Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2017

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

		o Public ection
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Ā	For the 2	2017 calendar year, or tax year beginning January 1	, 2017, and end	ing Decen	nber 31	20 17	
В	Check if a					entification numb	ber
	Address c				51	-0181769	
Ħ	Name cha		E Telephone number				
ñ	Initial retui			212	-621-6219		
Ħ	Final return		stal code				
Ħ	Amended				G Gross receipt	s\$ 11 A	23,559
Ħ		n pending F Name and address of principal officer Paul Williams, Pre	esident	H(a) le thre a c		Imates? ☐ Yes ☑	
_	, delinearie	same as above	C SIGCIN	l l		uded? Yes	_
	Tax-exem		4947(a)(1) or 527			(see instructions)	
<u>:</u> -	Website:		1 +9 + /(a)(1) OI		exemption num	•	
ĸ		ganization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of form		T		DE
	art I	Summary	12 104 01 10111		1 0.0.0	ga. dom.oo	
		Briefly describe the organization's mission or most significa	nt activities: The A	SCAP Found	ation is dedica	ated to suppor	tina –
ø	1	American music creators & encouraging their development three					
& Governance	_	congwriting workshops, scholarships, awards, community out					
Ę		Check this box ▶☐ if the organization discontinued its ope					auon.
<u>§</u>		Number of voting members of the governing body (Part VI, I		or more than	3	or accord.	23
9	E	Number of independent voting members of the governing b	•	 n)	4		<u>- 23</u> 9
80		Total number of individuals employed in calendar year 2017		,	5		
¥		Total number of volunteers (estimate if necessary)	(1 art 1, mio 2a)		6		32
Activities	1	Total unrelated business revenue from Part VIII, column (C),	line 12		7a		<u>2-</u>
-	1	Net unrelated business taxable income from Form 990-1, Jir			7b		
	 	RECEIVE		Prior Ye		Current Year	<u>u</u>
_	8	Contributions and grants (Part VIII, line 1h)	1,020,041	12	71,420		
Z.	1	Program service revenue (Part VIII, line 20) MAY. 1. 4. 20			0		<u>, 1,720</u>
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			101,939		40,253
č	1	Other revenue (Part VIII, column (A), lines 5, 60, 86, 96, 10c,		119,458		32,39 <u>2</u>	
		Total revenue—add lines 8 through 11 (must equal Part VIII, c			1,241,438		44,065
		Grants and similar amounts paid (Part IX, column (A), lines 1			830,488		68,765
	1	Benefits paid to or for members (Part IX, column (A), line 4)			0		0
Ø	15 5	Salaries, other compensation, employee benefits (Part IX, colur		0			
786		Professional fundraising fees (Part IX, column (A), line 11e)			0		
Expense	1	Total fundraising expenses (Part IX, column (D), line 25) ▶	\$171,674	CAN BANKS AND AND	ALC: NO.		
ij	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e	e)		1,047,771		56,020
	18	Total expenses. Add lines 13-17 (must equal Part IX, colum	n (A), line 25) .		1,878,259	1,8	24,785
	19 F	Revenue less expenses. Subtract line 18 from line 12	· <u>· · · · · · · · · · · · · · · · · · </u>		(636,821)		30,720)
_ 5	8			Beginning of Cu	urrent Year	End of Year	
Net Assets or Find Relances	20 1	Total assets (Part X, line 16)			9,162,976	10,0	83,90 <u>5</u>
₹. 88	21	Total liabilities (Part X, line 26)			50,712		58,18 <u>2</u>
ž	22	Net assets or fund balances. Subtract line 21 from line 20	<u> </u>		9,112,264	10,0	25,72 <u>3</u>
P	art II	Signature Block					
Ųr	nder penalt	es of perjury, I declare that I have examined this return, including accompan	nying schedules and sta	tements, and to t	the best of my kr	nowledge and be	elief, it is
tru	le, correct,	and complete Declaration of preparer (other than officer) is based on all info	ormation of which prepar	rer nas any know			
٠.	[Colle Di Don			5/8/1	<u>8</u>	
Sig	_	Signature of officer	Ltive Direc	Da	ate		
He	ere		LTIVE DIREC	YOK			
		Type or print name and title				Torin.	
Pa	nid	Print/Type preparer's name Preparer's signature	[]	Date	Check 🔲 if		
Pr	eparer			т-	self-employe	<u> </u>	
Us	se Only				n's EIN ▶		
<u></u>	w the ID	Firm's address		Pho	one no		
IVIS	y trie int	S discuss this return with the preparer shown above? (see in	nstructions)	<u></u>	· · · ·	· [] Yes [No No

	Gheck if Schedule O contains a response or note to any line in this Part III									
1	Briefly describe the organization's mission:									
	The ASCAP Foundation is dedicated to nurturing the music talent of tomorrow, preserving the legacy of the past and sustaining the									
	creative incentive for today's music creators through a variety of educational, professional and humanitarian programs and activities									
	that serve the entire music community.									
2	Did the organization undertake any significant program services during the year which were not listed on the									
2	prior Form 990 or 990-EZ?									
	If "Yes," describe these new services on Schedule O.									
3	Did the organization cease conducting, or make significant changes in how it conducts, any program									
•	services?									
	If "Yes," describe these changes on Schedule O.									
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by									
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,									
	the total expenses, and revenue, if any, for each program service reported.									
4a	(Code:) (Expenses \$ 715,736 including grants of \$ 322,893) (Revenue \$)									
	MUSIC EDUCATION AND COMMUNITY OUTREACH:									
	The ASCAP Foundation is dedicated to nurturing the music talent of tomorrow by developing and supporting educational programs									
	that provide effective learning opportunities consistent with our mission to students of all ages. The ASCAP Foundation has provided									
	funding to sponsor 36 Music Education and / or Music Development programs and one community outreach program throughout the									
	year with the goal of enhancing and promoting music education and providing the community with access to music and its history.									
	These 37 programs include 21 programs that received \$5,000 or more and 16 programs that received less than \$5,000.									
4b	(Code:) (Expenses \$ 478,698 including grants of \$ 341,250) (Revenue \$)									
40	(Code) (Expenses \$ 476,030 including grants of \$ 341,230) (Nevende \$)									
	SCHOLARSHIPS, FELLOWSHIPS, AWARDS AND COMPOSER PROGRAMS:									
	The ASCAP Foundation scholarship programs seek to ensure that opportunities for the study of music and instruments, songwriting,									
	music composition, the business of music and related areas are available to students at all levels by providing Scholarships and									
	Fellowships to 71 recipients ranging from \$300 - \$10,000.									
	The ASCAP Foundation provides awards to emerging composers and writers consisting of cash awards to 112 recipients of									
	composer and / or lyricist programs. These awards range from \$200 to \$10,000.									
4c	(Code:) (Expenses \$ 256,683 including grants of \$ 172,142) (Revenue \$)									
	TALENT DEVELOPMENT AND COMMUNITY OUTPERCY									
	TALENT DEVELOPMENT AND COMMUNITY OUTREACH: The ASCAD Foundation Teleph Development and Community Outreach programs provide aid and encouragement to music greaters.									
	The ASCAP Foundation Talent Development and Community Outreach programs provide aid and encouragement to music creators world wide who are in various stages of their careers including, Workshops, (15); Commissions and / or Commissioning programs,									
	(3) and sponsorship of talent development programs, (17). By providing professional opportunities to emerging composers, lyricists									
	and songwriters, The ASCAP Foundation supports their careers and promotes their works.									
	with soriginates and the resort is continued and selected and promotes their works.									
4d	Other program services (Describe in Schedule O.)									
	(Expenses \$ 58,869 including grants of \$ 32,480) (Revenue \$)									
4e	Total program service expenses ► \$1,509,986									

