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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

DLN: 93493181000037

Open to Public Inspection

			5			
Nar	ck if ap	plicable C Name of organization JOHN PHILIP SOUSA FOUNDATION		D Emplo	yer id	entification number
	dress cl			31-10	00437	74
Init	me cha	nge Doing business as				
	ial retu	rn				
Fina return/to		■ 4/16 INSIGNIA COURT	e	E Teleph	one nui	nber
		pending City or town, state or province, country, and ZIP or foreign postal code LAFAYETTE, IN 47909		c Gross	racainte	s \$ 91,270
				G Gross	receipts	
		F Name and address of principal officer JAY GEPHART	H(a) Is th			
			subo No	rdinates?		Yes 🗸
			H(b) Area		ınates	Yes √ No
	-exem	ot status	inclu tf"N		va liet	t (see instructions)
J We	bsite	:▶ N/A	H(c) Grou			,
	- 6		L Year of fo			M State of legal domicile IN
K Form	or org	anization		midden 1		. State of legal definition 211
Par	tΙ	Summary				
		efly describe the organization's mission or most significant activities				
		e purpose of the John Philip Sousa Foundation is to encourage excellence in ba rough recognition and the compilation of a band comprised of high school studer				
e G	<u>ciii</u>	ough recognition and the complication of a band complised of high school stude.	its ironi the	33 WIIO CC	our mic	critationally
<u>ĕ</u>						
E	_					
Governance	2 C	heck this box ▶ ☐ if the organization discontinued its operations or disposed o	f more than 2	25% of its	net a	assets
	3 N	umber of voting members of the governing body (Part VI, line 1a)			з	31
Activities &		umber of independent voting members of the governing body (Part VI, line 1b)			4	31
¥		otal number of individuals employed in calendar year 2015 (Part V, line 2a) .			5	0
Act		otal number of volunteers (estimate if necessary)			6	
		otal unrelated business revenue from Part VIII, column (C), line 12			7a	0
		t unrelated business taxable income from Form 990-T, line 34			7b	
			Pric	r Year		Current Year
	8	Contributions and grants (Part VIII, line 1h)				0
랼	9	Program service revenue (Part VIII, line 2g)		46,	694	
Ravenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0 9 4	69,048
æ	11			21,	985	69,048 21,978
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		21,		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)				21,978
	13	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line			985	21,978 0
	13 14	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			985	21,978 0 91,026
		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)			985	21,978 0 91,026 1,000
	14	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines			985	21,978 0 91,026 1,000
	14 15	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			985	21,978 0 91,026 1,000 0
Expenses	14 15 16a	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3)		68,	985	21,978 0 91,026 1,000 0
Expenses	14 15 16a b	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1−3)		68,	679	21,978 0 91,026 1,000 0 0
Expenses	14 15 16a b	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3)		43,	015	21,978 0 91,026 1,000 0 0
Ехрепѕез	14 15 16a b 17	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3)		43, 43, 25,	985 679 015 015 664	21,978 0 91,026 1,000 0 0 0 88,745
Ехрепѕез	14 15 16a b 17	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3)		43, 43, 25,	985 679 015 015 664 Year	21,978 0 91,026 1,000 0 0 0 88,745 89,745
Ехрепѕез	14 15 16a b 17 18 19	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1−3)		43, 43, 25, of Current	985 679 015 015 664 Year	21,978 0 91,026 1,000 0 0 88,745 89,745 1,281 End of Year
et Assets or Expenses und Balances	14 15 16a b 17 18 19	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3)		43, 43, 25, of Current	985 679 015 015 664 Year 081 746	21,978 0 91,026 1,000 0 0 0 88,745 89,745 1,281 End of Year 615,363

my knowledge and belief, it is true, correct, and complete Declaration of prep preparer has any knowledge

Sign Here Signature of officer JAY GEPHART VP & TREASURER Type or print name and title

Paid Preparer Use Only Print/Type preparer's name David P Holder Preparer's signature David P Holder Firm's address ▶ PO Box 249 Lafayette, IN 479020249

May the IRS discuss this return with the preparer shown above? (see instruct

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🛸	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
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		No
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 $98-197$ If "Yes," complete Schedule C, Part III	5		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
	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 2	11b		No
	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 2	11 c		No
	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No ———
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h		

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Par	t IV Checklist of Required Schedules (continued)		
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	No
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	No
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	No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	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	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section $501(c)(3)$, $501(c)(4)$, and $501(c)(29)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Pait I	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	No
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	No
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	No
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,		- 110
	Part IV	28b	No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
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? <i>If "Yes," complete Schedule R, Pait I </i>	33	No
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	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
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	No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	No
		Forr	n 990 (2015)

