13,625	1,440	21,006	5,326	186,867	
Executive Director	<u> </u>							
2	8						111111111111111111111111111111111111111	
	()							
3	(ii)							
	©							
4								
ហេ	E							
	8							
9	E							
	ε							
7	€						• • • • • • • • • • • • • • • • • • •	
	8							
8	(ii)				0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
	(1)							
6	(ii)							
	(9)							
10	(3)							
	8						0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
11	(E							
	E							
12	(ii)							
	(0)				!			
13	(E)							
	(1)							
14	(ii)							
	Θ							
15	€							
	<u> </u>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-	
16	E							

SCHEDULE 0 (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 2015

Department of the Treasury Internal Revenue Service Name of the organization

► 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. Open to Public Inspection

Employer identification number

The ASCAP Foundation 51-0181769 Part III - Statement of Service Accomplishments - response to line 4d - Other Program Services... Grants and allocations for senior service programs (1) and other / humanitarian / music heals, (7). Other expenses include salaries, benefits and other allocatable expenses related to all program activity. Part VI, Section B, Policies: response to lin 11a... provide a copy of this form 990 to all members of its governing body before filing The Form 990 is reviewed by Foundation management. Additionally, the audit committee meets with the independent auditors prior to the audit and upon conclusion of the audit to review the audited financial statements and the audit report. The Board of Director's review the annual independent audited financial statements and are given the opportunity to review the 990. Section B, Policies - line 12a - Did the organization have a written conflict of interest policy? The ASCAP Foundation is the process of formulating a conflicts of interest policy for its Board of Director's. Section B, Policies - response to line 15a, b Compensation The organization maintains a formal written compensation program. Annual performance appraisal's are prepared by employee's supervisor or manager and is reviewed and discussed with the employee. Compensation 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 and other information regarding The ASCAP Foundation are available on its website, ASCAPFoundation.org or by request to The ASCAP Foundation. Part XI, response to line 9, Other changes in net assets or fund balances The ASCAP Foundation wrote off \$3,500 of uncollected income that had been accrued in 2014.

Schedule O (Form 990 or 990-EZ) (2015)	Page Z
	Employer identification number
The ASCAP Foundation	51-0181769
	•••••
	••••
	•••••

SCHEDULE R (Form 990)

The ASCAP Foundation

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

Inspection Employer identification number

51-0181769

Open to Public

OMB No 1545-0047 2015

Part	Identification of Disregarded Entities Complete	s if the organization answered "Yes" on Form 990, Part IV, line 33.	answered "Yes" (on Form 990, Parl	t IV, line 33.			
	(a) Name, address, and EIN (if applicable) of disregarded entity	Prim	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	olling
(1)		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
(2)		1 5 1 5 1 1 1 5 6 6 8 8						
6		2 1 5 5 6 6 7 8 8 8						
(4)								
(5)								
(9)								
Part II	Identification of Related Tax-Exempt Organizatione or more related tax-exempt organizations during	itions Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had ring the tax year.	ne organization ar	nswered "Yes" on	Form 990, Part	IV, line 34 becau	ise it had	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	1 €252€	2(b)(13)
(1)							S D	2
(2)								
(6)								
(4)								
(2)								
(9)								
(A)								
For Paperw	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	9.	Cat	Cat No 50135Y		Schedule R (Form 990) 2015	(Form 990)) 2015

Schedule R (Form 990) 2015

(i) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2015 (k) Percentage ŝ 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. Yes Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34-because it had one or more related organizations treated as a partnership during the tax year. (i) General or managing partner? ŝ (h) Percentage ownership Yes amount in box 20 of Schedule K-1 (Form 1065) Code V-UBI (g) Share of end-of-year assets (h) Disproportionate allocations? ŝ (f) Share of total membership Yes Income (g)
Share of end-of- C
year assets (e)
Type of entity
(C corp, S corp, or trust) unincorporated (f) Share of total income (d)
Direct controlling
entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under sections 512-514) (c)
Legal domicile
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Direct controlling entity (b) Primary activity (c) Legal domicile (state or foreign country) Music Licensing (b) Primary activity (1) American Soc. Composers, Authors & Publisher 1900 Broadway, NY NY 10023 EIN: 13-0434220 Name, address, and EIN of related organization (a) Name, address, and EIN of related organization (4) Œ. (2) (9) Part III Part IV ල 9 8 ල £ 9 9 E

Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Schedule R (Form 990) 2015

Part V Transactio

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Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	פכפו	ţ	יוור, פר	Gift, grant, or capital contribution from related organization(Loans or loan quarantees to or for related organization(s)		Loans or loan guarantees by related organization(s)	Dividends from related organization(s)	Sale of assets to related organization(s)		Purchase of assets from related organization(s)	Exchange of assets with related organization(s)	Lease of facilities, equipment, or other assets to related org		Lease of facilities. equipment, or other assets from related organization(s)	Performance of services or membership or fundraising solicitations for related organization(s)	Dodownos de consiste de constante de la constante de la constante de constante de constante de la constante de	Performance of services of mermons and or other assets with related organization(s)		Sharing of paid employees with related organization(s)		Heimbursement paid to related organization(s) for expenses	Reimbursement paid by related organization(s) for expenses		Other transfer of cash or property to related organization(s)	Other transfer of cash or property from related organization	If the answer to any of the above is "Yes." see the instructions for information on who must	إذ									
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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.

of gross reveribed filar was not a related organization. See instructions regarding excussor to condition the parties of	gai lization. Ge		syaiding exclusi	150						
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile	(a) Predominant	(e) Are all partners	(1) Share of	(9) Share of	(n) Disproportionate	Code V – UBI		(۳) Percentage
		(state or foreign country)	귳	section 501(c)(3)		end-of-year assets	allocations?	amount in box 20 of Schedule K-1	managing partner?	ownership
			from tax under	organizations?				(Form 1065)		
			(1.0.210.01000	Yes No			Yes No		Yes No	
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Schedule R (Form 990) 2015	Page 3
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).	
		
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