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Part				
`•	In the experimental described in section $EO1/a/(2)$ or $AOA7/a/(1)$ (other than a private foundation)? If "Vee"		Yes	No
7	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
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	1	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	├ ──	✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	1		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV			1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.			1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)			1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
		<u></u> _		<u>. </u>

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Part	Checklist of Required Schedules (continued)			
	`		Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
	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	✓	
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	√	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	√	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	20	<u> </u>	
	\$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
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
	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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			1
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		}	1
00	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b	 	<u> </u>
26	current or former officers, directors, trustees, key employees, highest compensated employees, or		1	}
	disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			†
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			١.
	Schedule L, Part IV	28b		/
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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	 	✓
٥.	Part I	31	ŀ	1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		Ť
	complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	1	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	† <u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>		
	19? Note. All Form 990 filers are required to complete Schedule O.	38	1	

Form **990** (2017)

a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 12 12 12 15 15 15 15 15 15 15 15 15 15 15 15 15	Part				
the Enter the number reported in Box 3 of Form 1098. Enter -0- if not applicable 1	٠	Gheck if Schedule O contains a response or note to any line in this Part V	<u> </u>	· · ·	
b Enter the number of Forms W-26 moluded in line 1s. Enter -0- If not applicable				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions). 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 5c If "Yes," has if filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 5d At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a firancial account, in a foreign country is with a special property of the region country of the organization have an interest in, or a signature or other authority over, a firancial account in a foreign country. If If Yes, "enter the name of the foreign country is the see in the organization have an interest in the organization and in the organization of the organization file Form 888-T? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If any taxable party notify the organization file Form 888-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file Form 888-T? 5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 5c Does the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file from 829-T and the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file from 829-T and the pre	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 120	Į		
a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2 3 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	b		i		
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 returm Note, if the sum of lines is and 2a is greater than 250, you may be required to en-file (see instructions). 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c bid Investments, has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0. 3c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? bid Investment of the foreign country (such as a bank account, securities account, or other financial account)? by the third of the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. by the organization is party to a prohibited tax shelter transaction at any time during the tax year? by day taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? by a three organization are party to a prohibited tax shelter transaction at any time during the tax year? by If "ves" to line 5ar of 5b, did the organization file Form 8886-17 c) If "ves" to line 5ar of 5b, did the organization file Form 8886-17 Organization solicit any contributions that were not tax deductible as charitable contributions or grifts were not tax deductible? organization shall any receive deductible contributions under section 170(c). b) If "ves," idid the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? organization shall are preceived accountable of the value of the goods or services provided? c) If "ves," indicate the number of Forms 8282 filed during the year c) Did the organization received	C	Did the organization comply with backup withholding rules for reportable payments to vendors and	l		
Statements, filed for the calendar year ending with or within the year covered by this return 2 a		reportable gaming (gambling) winnings to prize winners?	1c		
Statements, filed for the calendar year ending with or within the year covered by this return 2 a	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 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? 3b If "Yes," has it filled a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5b If "Yes," enter the name of the foreign country: ▶ 5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c		1	l		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, or other financial account, or other financial account). 5 If "Yes," enter the name of the foreign country: ▶ 5 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twere not tax deductible as charitable contributions? 6 Did the organization accountable with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization include with every solicitation an express statement that such contributions and services provided to the payor? 8 If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 9 If "Yes," did the organization on sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 10 If the organization receive any funds, directly or indirectly, to pay premiums, on a personal benefit contract? 11 If the organization receive any payment in excess of \$75 made party, did the organization file form 8899 as required? 12 Did the organization receive any payment in solicities and paym	h	· · · · · · · · · · · · · · · · · · ·	2h		
3a 1 the organization have unrelated business gross income of \$1,000 or more during the year? 3a 1 the provided of the provided to the	U	,			-
b if "Yes," has it filed a Form 990-T for this year? if "No" to line 3b, provide an explanation in Schedule O. 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, and account, or other financial account)? b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible accounts under section 170(c). 6 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 b If "Yes," 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? 9 b If "Yes," did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 10 b If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 11 b If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 12 b If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 13 b If the organization receive any funds, directly or indirectly, or a personal benefit contract? 14 b If the organization organization make any tax bell distribution to a dono	32		20		
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Initiation fees and capital contributions included on Part VIII, line 12	а		9a	ļ	<u> </u>
a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders	10	· · · · · · · · · · · · · · · · · · ·	İ		1
Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders	а	Initiation fees and capital contributions included on Part VIII, line 12		ļ	1
a Gross income from members or shareholders	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			ļ
a Gross income from members or shareholders	11	· · · · · · · · · · · · · · · · · · ·	ĺ		1
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year .	а				
against amounts due or received from them.)			İ		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year					}
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	122		122		1
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?	_		- -		+-
a Is the organization licensed to issue qualified health plans in more than one state?			ł		[
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		, , , , , ,	100		₩-
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	а		13a	<u> </u>	├
the organization is licensed to issue qualified health plans	_				
c Enter the amount of reserves on hand	b	and the state of t			
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 🗸				1	
	С	Enter the amount of reserves on hand		<u></u>	
	14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		√
	_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, 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	ee ins	tructi	ons.			
Section	on A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 23			_			
	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.						
ь 2	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			i			
_	any other officer, director, trustee, or key employee?	2		√			
3	3 Did the organization delegate control over management duties customarily performed by or under the di supervision of officers, directors, or trustees, or key employees to a management company or other person?						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓			
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓_			
6	Did the organization have members or stockholders?	6	_	/			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			<u> </u>			
8	stockholders, or persons other than the governing body?	7b		✓			
0	the year by the following:						
а	The governing body?	8a	\				
b	Each committee with authority to act on behalf of the governing body?	8b	✓_				
9							
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9_		✓			
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	1			
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10a		-			
_	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.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done						
13	Did the organization have a written whistleblower policy?	13		✓			
14	Did the organization have a written document retention and destruction policy?	14	1	L			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		 				
а	The organization's CEO, Executive Director, or top management official	15a		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).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?						
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	ļ				
Section	on C. Disclosure	<u></u>					
17	List the states with which a copy of this Form 990 is required to be filed ▶ California, Florida, Illinois, New Yor	k, Ten	nesse	e .			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.						
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	polic	y, and			
66	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		: ▶				

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Form 990 (2017)