	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		No
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-file (see instructions)	2b		No
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	1		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
62	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Oa		
_	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d 0			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
LO	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	, l		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L1	Section 501(c)(12) organizations. Enter	, l		
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		Νo
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		No
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			
c	Enter the amount of reserves on hand			
L4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction 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 31			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 31			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
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		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
<u>se</u>	ction B. Policies (This Section B requests information about policies not required by the Internal R	event	Yes	≘.) No
าล	Did the organization have local chapters, branches, or affiliates?	10a	163	No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		110
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12 c	Yes	
3	Did the organization have a written whistleblower policy?	13	Yes	
1	Did the organization have a written document retention and destruction policy?	14		No
5	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		No
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
5a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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		
Se	ction C. Disclosure			
7	List the States with which a copy of this Form 990 is required to be filed IN			
8	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.			
	Own website Another's website Upon request Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
0	State the name, address, and telephone number of the person who possesses the organization's books and record >JAY GEPHART 4716 INSIGNIA COURT LAFAYETTE, IN 47909 (765) 494-0770	S		

Part VII

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

Check if Schedule O contains a response or note to any line in this Part VII . . .

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

- 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, or 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 nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	more t	tion (han d on is	one both	box, an d	heck unless officer stee)	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated entition ee Key employee Officer Institutional Trustee Individual trustee or director		2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations				
See Additional Data Table										
										Form 990 (2015)

\$100,000 of compensation from the organization \blacktriangleright 0

art VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours per week (list any hours for related	more for personal per	Position (do not check more than one box, unless person is both an officer and a director/trustee) Reproduction for comparison of the comparison is both an officer organization organization of the comparison o						table sation the tion (W-	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	- ((F) Estima mount of compens from	ated f other sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated emptovee	Former	2/1099	ТЗС	2/1099-MISC)		relat organiza	ed
ee	Addıtıonal Data Table													
_														
_														
_												+		
												+		
												+		
												\perp		
												+		
_	Sub-Total						<u> </u>							
; !	Total from continuation sheet Total (add lines 1b and 1c)				•		>							
	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho receive	d more th	nan			
													Yes	No
	Did the organization list any fo						emplo	yee,	, or highes	t compen	sated employee			
	on line 1a? If "Yes," complete S							•				3		No
	For any individual listed on line organization and related organ													
	ındıvıdual				•	•		•			[4		No
	Did any person listed on line 1 services rendered to the organ										or individual for	5		No
_	atian B Indonesia													
>	Complete this table for your fiv compensation from the organiz	ve highest comp			•								tax year	
	· · ·	(A) lame and business						, -			(B) scription of services		(C Comper)
	IV	and and publicas								Des	Supplier of Services		Compe	.54 4011
_														
-														
		ntractors (inclu										_		

Part V	/1111	Statement o	f Revenue					
		Check If Sched	ule O contains a respoi	nse or note to any lu	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
. इ. इ. 	1a	Federated cam						312-314
ran	b	Membership du	ies 1b					
Ē.	c	Fundraising ev	ents 1c					
ifts ar /	d	Related organiz	zations 1d					
tributions, Gifts, Grants Other Similar Amounts	e	Government grant	s (contributions) 1e					
ons Si	f	All other contribution	ons, gifts, grants, and 1f					
ie e	'	sımılar amounts no	ot included above					
Ę ŏ	g	Noncash contributi 1a-1f \$	ons included in lines					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines	s 1a-1f		0			
<u> </u>				Business Code				
¥ĕ	2a	KANSAS JR HONOF			10,332	10,332		
æ	ь	NATIONAL COMMU			7,525	7,525		
Program Service Revenue	°	NET FUNDING EUF			7,800	7,800		
<u>\$</u>	d	NEW ENGLAND HO			34,363	34,363		
ш	e	NEW ENGLAND LO			3,825	3,825		
ogr	f	All other progra	am service revenue		5,203	5,203		
_₹	g	Total. Add line:	s 2a-2f		69,048			
	3		ome (including dividen		22,222			22,222
	4		ar amounts)	•	0			
	5			•	0			
		•	(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental						
	ءَ ا	expenses Rental income						
		or (loss)						
	d	Net rental inco	me or (loss)	1	0			
	7a	Gross amount from sales of assets other than inventory	(ı) Securities	(II) Other				
	b	Less cost or other basis and sales expenses	244					
	C	Gain or (loss)	-244		244	244		
	d	Net gain or (los Gross income f			-244	-244		
Other Revenue		events (not inc	luding reported on line 1c)					
er			a					
₽	1		penses b		0			
	9a	Gross income f	rom gaming activities ne 19	events •	0			
	1		penses b (loss) from gaming acti	vities	0			
	10a	Gross sales of returns and allo						
	b c	_	oods sold b (loss) from sales of inv	entory ► Business Code	0			
	11a	miscellaneou	o Wevellue	Dusiliess Code				
	b							
	c							
	d	All other reven	ue					
	e	Total. Add lines		▶				
	12		See Instructions .		0			
		rotal revenue.	Sectionactions .	· · · · •	91,026	68,804		22,222