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

☐ Check this box if neither the organization no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per	box,	unles	Pos eck s pe	rson	than o	an	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Paul Williams President	.25	1		1				o	o	0
(2) Irwin Robinson Vice President	.25	1		1				d	24,176	0
(3) Dean Kay Treasurer	.25	1		1					32,475	<u>o</u>
(4) Ginny Mancini Secretary	.25	1		1					o	0
(5) Alf Clausen Director	.25	1							0	0
(6) Dan Foliart Director	.25	/				,				0
(7) Arthur Hamilton Director	.25	1								0
(8) James Kendrick Director	.25	1								
(9) Robert Kimball Director	.25	/								0
(10) John Mandel Director	.25	/								0
(11) James McBride Director	.25	1								0
(12) Roger McNulty Director	.25	1								0
(13) Marcus Miller Director	.25	,								
(14) Jason Mraz Director	.25	1		<u> </u>	<u> </u>					

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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 it hertifer the organization hor	any relate	u orga	ai iiz	auo	III C	ompe	HSa	ited any curren	it officer, director	i, or trustee.
<u> </u>	_			((C)					
(A)	(B)	(B) Position (do not check more than on						(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	
	week (list any hours for	육호	5	Q	٧	9 ₮	יק	from the	related organizations	other compensation
	related	물물	 	Officer	3	호움	Former	organization	(W-2/1099-MISC)	from the
	organizations	걸흔	₹	7	를)	4	(W-2/1099-MISC)		organization
	below dotted	7 7	la t		Key employee	3				and related organizations
	iiiie)	Individual trustee or director	Institutional trustee		٩) <u>§</u>	1	}	<u> </u>	Organizations
			8			Highest compensated employee				
		l	-		 	┝▔	-	 		
(1) 26. Wayland Holyfied (resigned 3/27/2017)										
Director		1	i							
(2) 27. Charles Strouse (resigned 2/02/2017)										
Director		✓				L.,				
(3) 28. Jay Morgenstern (through 7/06/2017)		[l			
Director		✓				<u> </u>	<u> </u>	<u> </u>		
(4)	ļ									
			L		L		L			
(5)		ļ								
		<u> </u>		Щ.	_	<u> </u>	<u> </u>		<u></u>	
(6)					1		l		,	
			<u> </u>		<u> </u>		-			
.(7)										
(0)				-			<u> </u>		 -	
_(8)		ł	ŀ							
(0)	_	 	 	-	┝	 	├─			
_(9)		1					İ			
(10)			-		\vdash	<u> </u>	<u> </u>			
<u> </u>	+	{	1							
(11)		-			_	_	-			
\$::/		1							1	
(12)										
S	†	1								
(13)										
	T	1	1					ľ		
(14)										
	1	1	i i	l	1	I			1	1

Part	Section A. Officers, Directors, Trust	ees, Key Ł	mpio	yees			lighes	ST C	ompensated E	mployees (co	ntinu	<u> 1ea)</u>		
•	,		}		_	C) Ition					ľ			
	(A)	(B)	(do n	ot ch			than c	ne	(D)	(E)	Ì	(F)		
	Name and title	Average hours per					is both		Reportable compensation	Reportable compensation f	rom	Estima amoun		
		week (list any			_		or/trust	<u> </u>	from	related	· · · · · ·	othe		
		hours for	호	nstit	Officer	Κ _Θ y	mg dg	Former	the	organization:		compens		
		related organizations	e di	L to	ĕ	/ employee	est	Per	organization (W-2/1099-MISC)	(W-2/1099-MIS	,C)	from t organiza		
		below dotted	역	nat		Š	[⊕] Si		,			and rela	ated	
		line)	Individual trustee or director	Institutional trustee	l	8	þen			ĺ		organiza	itions	
			,	tee			Highest compensated employee							
(15)	Aichael Price	.25	<u> </u>			-	_		-		十			
	Director		_✓	L.		<u> </u>		<u> </u>	0		_0			0
(16)	Stephen Schwartz	.25			1			 		ļ	- 1			
	Director		└ ✓	<u> </u>				_	0	<u></u>	_0			0
(17)	Alex Shapiro	.25			ļ	ļ				ļ	ļ			
	Director		<u> </u>		_	L.		<u> </u>	0	26,	300			0
(18) \	/alerie Simpson	.25	١.				Ī							
	Director		/			<u> </u>			<u> </u>		0			0
(19) <u>[</u>	Doug Wood	.25												
	Director	<u> </u>	1		_	<u>_</u>		L	<u>c</u>)	0			0
(20)	Marilyn Bergman	.25	1								1			
	Director		/		<u></u>	L		L_	<u> </u>	30,	633			0
(21)	Charles Bernstein	.25]					ŀ]				
	Director		<u> </u>			L		L_			0			0
(22)	Bruce Broughton	.25												
	Director		✓	L		L.			o		589			0
(23)	Tita Cahn	.25	\					Г			\neg			
	Director	T] ✓	İ		ļ			1 0		o			0
(24)	Colleen McDonough	40						Γ			\neg			
	Executive Director		1		✓					233,	.092		51	1,688
(25)	Joan Hill	35				Г								
3	Director of Finance and Administration	† <u>-</u>	1		1				i o	153.	415		17	7,342
1b	Sub-total		•	<u> </u>	<u>'-</u> -	_		▶	C		$\overline{}$			0,030
С	Total from continuation sheets to Part	VII, Section	n A								0			0
d	Total (add lines 1b and 1c)							•		 			69	9.030
2	Total number of individuals (including but							a) N				0 of		7000
	reportable compensation from the organ							-,			-,			
													Yes	No
3	Did the organization list any former of	ficer, direc	tor, c	or tr	ust	ee,	key e	emp	oloyee, or high	nest compen	sate			
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ind	ividi	ual					3		1
4	For any individual listed on line 1a, is the	sum of re	porta	ble (con	npe	nsatio	n a	and other comp	ensation fro	m th	e 🗀		
	organization and related organizations													
	individual											4	1	
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsat	tion	fro	m anv	ur ur	related organiz	zation or indi	vidua		<u>-</u> +	
_	for services rendered to the organization											5		J
Section	on B. Independent Contractors	_ 	<u> </u>						<u> </u>	-				
1	Complete this table for your five highest	compensat	ed in	den	end	ent	contr	act	ors that receive	ed more than	\$10	0.000 of		
•	compensation from the organization. Rep												ı's ta:	×
	year.								, ca		,	J		
	(A)							Γ	(B)			(C)		
	Name and business add	iress							Description of s	services		Compensati	ion	
								╁╴		+				
														
			-					+-		+				
								┝╌	_ _	- +				
								-		 +				
2	Total number of independent contractor	ors (includi	na bi	ıt n	ot	limit	ed to	\ +b	nose listed ah	ove) who				
_	received more than \$100,000 of compens									,				

Part VIII		Statement of Revenue								
<u> </u>		Check if Schedule O	contains a res	ponse or note to			<u></u>	<u></u> 🛘		
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
nts	1a	Federated campaigns	1a	0						
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	1b	0	İ					
Am K	С	Fundraising events .		14,000						
Giff lar	d	Related organizations		249,500						
E E	е	Government grants (cont		0						
합	f	All other contributions, gif		ļ						
듚됨		and similar amounts not incli		1,007,920	İ					
ont Id	g	Noncash contributions include	· ·	0						
	<u>h</u>	Total. Add lines 1a-1f	<u> </u>	Business Code	1,271,420					
anu:				Business Code						
leve	2a			<u></u>						
Н	b					··				
è <u>Z</u> i	C			-						
n Se	de			-						
grar	F	All other program serv								
Program Service Revenue	g	Total. Add lines 2a-2f		•	0	- · · · · · · · · · · · · · · · · · · ·	1	<u> </u>		
_	3	Investment income (-				
		and other similar amoi		▶	140,253			140,253		
	4	Income from investment	of tax-exempt b	ond proceeds ▶	0	-				
	5			▶	145,329	_		145,329		
			(ı) Real	(II) Personal						
	6a	Gross rents								
	b	Less: rental expenses								
	С	Rental income or (loss)								
	d	Net rental income or (loss)	▶						
	7a	Gross amount from sales of	(i) Securities	(II) Other						
		assets other than inventory	9,866,55							
	b	Less: cost or other basis								
		and sales expenses .	9,779,494							
	C	Gain or (loss) [87,06							
_	d	Net gain or (loss) .		•	87,063			87,063		
Other Revenue	8a	Gross income from fu	ndraising							
ě		events (not including \$	14,000							
æ]	of contributions reporte						}		
ĕ		See Part IV, line 18 .	· · · · a	0						
₹	b	Less: direct expenses								
	С	Net income or (loss) fr		events . ►	0					
	9a	Gross income from ga								
		See Part IV, line 19 .	_							
	Ь	Less: direct expenses						 -		
	C	Net income or (loss) fr	-	ivities ►	0					
	10a	Gross sales of in- returns and allowance								
			=							
		Less: cost of goods so Net income or (loss) fr			- -			<u> </u>		
	C	Miscellaneous Re		Business Code	0			 		
	11a	<u> </u>		223330 0040			 			
	b						-	 		
	C			-		-	 			
	d	All other revenue								
	e	Total. Add lines 11a-			0			1		
	12	Total revenue. See in			1.644.065			372,645		

Part IX Statement of Functional Expenses

Sectio	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organization	s must complete co	lumn (A).
	Check if Schedule O contains a respon	se or note to any lin	ne in this Part IX .		
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	356,859	356,859		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	511,906	511,906		
3	Grants and other assistance to foreign		İ		
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees				
_		0	0	0	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		_		
7	- · · · · · · · · · · · · · · · · · · ·	0	0	0	
7 8	Other salaries and wages	0	0	<u>0</u>	
Ū	section 401(k) and 403(b) employer contributions)			۵	
9	Other employee benefits	0		O	
10	Payroll taxes	0		0	
11	Fees for services (non-employees):	<u>_</u>			
a	Management	ا	n	0	o
b	Legal				
C	Accounting	15,500	0	15,500	
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0	0	0	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	2,500	1,250	0	1,250
12	Advertising and promotion	1,869	0	0	1,869
13	Office expenses	8,939	2,835	2,485	3,619
14	Information technology	3,507	1,169	1,169	1,169
15	Royalties	0	0	0	
16	Occupancy	0	0	0	
17	Travel	31,893	25,721	3,086	3,086
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0	0	0	
19	Conferences, conventions, and meetings .	0		0	
20	Interest	0	0	0	
21	Payments to affiliates	0	0	0	
22 23	Depreciation, depletion, and amortization . Insurance	1,383	461	461	461
		0	0	0	<u> </u>
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.)				
а	Library of Congress program	207,298	207,298	0	
b	Annual Honor's	70,441	70,441		
c	Honoraria	11,390	11,390		
d	Allocation of overhead	595,423	319,995		155,665
e	All other expenses miscellaneous	5,877	661	661	4,555
25	Total functional expenses. Add lines 1 through 24e	1,824,785	1,509,986		
26	Joint costs. Complete this line only if the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	organization reported in column (B) joint costs from a combined educational campaign and				1
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

33

10,025,723

10,083,905 Form **990** (2017)

9,112,264

9.162.976

33

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 1 0 2 285,854 2 399,083 3 3 14,750 10,375 4 1,000 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 7 7 0 8 8 0 9 Prepaid expenses and deferred charges . . . 9 2,279 1,680 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 3,733 Less: accumulated depreciation 10b 2,041 10c 2,350 8,857,052 11 11 9,670,417 12 Investments—other securities. See Part IV, line 11 0 12 0 13 Investments—program-related. See Part IV, line 11 13 0 14 14 0 0 15 ol 15 0 16 9,162,976 16 Total assets. Add lines 1 through 15 (must equal line 34) 10,083,905 17 50,495 17 55,759 18 18 217 2,423 19 19 0 0 20 0 20 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 21 0 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 0 23 Secured mortgages and notes payable to unrelated third parties . . o 23 0 24 Unsecured notes and loans payable to unrelated third parties . . . 24 o 0 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 0 26 Total liabilities. Add lines 17 through 25 50,712 26 58,182 Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 2,937,091 3,787,460 28 28 5,000,864 5,063,954 29 1,174,309 1,174,309 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 0 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 0 32 Retained earnings, endowment, accumulated income, or other funds. 32 o 0

Part	XI Reconciliation of Net Assets							
•	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			1,64	4,065		
2	<u> </u>					1,824,785		
3	venue less expenses. Subtract line 2 from line 1					0,720)		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		9,112,26				
5	Net unrealized gains (losses) on investments	5		1,094,17				
6	6 Donated services and use of facilities							
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	<u> </u>			0		
10	The about of faire balances at one of year. Combine into o through a finant equal fair X, into							
	33, column (B))							
Part	XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		<u> </u>		
			_		Yes	No		
1	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	in					
	Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or					
	reviewed on a separate basis, consolidated basis, or both:							
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		-					
Ь	Were the organization's financial statements audited by an independent accountant?	• . •	-	2b	✓			
	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	ed on	a					
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent account		_ I	_				
	•			2c	✓			
	If the organization changed either its oversight process or selection process during the tax year, exchedule O.	piain	in					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	<u>. </u>					
Ja	the Single Audit Act and OMB Circular A-133?	nmoi		0.				
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?			3a		✓_		
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a			3b				
	Togained about or addition, explain why in confedence of and describe any steps taken to undergo such a	aans.			000	(2017)		
				FOI	π ၁၁۷	(2017)		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047 2017

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ.

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

Inspection

lame	of the organization					Employer identification	number	
	ASCAP Foundation						81769	
_	t I Reason for Public Char						ns.	
_	organization is not a private founda			-	•	•		
1								
2			•			• •		
3 4	A hospital or a cooperative hos						iii) Enter the	
~	hospital's name, city, and state): 						
5	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.)							
6 7	= , , , , , , , , , , , , , , , , , , ,							
8	☐ A community trust described in	n section 170(b)	(1)(A)(vi). (Complete i	Part II.)				
9	An agricultural research organi or university or a non-land-grauuniversity:	nt college of agri	iculture (see instruction	ons). Ente	r the nam	ne, city, and state of	the college or	
10	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.)							
11	An organization organized and	-	- '	-		• • • •		
12								
	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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.							
а	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.							
b	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.							
С	Type III functionally integrits supported organization(ally integrated with,	
d		ntegrated. A su grated. The orga	pporting organization nization generally mus	operated st satisfy	in conne a distribu	ection with its suppo ition requirement an		
е		ization received	a written determination	on from th	ne IRS tha	at it is a Type I, Type	e II, Type III	
f	Enter the number of supported of	• •		Sporting (o garnzati	On.		
g g								
<u>_</u>	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the o	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
A)								
B)								
C)								
D)								
E)								
					 			