Form 990 (2015) Part IX Statement of Functional Expenses

ection 501(c)(3) and 501(c)(4)	organizations must complete all columns π	All other organizations must comi	olete column (A)

Check if Schedule O contains a response or note to any line in this Part IX .							
▽							

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	1,000	1,000		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes				
		0			
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
c	Accounting	1,835		1,835	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
13	Office expenses	85	85		
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	742	742		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	1,400		1,400	
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	PRODUCTION COST NEW ENG HR BD	31,116	31,116		
b	PRODUCTION COSTS KANSAS JR HG	10,993	10,993		
c	PRODUCTION COST EUROPEAN HRS	10,425	10,425		
d	MIDWEST CLINIC	7,100	7,100		
е	All other expenses	25,049	25,049		
25	Total functional expenses. Add lines 1 through 24e	89,745	86,510	3,235	0
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	50.855	1	52,343
	2	Savings and temporary cash investments	3,203	2	3,241
	3	Pledges and grants receivable, net	-,	3	0
	4	Accounts receivable, net		4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of		-	
		Schedule L		5	0
Assets	6	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			
SS				6	0
⋖	7	Notes and loans receivable, net		7	0
	8	Inventories for sale or use		8	0
	9	Prepaid expenses and deferred charges		9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a			
	Ь	Less accumulated depreciation		10 c	0
	11	Investments—publicly traded securities	560,023	11	559,779
	12	Investments—other securities See Part IV, line 11		12	0
	13	Investments—program-related See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets See Part IV, line 11		15	0
	16	Total assets.Add lines 1 through 15 (must equal line 34)	614,081	16	615,363
	17	Accounts payable and accrued expenses	746	17	746
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		21	
abilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u></u>		persons Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			4
		Table Palating Additions of Tabasas in 25	746	25	1 747
	26	Total liabilities. Add lines 17 through 25	740	26	141
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶			
alan	27	Unrestricted net assets	613,335	27	614,616
<u> </u>	28	Temporarily restricted net assets		28	
Ĕ	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
ets	30	Capital stock or trust principal, or current funds		30	
155	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	613,335	33	614,616
	34	Total liabilities and net assets/fund balances	614,081	34	615,363

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

Additional Data

Software ID: 15000324 Software Version: 2015v3.0

Name: JOHN PHILIP SOUSA FOUNDATION

(Code

4a

Form 990, Part III, Line 4a

) (Expenses \$

CO JAY GEPHART

32,572

NATIONAL HONORS BAND, NEW ENGLAND REGION, 134 PARTICIPANTS FROM 44 SCHOOLS WITH AN AUDIENCE OF 700

EIN: 31-1004374

including grants of \$) (Revenue \$

Form 990, Part III, Line 4b



KANSAS JR HIGH HONORS BAND - 188 PARTICIPANTS FROM KANSAS SCHOOLS PERFORMED BEFORE600-700 PATRONS AT LIED CENTER. UNIVERISTY OF KANSAS

Form 990, Part III, Line 4c

\ / -

10 1

4 C	(Code) (Expenses \$	10,425	including grants or \$) (Revenue \$)
	EUROPEAN HONORS	BAND TOUR - THE INITIAL RESPONS	SE TO THE TO	OUR WAS REVENUE DEPOSITS OF	FOVER \$45,000 THE TOUR WAS CANC	ELLED DUE TO PARENTS
	CONCERN WITH THE	IR CHILDREN TRAVELING IN FUROR	E AND THE I	SSUE OF TERRORISM. THE INITIAL	AL DEPOSITS WERE RETURNED	

\ /D -----

40.405

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more tl perso and a	ion (nan o n is b	ne b ooth	ox, ι an o	unles s fficer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	
TERRY AUSTIN Director	1 00	×						0	0	
KEITH BRION Director	1 00	×						0	0	
PAULA CRIDER Director	1 00	×						0	0	
RICHARD FLOYD Director	1 00	Х						0	0	
THOMAS FRASCHILLO Director	1 00	X						0	0	