							
Part	Support Schedule for Organiza	ations Descr	ibed in Secti	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi)
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	lease comple	te Part III.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,312,096	1,151,930	1,148,857	1,020,041	1,271,420	5,904,344
2	Tax revenues levied for the		-				
	organization's benefit and either paid					į	
	to or expended on its behalf	_0	0	0	0	o	0
3	The value of services or facilities				_		
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	1,312,096	1,151,930	1,148,857	1,020,041	1,271,420	5,904,344
5	The portion of total contributions by						
	each person (other than a				:	1	
	governmental unit or publicly				i	{	
	supported organization) included on					1	
	line 1 that exceeds 2% of the amount				'	1	
	shown on line 11, column (f)						2,975,436
6	Public support. Subtract line 5 from line 4					l	2,928,908
	on B. Total Support			·	,		
Calen	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	1,312,096	1,151,930	1,148,857	1,020,041	1,271,420	5,904,344
8	Gross income from interest, dividends,					}	
	payments received on securities loans,					ĺ	
	rents, royalties, and income from						
_	similar sources	955,193	855,720	188,462	273,054	285,582	2,558,011
9	Net income from unrelated business						
	activities, whether or not the business			i	ļ		
	is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)	_					
44	• •	0	0	0	0	0	0
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	(ago instruction	\	Li		40	8,462,355
13	First five years. If the Form 990 is for the	*	•	 d third fourth	or fifth toy w	12	n 501(a)(2)
13	organization, check this box and stop he	-		•	•		, , , ,
Socti	on C. Computation of Public Suppor					<u> </u>	<u> </u>
14	Public support percentage for 2017 (line 6			1 column (fl)		14	34.6 %
15	Public support percentage for 2017 (line of Public support percentage from 2016 Sch					15	35.1 %
16a	331/3% support test—2017. If the organi						
704	box and stop here. The organization qual						
b	331/3% support test—2016. If the organi						
	this box and stop here. The organization	qualifies as a p	publicly suppo	rted organizati	on		▶ 🗆
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization meets the "organization	eets the "facts facts-and-circ	-and-circumsta umstances" te	ances" test, chest. The organi	neck this box a zation qualifies	and stop here. s as a publicly	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Explain in Part VI how the organization is supported organization	ation meets the eets the "factory".	e "facts-and-d ts-and-circums 	circumstances' stances" test.	' test, check : The organizati	this box and son qualifies as	a publicly
18	Private foundation. If the organization di	d not check a	box on line 13.	. 16a. 16b. 17a	ı. or 17b. chec	k this box and	see

Schedul Part	e A (Form 990 or 990-EZ) 2017 Support Schedule for Organiza	tions Descr	ibed in Sect	ion 509(a)(2)		 	Page 3
	(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.						
	If the organization fails to qualify under the tests listed below, please complete Part II.)						
Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1-7	(0) = 0	(0)	(-/		(7)
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						<u></u>
4	Tax revenues levied for the		1				
	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.)						
Section	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	/(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b /						
11	Net income from unrelated business						
	activities not included in line 10b, whether			ĺ			
	or not the business'is regularly carried on						
12	or not the business is regularly carried on			'			
12	Other income. Do not include gain or						
12	Other income. Do not include gain or loss from the sale of capital assets	<u> </u>					
12	Other income. Do not include gain or						
13	Other income. Do not include gain or loss from the sale of capital assets						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	•	•				* / / /
13	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for th organization, check this box and stop her	e	<u> </u>	d, third, fourth			* / / /
13 14 Section	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	e t Percentag	 e	<u> </u>	<u> </u>	<u> </u>	• □
13	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	t Percentag , column (f) di	e vided by line 1	3, column (f))		15	· · · · □
13 14 Section 15 16	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	t Percentag , column (f) di edule A, Part	e vided by line 1	3, column (f))		15	• □
13 14 Section 15 16	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	t Percentag , column (f) di edule A, Part come Perce	e vided by line 1 III, line 15 . ntage	3, column (f))		15	► □ % %
13 14 Section 15 16 Section 16	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	t Percentag , column (f) di edule A, Part come Perce ine 10c, colum	e vided by line 1 III, line 15 ntage nn (f) divided b	3, column (f))	nn (f))	15 16	· · · · □
13 14 Section 15 16 Section 17 /	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop her on C. Computation of Public Support Public support percentage for 2017 (line 8 Public support percentage from 2016 Schoon D. Computation of Investment Income percentage for 2017 (linestment income percentage for 20	t Percentag , column (f) di edule A, Part come Perce ine 10c, colum Schedule A,	e vided by line 1 III, line 15 ntage nn (f) divided b Part III, line 17	3, column (f)) y line 13, colur	mn (f))	15 16 17 18	► □ % % % %
13 14 Section 15 16 Section 17 18	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop her on C. Computation of Public Support Public support percentage for 2017 (line 8 Public support percentage from 2016 Schon D. Computation of Investment Income percentage for 2017 (Investment income percentage from 2016 Investment income percentage from 2016	t Percentag , column (f) di edule A, Part come Perce ine 10c, colum Schedule A, zation did not	e vided by line 1 III, line 15 ntage nn (f) divided b Part III, line 17 check the box	3, column (f)) y line 13, colum	mn (f))	15 16 17 18 nore than 331/3	% % % %
13 14 Section 15 16 Section 17 18	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	t Percentag , column (f) di edule A, Part come Perce ine 10c, colum Schedule A, zation did not and stop here.	vided by line 1 III, line 15 ntage nn (f) divided b Part III, line 17 check the box	3, column (f)) y line 13, column on line 14, and an qualifies as a	mn (f))	15 16 17 18 nore than 331/31 orted organizati	% % % %, and line on . ▶ □
13 14 Section 15 16 Section 17 18 19a	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	t Percentage, column (f) di edule A, Part come Perce ine 10c, colum Schedule A, zation did not and stop here.	vided by line 1 III, line 15 ntage nn (f) divided b Part III, line 17 check the box The organizati	3, column (f)) y line 13, colum on line 14, are on qualifies as a line 14 or line 1	mn (f))	15 16 17 18 nore than 331/24 orted organizate is more than 3	% % % %, and line on . ▶ □ 331/3%, and

Part IV Supp

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

	Section	A. All	Supporting	Organizations
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- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
'			
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	990 or	990-F	7) 2017

Part	V Supporting Organizations (continued)		-				
			Yes	No			
11	Has the organization accepted a gift or contribution from any of the following persons?	}	ļ				
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	ļ	-			
	A family member of a person described in (a) above? 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.	11b					
	on B. Type I Supporting Organizations	110	!	L			
	on an approximation		Yes	No			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1.00	1			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1	}				
	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,	ļ	ļ	ļ			
	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)	Ì			
	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.		1	-			
Secti	on C. Type II Supporting Organizations	2	L				
Jec.	on o. Type it Supporting Organizations		Vec	No			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	110			
•	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						
			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	Ì		1			
	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?	٠. :		-			
_		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	ĺ	}				
	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	1					
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			i			
	supported organizations played in this regard.	3					
Secti	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	instru	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.						
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struci	tions).			
2	Activities Test. Answer (a) and (b) below.		Yes	No			
	• • • • • • • • • • • • • • • • • • • •		163	1.00			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			ļ			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	į	l	l			
	how the organization was responsive to those supported organizations, and how the organization determined						
	that these activities constituted substantially all of its activities.	2a					
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more						
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1					
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b	}	}			
	activities but for the organization's involvement.						
3	Parent of Supported Organizations. Answer (a) and (b) below.			1			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_					
	trustees of each of the supported organizations? Provide details in Part VI.	3a	 				
р	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	Ì				