1 00

0 00

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JOSEPH HEBERT

THOMAS PALMATIER

Director

Director

Secretary

Director

JAY GEPHART

VP & TREASURER

JOHN CULVAHOUSE

LORAS SCHISSEL

0	0
0	0
0	0
0	0

0

0

0

0

0

0

0

(F) Estimated amount of other

compensation

from the organization and

related organizations

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(F) Estimated amount of other

> compensation from the

organization and

related organizations

0

0

0

0

0

0

0

0

0

Compensated Employees, and Inde	pendent Cor	ntracto	rs					ī	•
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position of the person and an individual trustee	ion (nan o n is b	ne b ooth	ox, an o	unless fficer stee)	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
GERALD GUILBEAUX VP for Dev	2 00	x		x				0	0
RON KELLER Director	1 00	×						0	0
LOWELL E GRAHAM President & CEO	2 00	х		x				0	0
RUSSELL G HAMMOND Director	1 00	×						0	0
THOMAS G LESLIE	1 00	x						0	0

0 00

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Х

Х

Χ

Х

Director

Director

Director

Director

Director

Director

DON WILCOX

TIMOTHY RHEA

TABOR STAMPER

JERRY JUNKIN

JOHN PHILIP SOUSA IV

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(F) Estimated amount of other

> compensation from the

organization and

related organizations

0

0

0

0

0

0

0

0

0

(A) Name and Title Average hours per more than one box,	k, unless	(D) Reportable compensation	(E)	
week (list person is both an any hours and a director/tru	•	from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	
Officer Officer Institutional Trustee or director organizations below dotted line) dotted line)		2,1033 (130)	2/1033 MI3C)	
JOHN M LONG		0	0	
MICHAEL COLBURN 1 00 X Director 0 000		0	0	
PAM POTTER		0	0	
M MAX MCKEE		0	0	
THOMAS REYNOLDS 1 00 X Director 0 00 X		0	0	

1 00

0 00

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Х

Х

Х

Х

DENNIS ZEILER

LOUIS SUDLER JR

BRYCE TAYLOR

FRANK WICKES

W DALE WARREN

Director

Director

Director

Director

Director

Compensated Employees, and Independent Contractors (A) (B) (D) Position (do not check Name and Title Reportable Average more than one box, unless compensation n the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

	any hours a		son is both an officer d a director/trustee)					from organizat
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-
G HARTER	4 00							

FINANCE VP

ition (Worganizations (W--MISC) 2/1099-MISC)

(E)

Reportable

compensation

from related

(F)

Estimated amount

of other

compensation

from the

organization and related organizations

efile GRAPHIC print - DO NOT PROCESS

hospital's name, city, and state _

As Filed Data -

DLN: 93493181000037

OMB No 1545-0047

Open to Public Inspection

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Part I

2

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

www.irs.gov/form990.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

Name of the organization JOHN PHILIP SOUSA FOUNDATION CO JAY GEPHART

Employer identification number 31-1004374 Reason for Public Charity Status (All organizations must complete this part.) See instructions.

5		An organization opera 170(b)(1)(A)(iv). (Co			iversity owned	or operated by	a governmental unit d	lescribed in section			
6		A federal, state, or loc	al government	t or governmental unit	described in s	ection 170(b)(1)(A)(v).				
7 8		An organization that n described in section 1 A community trust des	70(b)(1)(A)(v	/i). (Complete Part II)	-	ental unit or from the g	ieneral public			
9	 ~	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 Seesection 509(a)(2). (Complete Part III)									
10		An organization organ	ized and opera	ited exclusively to tes	t for public saf	ety See sectio	on 509(a)(4).				
11		one or more publicly s the box in lines 11a th	upported orga rrough 11d tha	nizations described in at describes the type (section 509(a of supporting o	a)(1) or section rganization and	nctions of, or to carry o n 509(a)(2) See sectio d complete lines 11e, 1	n 509(a)(3). Check .1f, and 11g			
а	Γ		n(s) the power	to regularly appoint o	r elect a major		organization(s), typical tors or trustees of the				
b	Г	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.									
c							n, and functionally integ	grated with, its			
d	_	supported organization), and E. n with its supported org	anization(s) that is			
	l	not functionally integr (see instructions) Yo	ated The orga u must comple	inization generally mu ite Part IV, Sections A	st satisfy a dis . and D, and Pa	trıbutıon requi ı rt V.	rement and an attentiv	eness requirement			
е		Check this box if the contegrated, or Type III	-				is a Type I, Type II, T	ype III functionally			
f	Ente	r the number of support		, , , , , , , , , , , , , , , , , , , ,	5 5						
g		Provide the following i	-								
Nar	(i) Name of supported organization		(ii)EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv Is the orga listed in your docum	nnization governing	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)			
					Yes	No					
Tota	<u> </u>										
For F	Paperv	vork Reduction Act Noti	ice. see the In	structions for Form 99	00 or 990EZ.	Cat No 112	285F				

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

	(Complete only if you						
54	Part III. If the organization A. Public Support	ation rails to qu	ality under the	tests listed bei	ow, please con	ipiete Part III.)
				1			1
(or	Calendar year fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
_	membership fees received (Do						
	not include any unusual grants)						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit						
_	to the organization without charge			+			+
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5						
	from line 4						
Se	ection B. Total Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f)⊤otal
•	fiscal year beginning in) ▶	` ,	. ,	, ,	` '	. ,	· , ,
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
_	and income from similar sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
11	Total support. Add lines 7						
	through 10					1 1	
12	Gross receipts from related activiti	•	•			12	
13	First five years.If the Form 990 is	for the organizati	on's first, second	, third, fourth, or i	ifth tax year as a	section 501(c)(3) organızatıon,
	check this box and stop here			<u> </u>		<u>► </u>	
	ection C. Computation of Pul		-				
14	Public support percentage for 2015	5 (line 6, column	(f) divided by line	e 11, column (f))		14	
15	Public support percentage for 2014	4 Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test—2015.If the	organization did	not check the bo	x on line 13, and	ine 14 is 33 1/3%	or more, check	this box
	and stop here. The organization qua	alıfıes as a publıc	ly supported orga	anızatıon			▶□
b	33 1/3% support test-2014.If the	organization did	not check a box	on line 13 or 16a,	and line 15 is 33	1/3% or more, o	heck this
	box and stop here. The organizatio	n qualifies as a p	ublicly supported	organization			▶
17a	10%-facts-and-circumstances test	—2015. If the orga	anızatıon dıd not	check a box on lir	ne 13, <mark>1</mark> 6a, or 16l	o, and line 14	
	is 10% or more, and if the organiza	ition meets the fa	cts-and-circums	tances test, chec	k this box and st	op here. Explain	
	in Part VI how the organization med	ets the "facts-an	d-cırcumstances	" test The organ	zation qualifies as	s a publicly supp	orted
	organization						▶
b	10%-facts-and-circumstances test						
	15 is 10% or more, and if the organ						
	Explain in Part VI how the organiza	ition meets the "f	acts-and-circum	stances" test Th	e organızatıon qu	alıfıes as a publı	cly
	supported organization						▶
18	Private foundation. If the organizat	ion did not check	a box on line 13	, 16a, 16b, 1 7a,	or 17b, check this	box and see	
	instructions						▶┌

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

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

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

Se	ction A. Public Support				1			_
	Calendar year	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 20	15	(f) ⊤otal
(OF)	iscal year beginning in) ► Gifts, grants, contributions, and							
	membership fees received (Do							0
	not include any "unusual grants ")							
2	Gross receipts from admissions, merchandise sold or services							
	performed, or facilities furnished	04 453	204 022	62.065	46.602		60.040	FC1 101
	in any activity that is related to	91,452	291,033	62,965	46,693		69,048	561,191
	the organization's tax-exempt							
3	purpose Gross receipts from activities						\longrightarrow	
3	that are not an unrelated trade or							0
	business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either paid to or expended on its behalf							0
5	The value of services or facilities							_
•	furnished by a governmental unit							0
	to the organization without charge							
6	Total. Add lines 1 through 5	91,452	291,033	62,965	46,693		69,048	561,191
/a	Amounts included on lines 1, 2, and 3 received from disqualified							0
	persons							
b	Amounts included on lines 2 and							
	3 received from other than disqualified persons that exceed							0
	the greater of \$5,000 or 1% of							ŭ
	the amount on line 13 for the year							
C	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6)							561,191
Se	ction B. Total Support							
	Calendar year	(-) 2011	(1-) 2012	4-12012	(4)2014	(-) 20	T	(£)T -+-!
(or 1	iscal year beginning in) 🕨	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 20		(f) Total
9	Amounts from line 6	91,452	291,033	62,965	46,693		69,048	561,191
.0a	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties	13,459	18,214	15,074	21,985		22,222	90,954
	and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes)							
	from businesses acquired after							0
	June 30, 1975							
c	Add lines 10a and 10b	13,459	18,214	15,074	21,985		22,222	90,954
11	Net income from unrelated							
	business activities not included in line 10b, whether or not the							0
	business is regularly carried on							
12	Other income Do not include							
	gain or loss from the sale of capital assets (Explain in Part							0
	VI)							
13	Total support. (Add lines 9,10c,	104,911	309,247	78,039	68,678		91,270	652,145
14	11, and 12) First five years.If the Form 990 is f	·	,	<u> </u>	ofth tax year ac a	coction F	· ·	
14	check this box and stop here	or the organizatio	ii s iiist, secona,	tillia, louitii, oi ii	iitii tax yeai as a	Section 5	J I (C)(3	o y organization, ► □
Se	ection C. Computation of Pub	lic Support Pe	ercentage					
15	Public support percentage for 2015			13, column (f))		15		86 050 %
16	Public support percentage from 201			, , , , , , , , , , , , , , , , , , , ,		16		90 460 %
	ction D. Computation of Inv	<u>*</u>	<u> </u>			1 10		<u> </u>
17	Investment income percentage for				n (f))	17		13 950 %
18	Investment income percentage from					18		9 540 %
	33 1/3% support tests—2015. If the				line 15 is more th		%, and	
	more than 33 1/3%, check this box							▶ ▼
b	33 1/3% support tests—2014. If the	-		•			ian 33 :	• •
	18 is not more than 33 1/3%, check	this box and sto	p here. The organ	ization qualifies	as a publicly supp	orted org	anızatı	on ▶ 🗀