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations					
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
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	10						
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-functionall instructions).	y int	tegrated Type III support	ing organization (see				

Part	V Type III Non-Functionally Integrated 509(a)(3	C. Supporting Organi	-stiens (continued)	rage r
	ion D - Distributions	o Supporting Organi	zations (continued)	Current Year
1	Amounts paid to supported organizations to accomplish	evernet purposes		Current rear
	Amounts paid to perform activity that directly furthers exe			
2	organizations, in excess of income from activity	rteu		
3	Administrative expenses paid to accomplish exempt purp	noses of supported orga	nizations	
	Amounts paid to acquire exempt-use assets	oses of supported orga	THEATIONS	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	nonsive	
	(provide details in Part VI). See instructions.	organization io	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
_		(2)	(ii)	(iii)
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required—explain in Part VI). See		•	
	instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
	From 2014			·
d	From 2015			· · · · · · · · · · · · · · · · · · ·
	From 2016			·
f	Total of lines 3a through e Applied to underdistributions of prior years			
<u>g</u>	Applied to underdistributions of prior years Applied to 2017 distributable amount			<u> </u>
<u></u>	Carryover from 2012 not applied (see instructions)			
-	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
•	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part II), 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 D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection Employer identification number

	SCAP Foundation		51-0181769
Par			
	Complete if the organization answered		
4	Total number at and of year	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3 4	Aggregate value of grants from (during year) . Aggregate value at end of year		
5	Did the organization inform all donors and donor	r advisors in writing that the assets h	old in donor advised
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a	_	— —
·	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		
Par	Conservation Easements.		
-	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	☐ Preservation of land for public use (e.g., recrea	ation or education) Preservation o	f a historically important land area
	☐ Protection of natural habitat	☐ Preservation o	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easemen		
C	Number of conservation easements on a certified		
d	Number of conservation easements included in		E 1
2	historic structure listed in the National Register . Number of conservation easements modified, tran		1 1
3	tax year ►	sterred, released, extinguished, or ter	minated by the organization during the
4	Number of states where property subject to conse	envation easement is located	
5	Does the organization have a written policy re	******	spection handling of
•	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec		
-	>	g, manamag an malamana, and amanamag	,
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservation easements during the year
	▶ \$,
8	Does each conservation easement reported on line	2(d) above satisfy the requirements o	f section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · ·
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text of		nancial statements that describes the
	organization's accounting for conservation easem		·· ···································
Part			
	Complete if the organization answered		
та	If the organization elected, as permitted under SF works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under S		
U	works of art, historical treasures, or other similar		
	public service, provide the following amounts relat		addation, or research in fartheraries of
			> \$
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art	, historical treasures, or other simila	r assets for financial gain, provide the
	following amounts required to be reported under S	SFAS 116 (ASC 958) relating to these i	tems:
а	Revenue included on Form 990, Part VIII, line 1 .		▶ \$
b	Assets included in Form 990, Part X	<u> </u>	. <u>.</u> > \$

Schedul	e D (Form 990) 2017					Page 2				
Part										
3	Using the organization's acquisition, collection items (check all that apply):		er records, chec	k any of the follo	wing that are a si	gnificant use of its				
а	☐ Public exhibition		d □ Loan	or exchange prog	rams					
b	☐ Scholarly research		e Dother	-						
c	☐ Preservation for future generations	3	J J J J J J J J J J							
4	Provide a description of the organizar XIII.		nd explain how t	hey further the or	ganization's exem	pt purpose in Part				
5	During the year, did the organization									
	assets to be sold to raise funds rather		ned as part of the	e organization's co	ollection?	☐ Yes ☐ No				
Part		_								
	Complete if the organization 990, Part X, line 21.									
1a	Is the organization an agent, trustee, included on Form 990, Part X?					t 🔲 Yes 🗌 No				
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the following ta	able:						
					Ar	nount				
C	Beginning balance			10	>					
d	Additions during the year			10	i					
е	Distributions during the year			<u>[1</u> 9						
f	Ending balance			1						
2 a	Did the organization include an amour	nt on Form 990, Pa	rt X, line 21, for e	scrow or custodia	account liability	? 🗌 Yes 🗌 No				
	If "Yes," explain the arrangement in Pa	art XIII. Check here	if the explanation	n has been provid	ed on Part XIII .	<u> </u>				
Pari	Part V Endowment Funds.									
	Complete if the organization				,					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back				
1a	Beginning of year balance	2,086,646	2,063,272			,				
b	Contributions	0	38,250	51,000	51,07	56,832				
С	Net investment earnings, gains, and	İ		ļ		į				
_	losses	186,204	71,324							
ď	Grants or scholarships	(28,860)	(79,100)	(72,327)	(66,460	(70,084)				
е	Other expenditures for facilities and			i						
	programs	(16,026)	(7,100)			1				
f	Administrative expenses	<u> </u>	0			0				
g	End of year balance	2,227,964	2,086,646			2,122,734				
2	Provide the estimated percentage of t	-	Dalance (line 19 D%	, column (a)) neld	as:					
a	Board designated or quasi-endowmer Permanent endowment ▶	53%	270							
b	Temporarily restricted endowment	47%								
С	The percentages on lines 2a, 2b, and		n0%							
3a	Are there endowment funds not in the			at are held and ac	lministered for th	Δ				
	organization by:	poocoolon or an	organization the	at are from and at		Yes No				
	(i) unrelated organizations					3a(i) ✓				
	(ii) related organizations					3a(ii) ✓				
ь	If "Yes" on line 3a(ii), are the related of					3b				
4	Describe in Part XIII the intended uses									
Part										
	Complete if the organization		on Form 990. F	Part IV. line 11a.	See Form 990.	Part X. line 10.				
	Description of property	(a) Cost or oth			Accumulated	(d) Book value				
		(investme		1 7 7	epreciation	•••				
1a	Land		0	0		0				
b	Buildings		0	0	0	0				
C	Leasehold improvements		0	0	0	0				
d	Equipment		0	3,733	1,383	2,350				
е	Other		0	0	0	0				
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	0, Part X, column	n (B), line 10c.) .	▶	2,350				