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Se	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under			
	section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
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	3 c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(8)$ purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one			
	or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10 a		
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)	10 b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI

11c

Par	Tt IV Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization (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		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same person that controlled or managed the supported organization(s)	ns 1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided	i? 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
-	sation E. Tuno III Eurotionally, Integrated Companies Organizations			
1 a				
2	Activities Test Answer (a) and (b) below.		Yes	No
a	a 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 those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
t	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2 b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees each of the supported organizations? <i>Provide details in Part VI</i>	3a		
b	• Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

L (Check here if the organization satisfied the Integral Part Test as a qualifying ti	ust on N	ov 20,1970 See inst	ructions. All other
	ype III non-functionally integrated supporting organizations must complete S	Sections	A through E	
		1		T (D) C 111
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	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		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
				•
				(B) Current Yea
	Section B - Minimum Asset Amount		(A) Prior Year	(optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
3	A verage monthly value of securities	1a		
)	A verage monthly cash balances	1b		
:	Fair market value of other non-exempt-use assets	1c		
ł	Total (add lines 1a, 1b, and 1c)	1 d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter $1\text{-}1/2\%$ of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Section D - Distributions			Current Year			
1 Amounts paid to supported organizations to accom	plish exempt purposes					
2 Amounts paid to perform activity that directly furth excess of income from activity						
3 Administrative expenses paid to accomplish exem						
4 Amounts paid to acquire exempt-use assets						
5 Qualified set-aside amounts (prior IRS approval re	quired)					
6 Other distributions (describe in Part VI) See instri	uctions					
7 Total annual distributions. Add lines 1 through 6						
8 Distributions to attentive supported organizations (details in Part VI) See instructions	to which the organization is r	esponsive (provide				
9 Distributable amount for 2015 from Section C, line	6					
10 Line 8 amount divided by Line 9 amount						
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015			
1 Distributable amount for 2015 from Section C, line 6						
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)						
3 Excess distributions carryover, if any, to 2015						
а						
b						
С						
d From 2013						
f Total of lines 3a through e						
g Applied to underdistributions of prior years						
h Applied to 2015 distributable amount						
i Carryover from 2010 not applied (see						
instructions)						
j Remainder Subtract lines 3g, 3h, and 3i from 3f						
4 Distributions for 2015 from Section D, line 7						
\$						
a Applied to underdistributions of prior years						
b Applied to 2015 distributable amount						
c Remainder Subtract lines 4a and 4b from 4						
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)						
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)						
7 Excess distributions carryover to 2016. Add lines 31 and 4c						
8 Breakdown of line 7						
a .						
b						
c Excess from 2013						
d From 2014						
e From 2015						

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SCHEDULE D

(Form 990)

Treasury

Department of the

DLN: 93493181000037

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.

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

OMB No 1545-0047

Open to Public Inspection

Na JOH	me of the organization HN PHILIP SOUSA FOUNDATION		Employer identification number
СО	JAY GEPHART		31-1004374
Pa	Organizations Maintaining Donor Complete if the organization answere		
		(a) Donor advised funds	(b)Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor a funds are the organization's property, subject to	-	
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?		
Pa	rt III Conservation Easements. Comple	ete if the organization answered "Ye	s" on Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	e organızatıon (check all that apply)	
	Preservation of land for public use (e.g., recr		of an historically important land area
	education) Protection of natural habitat	·	of a certified historic structure
	Preservation of open space	T Teservation	or a cerement mistoric structure
2	Complete lines 2a through 2d if the organization	held a qualified conservation contribution	oun the form of a conservation
_	easement on the last day of the tax year	nela a qualifica conscivation contribution	
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easeme		2b
C	Number of conservation easements on a certified	` '	2c
d	Number of conservation easements included in (or historic structure listed in the National Register	c) acquired after 8/1//06, and not on a	2d
3	Number of conservation easements modified, trai	nsferred, released, extinguished, or termi	nated by the organization during the
	tax year ▶		
4	Number of states where property subject to cons	ervation easement is located ►	
5	Does the organization have a written policy regar violations, and enforcement of the conservation of		handling of Yes No
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and en	forcing conservation easements during the
	*		
7	A mount of expenses incurred in monitoring, insper ▶ \$	ecting, handling of violations, and enforci	ng conservation easements during the year
8	Does each conservation easement reported on III (B)(I) and section $170(h)(4)(B)(II)^7$	ne 2(d) above satisfy the requirements of	f section 170(h)(4) Yes No
9	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's finar	
Pa	t III Organizations Maintaining Collect		es, or Other Similar Assets.
	Complete if the organization answere	ed "Yes" on Form 990, Part IV, line	8.
1a	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	assets held for public exhibition, educat	ion, or research in furtherance of public
b	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition, educat	
1	(i) Revenue included on Form 990, Part VIII, line :	l	▶ \$
(ii) Assets ıncluded ın Form 990, Part X		▶ \$
2	If the organization received or held works of art, h	•	ets for financial gain, provide the

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	t III	Organizations Maintaining (continued)	Collections of	Art, His	storical	Treasures,	or O	ther Simil	ar A	ssets	
3		g the organization's acquisition, accection items (check all that apply)	ession, and other re	cords, cl	heck any	of the following	that a	re a significa	nt us	e of its	
а	Г	Public exhibition		d	☐ Lo	oan or exchange	e prog	rams			
b		Scholarly research		е	□ 0 · 1	ther					
c		Preservation for future generations									
4		Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII									
5	asset	ng the year, did the organization solic ts to be sold to raise funds rather the	an to be maintained						— Ye:	s No	
Pa	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		n Form	990, Par	rt IV, line 9, d	r rep	orted an ar	mour	ıt on Form	990,
1 a		e organization an agent, trustee, cus ded on Form 990 , Part X?	todian or other inte	rmediary	for contr	ibutions or othe	er ass	_	— Ye:	s No	
b	If'	"Yes," explain the arrangement in Pa	art XIII and comple	te the fol	llowing tal	ble			Am	ount	
c	Ве	ginning balance	•		-		1c				
d	A d	ditions during the year					1d				
e		stributions during the year					1e				
f		ding balance					1f				
2a		he organization include an amount oi	Form 990 Part V	line 21	for es cro	w or custodial a		t liability2 i			
b		es," explain the arrangement in Part						·		•	
Pa	rt V	Endowment Funds. Comple	te if the organiza	tion ans	swered "	Yes" to Form	990,	Part IV, lın	e 10	•	
			(a)Current year	(b) Pr	nor year	b (c)Two years	back	(d)Three years	back	(e)Four yea	rs back
1 a	-	nning of year balance				-					
b	Cont	ributions									
c	Netı losse	· · · · · · · · · · · · · · · · · · ·									
d	Gran	ts or scholarships									
е		r expenditures for facilities programs									
		• • • • • •					_				
f		inistrative expenses				1					
g	End (of year balance · · · · ·									
2	Provi	de the estimated percentage of the o	current year end ba	lance (lır	ne 1g, col	umn (a)) held a	s				
а	Board	d designated or quasi-endowment 🕨									
b	Perm	anent endowment ►									
c		porarily restricted endowment ► percentages on lines 2a, 2b, and 2c	should equal 100%								
3а	A re t	here endowment funds not in the pos nization by	·		that are h	neld and admini	stered	l for the		Yes	No
	-	nrelated organizations							3a	(i)	
	(ii) re	elated organizations							3a	(ii)	
b		es" on 3a(II), are the related organiza	·						3	Bb	
4		ribe in Part XIII the intended uses o	_	endowm	ent funds						
Pai	rt VI	Land, Buildings, and Equip Complete if the organization a		Form 9	ION Dart	IV line 11a	Saa E	orm 990 B	art Y	line 10	
		Description of property	ilisweled les to	(a	Cost or ot	ther basis (ment) Cost or o	(b)	Accur	mulate	d (d) Boo	k value
1a	Land			🕇		(0.	• ,				
		ngs		–							
		hold improvements		· . —							
		nent									
		lines 1a through 1e (Column (d) mus			mn (B), lır	ne 10(c))			>		
			· ·			<u> </u>				D (Form 99	0) 2015