Part VII	Investments—Other Securiti		000 D 1848		000 B. IV II. 40
	Complete if the organization a				
	(a) Description of security or cate (including name of security)	gory	(b) Book value		hod of valuation -of-year market value
	l derivatives				
	held equity interests			 	
(3) Other				 	
(A)					
(B)				ļ	
(C)				ļ <u>-</u>	
(D) (E)					
(F)				 	
(G)				<u> </u>	
(H)			-		
	(b) must equal Form 990, Part X, col. (B) line 12.)	>	-		
Part VIII	Investments-Program Rela			<u> </u>	
	Complete if the organization a		orm 990, Part IV, lir	ne 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Met	hod of valuation [.] -of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)			ļ		
			<u> </u>	<u> </u>	
(8)		- 	ļ	<u> </u>	
(9)	(A)		 	 	
	(b) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>	<u> </u>	<u>. </u>	
Part IX	Other Assets.	noward "Vas" on Fa	owen 000 Deet IV lie	o 11d Coo Form	000 Bort V line 15
	Complete if the organization a	(a) Description	omi 990, Part IV, ili	ie 11a. See Form	(b) Book value
(4)		(a) Besonption			(b) Book Value
(2)					
(3)		·			
(4)					
(5)					
(6)					
(7)		, <u>,</u> ,		_	
(8)				· · · · · · · · · · · · · · · · · · ·	
(9)					
Total. (Colu	ımn (b) must equal Form 990, Part X	, col. (B) line 15.)	<u></u>		
Part X	Other Liabilities. Complete if the organization a line 25.	nswered "Yes" on Fo	orm 990, Part IV, lir	ne 11e or 11f. See	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value			
(1) Federal is	ncome taxes		_		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col. (B) line 25.)				
	r uncertain tax positions. In Part XIII, pr				
organization	's liability for uncertain tax positions un	der FIN 48 (ASC 740). Ch	neck here if the text of	tne footnote has bee	en provided in Part XIII · 🗹

Part	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990,		•	Return.	
1	Total revenue, gains, and other support per audited financial statements		1724.	1	2 062 270
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	,			2,863,278
a	Net unrealized gains (losses) on investments	2a	1,094,179		
ь	Donated services and use of facilities		125,034	İ	
c	Recoveries of prior year grants		125,034	1	
d	Other (Describe in Part XIII.)			•	
e	Add lines 2a through 2d			2e	1,219,213
3	Subtract line 2e from line 1			3	1,644,065
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i . i			1,044,003
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		ļ	
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	•
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	1.644.065
Part					1,644,065
ı aıı	Complete if the organization answered "Yes" on Form 990,			i netuiii.	
1		, raitiv, ii		1]	1 040 010
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				1,949,819
	Donated services and use of facilities	امما	40-004		
a		2a	125,034		
b	Prior year adjustments		0		
C	Other losses		0		
d	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d			2e	125,034
3	Subtract line 2e from line 1	; · ;		3	1,824,785
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		0		
b	Other (Describe in Part XIII.)	4b	0		
	Add lines 4a and 4b			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li	ine 18.) .	<u> </u>	5	1,824,785
	XIII Supplemental Information.				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a				
2; Pan	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	t to provide	e any additional inf	formation.	
FORM	990 - PART X, LINE 2:				
The A	SCAP Foundation recognizes the effect of income tax positions only if those	positions a	re more likely than	not	
to be s	ustained. Management has determined that the ASCAP Foundation had no u	incertain ta	k positions that wo	uld require	financial
statem	ent recognition or disclosure. The ASCAP Foundation is no longer subject t	o examinati	ons by the applicat	ole taxing ju	ırisdictions
for per	iods prior to calendar year 2014.		·		
FORM	990 - RESPONSE TO PART V, LINE 4 - Endowment funds were established b	y the donor	s. The interest and	dividends	earned on
the en	dowment principle are available to be used for a specific purpose as requeste	ed by the do	nor. The endowme	ent funds a	re to be held
in perp	etuity.				

Scriedule D (For	m 990) 2017	Page 5
Part XIII	Supplemental Information (continued)	
,		

SCHEDULE (Form 990)

Department of the Treasury Name of the organization ntemal Revenue Service

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

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

► Attach to Form 990.

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

2017

OMB No. 1545-0047.

Open to Public Inspection

Employer identification number

11 Musical theater songwriting Songwriting & composition CA-Film/TV scoring wrkshp ntro to muscial theater exp Music books & sheet music Creativity in the classroom **%**□ Music education program Special music curriculum Saturday jazz workshop Music therapy program Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance Summer music camp Summer jazz camp ⊠ Yes 51-0181769 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of noncash assistance (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 6,000 6,333 (d) Amount of cash 15,000 10,000 8,360 11,000 14,000 10,000 7,000 15,850 18,000 14,891 grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? General Information on Grants and Assistance 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 31-1696655 33-1194964 66-0391387 13-0423210 33-0821845 13-2614483 11-3179208 13-1991118 13-1656667 13-1416260 13-6007082 261716177 (D) EIN 2) L Armstrong Summer jazz camp 618 Camino Real Ste201 Carlsbad CA (7) Elaine Kaufman Cultural Center (10) Music Conservatory of Westche (11) Rosie's Theater Kids, Inc. PO Box 180 St. John, VI 08831-0180 PO Box 10003, Van Nuys, CA 91410 124 Roselyn Pk Pl, New Orleans, LA (8) Manhattan School of Music 1 (a) Name and address of organization (12) St. John's School of the Arts (1) Alfred Music Publishing Co. 3623 Hayden Ave Culver City, CA 120 Claremont Ave NY NY 10022 216 Central Ave White Plains, NY (9) Music Box Theater 45 Main St. Brooklyn, NY 11201 154 W 127th St., NY NY 10036 129 W 67th St. NY NY 10023 445 W 45th St. NY NY 10056 (3) Belvedere Music, Inc. 234 W 44th St. NY NY 1003 (4) l'Safe America, Inc. or government The ASCAP Foundation (5) JazzMobile, Inc. (6) JazzReach Part I Part II

Schedule I (Form 990) (2017)

Cat. No. 50055P

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

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Schedule I (Form 990) (2017) **ջ** □ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance **Employer Identification number** Songwriting retreat ✓ Yes 51-0181769 Staged reading Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Cat. No. 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 10,000 10,000 (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance 501(c)(3) 501(c)(3) 26-1626709 95-4467830 (B) EIN 9390 N Santa Monica Bly Beverly Hill 510 Congress Av Ste 108 Austin, TX 1 (a) Name and address of organization (1) Songwriting with Soldiers (2) Wallis Annenberg Center he ASCAP Foundation Name of the organization Part I Part II € 9 ල 0 Ε 6 12 \odot 9

Schedule I (Form 990) (2017)

The ASCAP 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 (f) Description of noncash assistance utilized as well as the number of people impacted by their program. The Associate Director will discuss with the grantees throughout the year to ensure that the funds are allocated in Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. RESPONSE TO PART I, LINE 2: DESCRIBE THE ORANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance 147,500 83,000 6,500 20,250 \$193,750 21,451 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients 112 **5**8 7 54 2 accordance with the mission of The ASCAP Foundation. 5 Workshop moderator/mentor/instructor-honorariu 3 Performer fees Legacy series / Kennedy Center 4 Workshop demo and / or studio recording fees 1 Awards to lyricist & composer programs 7 Commissioning fees & copying costs (a) Type of grant or assistance 2 Music scholarships & fellowships Summer camp guitar instructors Part IV Part III ဖ

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization Employer identification number The ASCAP Foundation 51-0181769 Part I 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 ☐ Travel for companions Payments for business use of personal residence ☐ Tax indemnification and gross-up payments Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (such as, maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant Compensation survey or study ☐ Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. 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: 6a **6b** If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?

Partil 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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(I)—(iii) for each listed individual must equal the total amount of Form 990. Part VII. Section A, line 1a, applicable column (D) and (E) amounts for that individual.

NOTE: THE SULL OF COLUMNS (D)(V) AND CHARLES OF THE SULL SULL SULL SULL SULL SULL SULL SUL	200	il listed irigividual fili	st equal the total amo	Juni oi romi 990, Pa	T VII, Section A, IINe	a, applicable colum	n (U) and (E) amount	s for that individual.
		(b) Breakdown or	(b) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(f) Base compensation	(II) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(b)(a)	in column (B) reported as deferred on prior Form 990
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1Executive Director	€	201,278	24,720	7,094	25,011	26,677	284,780	
Joan Hill	ω							
2Director of Finance & Admin.	Ξ	137,963	13,561	1,891	16,640	702	170,757))))) (((((((((((((((
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Schedule J (Form 990) 2017

Parally Supplemental information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	ved by the Board of Directors.								
Partill Supplemental Information Provide the information, explanation, or descriptions requir for any additional information.	Bonus is performance based and is approved by the Board of Directors.								

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

Employer identification number

The ASCAP Foundation	51-0181769
FORM 990 - PART III - STATEMENT OF SERVICE ACCOMPLISHMENTS - RESPONSE TO LINE 4D - OTI-	HER PROGRAM SERVICES:
Grants and allocations for 7 humanitarian / music heals and other program support.	
FORM 990 - PART VI, SECTION B, POLICIES: RESPONSE TO LINE 11b, PROVIDE A COPY OF THIS FO	RM 990 TO ALL MEMBERS OF ITS
GOVERNING BODY BEFORE FILING:	
The form 990 is reviewed by Foundation management and independent auditors. Additionally, the auditors.	dit committee meets with the
independent auditors prior to the audit and upon conclusion of the audit to review the audited financia	al statements and the audit report.
The board of director's review the independent audited financial statements and are given the opportu	unity to review The ASCAP Foundation
form 990.	
FORM 990 - PART VI, SECTION B, POLICIES - RESPONSE TO LINE 12C:	
	o annually. Officers directors and key
The ASCAP Foundation shares its conflict of interest policy with officers directors and key employee	
employees are expected to declare if at any point a conflict of interest arises and are required annual	y to recertify any conflict of interest.
Intial conflict is disclosed, the individual in question must recuse themselves from voting on the matter	er. All potential conflicts are
reviewed by a Conflicts committee. Such matters involving the existence of conflicts of interest are d	ocumented in the minutes of the
governing board.	
FORM 990 - PART VI SECTION C, DISCLOSURE - RESPONSE TO LINE 19:	
The Federal form 990 is available on Guidestar.org and by request to The ASCAP Foundation. The AS	CAP Foundation annual report is
available at https://ascapfoundation.org.	
FORM 990 - PART XII FINANCIAL STATEMENTS AND REPORTING - RESPONSE TO LINE 2C:	
The ASCAP Foundation has a committee that assumes responsibility for oversight of the audit of its f	inancial statement an selection of an
independent accountant. The process has not changed from the prior year.	

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
The ASCAP Foundation	51-0181769

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

The ASCAP Foundation

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.

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

OMB No. 1545-0047 .	2017	
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Open to Public Inspection **Employer identification number**

51-0181769

(g) Section 512(b)(13) controlled entlty? (f)
Direct controlling
entity Schedule R (Form 990) 2017 Ŷ Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Yes (f)
Direct controlling
entity (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Exempt Code section (c) Legal domicile (state or foreign country) Cat. No. 50135Y (c) Legal domicile (state or foreign country) (b) Primary activity (b) Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization Part Part II € 0 9 € 0 9 E 3 ପ E 2 ම E

Schedule R (Form 990) 2017												Page 2
Part III Identification because it ha	Identification of Related Organizations Taxable because it had one or more related organizations	zations Taxable	as a Partnership. Complete if the organization answered "Yes" treated as a partnership during the tax year.	ship. Compartnership of	olete if the	organizatio ax year.	n answer	ed "Yes"	on Form 990, Part IV, line), Part IV,	line 34	
(a) Name, address, and ElN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)	ant Shar ated, ir d, from er – 514)		(g) Share of end-of- year assets	(h) Disproportionate allocations?	ate Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	() General or 20 managing (-1 partner?)		(k) ' Percentage ownership
								Yes No		Yes	ş	
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ω											-	
Part IV Identification Ine 34, becau	Identification of Related Organizations Taxable line 34, because it had one or more related organiz	zations Taxable	as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, zations treated as a corporation or trust during the tax year.	tion or Tr	ust. Comple pration or to	ete if the or	ganization the tax ye	n answe	red "Yes" on	Form 99(o, Part	, ≤
(a) Name, address, and EIN of related organization	f related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controlling entity	(e) Type of entity (C corp. S corp, or trust)		(f) Share of total income	(9) Share of end-of-year assets	(h) Percentage ownership	1	(f) Section 512(b)(13) controlled entity?
											Yes	Š
(1)American Soc. Composers Authors & Publishers 1900 Broadway, NY NY 10023 EIN: 13-04334220	rs Authors & Publishers EIN: 13-04334220	Music Licensing	Š		NA	unincorporated		membership	0		0	>
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Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Schedule R (Form 990) 2017

Part V Transactio

Yes		> >	•	\ - 	>	>	>	>	>	`	<u> </u>	`	\ <u>\</u>		>		>		>	>	>	olds.		volved						90) 201
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ete O ni Poteil enciteri	ולמנוסווט ווטנפת ווו ב מונים																					iding covered relation	(2)	Amount involved						
neevo betelev evem ve	inde related organ																					implete this line, inclu	②	Transaction type (a-s)						
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	Duffing the tax year, and the organization engage in any or the following transactions with one of	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	b call, glant, or capital continuous to related organization(s)	c Giff, grant, or capital contribution from related organization(s)	d Loans or loan guarantees to or for related organization(s)	e Loans or loan guarantees by related organization(s)	f Dividends from related organization(s)	q Sale of assets to related organization(s)		: Control of control with value of control of the c	i Lease of facilities, equipment, or other assets to related organization(s)		Lease of lacinities, equipment, of other assets from related organization(s) Lease of townshoot or mombarchin or fundamental collectations for related organization(s)		 Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities equilipment mailing lists or other assets with related organization(s) 		o Sharing of paid employees with related organization(s)	p Reimbursement paid to related organization(s) for expenses	q Reimbursement paid by related organization(s) for expenses	r Other transfer of cash or property to related organization(s)	s Other transfer of cash or property from related organization(s)	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		Name of related organization	(1)		(4)	(5)	(6)	(a)

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.

or group revenue, that was not a related organization. One mist decide beganding exclusion for certain investment partitles in the Simps.	gariikailoii. Oct	I I SIL OCIONIS I	sgarding exclusi	on or certain	il ilivesilient pa						
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Name, address, and EIN of entity	Primary activity	Legal domicile	Predominant	Are all partners	Share of		Disproportion	ate Code V—UBI			Percentage
		(state or toreign	income (related, inrelated, excluded	Section 501(c)(3)	total income	end-of-year	allocations	? amount in box 20		managing	ownership
		(faumo)	from tax under	organizations?		dosels		(Form 1065)			
			sections 512-514)	Yes No			Yes No	_	Yes	Yes	
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chedule H (F	-om 990) 2017	Page 5
Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.	
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