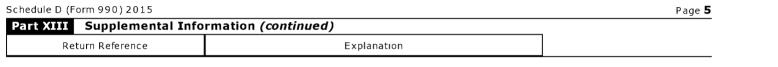
	(Form 990) 2015				Page 3
Part VII	Investments—Other Securities. C See Form 990, Part X, line 12.	omplete if the org	anızatıon answered "	Yes' on Form	990, Part IV, line 11b.
	(a) Description of security or catego	ry	(b)Book value	(c)	Method of valuation
	(including name of security)	· 			end-of-year market value
	al derivatives -held equity interests				
(3)Other	-nera equity interests				
	nn (b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII	Investments—Program Related. Complete if the organization answere	ed 'Ves' on Form 9	90 Part IV line 11c		0.00
	(a) Description of investment	ed les dillollis	(b) Book value		O, Part X, line 13. Method of valuation
	(a) Description of investment		(b) Book value		end-of-year market value
	nn (b) must equal Form 990, Part X, col (B) line 13)	•			
Part IX	Other Assets. Complete if the organiza		on Form 990, Part IV, lin	e 11d See Forr	
	(a) Des	scription			(b) Book value
Total (Colu	ımn (b) must equal Form 990, Part X, col (B) lin	0.15			
	Other Liabilities. Complete if the or		ed 'Ves' on Form 990	- Dart IV Inc	11e or 11f
raitx	See Form 990, Part X, line 25.	gamzadon answer	ed res on rollings	,, raiciv, iiii	
1.	(a) Description of liability	(b) Book val	ue		_
Federal inc	ome taxes				
Rounding			1		
Rounding					
Tot-1 (C :	nn (h) must agust 5 200, 2 V - 1/01 (<u> </u>	1		
	nn (b) must equal Form 990, Part X, col (B) line 25) for uncertain tax positions. In Part XIII, proj	vide the text of the fo	otnote to the organization	on's financial at	

	Total revenue, gains, and other support per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) 4b		
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
art	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return
	Total expenses and losses per audited financial statements		
	rotal expenses and rosses per address maneral statements.	1	
	A mounts included on line 1 but not on Form 990, Part IX, line 25	1	
	·	1	
a b	A mounts included on line 1 but not on Form 990, Part IX, line 25	1	
а	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	1	
a b	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	1	
a b c	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	1	
b c d	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities		
a b c d	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities		
a b c d	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities		
a b c d e	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities		
a b c d e	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities		

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference

Explanation



Schedule D (Form 990) 2015

SCHEDULE O
(Form 990 or 990-EZ)

SCHEDULE O

Complete to prove

Department of the Treasury Internal Revenue Service

CO JAY GEPHART

Name of the organization

JOHN PHILIP SOUSA FOUNDATION

Supplemental Information to Form 990 or 990-EZ

As Filed Data -

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015

DLN: 93493181000037

Employer identification number

31-1004374

Open to Public Inspection

990 Schedule O. Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 MULTIPLE AWARDS PROGRAM TO RECOGNIZE OUTSTANDING ACEHIEVEMENTS W ITHIN THE SENIOR HIGH AND JUNIOR HIGH BANDS AND OTHER REGIONAL NOMINEES OTHER PROGRAM SERV ICES 5 FEES TO COVER EXPENSES FOR SOUSA FOUNDATION YOUNG ARTIST COMPETITION AT JONES CONC ERT HALL AT BAYLOR UNIVERSITY FINALIST SELECTED FROM A GROUP OF 7 NATIONALIST FINALIST W INNER PERFORMED SOLO PERFORMANCE WITH BAYLOR UNIV SYMPHONIC BAND OTHER PROGRAM SERVICES 6 LOWELL MASON HERITAGE YOUTH SUMMER HONOR BAND - NEW ENGLAND REGION WITH 134 PARTICIPANTS FROM 44 DIFFERENT SCHOOLS BEFORE AN AUDIENCE OF 700 OTHER PROGRAM SERVICES 7 ASILYNN WAL TERS - HAWKINS SCHOLARSHIP WINNER - FORT HAYS STATE UNIVERSITY OTHER PROGRAM SERVICES 8 E UROPEAN HONORS BAND TOUR - THE INITIAL RESPONSE TO THE TOUR WAS REVENUE DEPOSITS OFOVER \$4 5,000 THE TOUR WAS CANCELLED DUE TO PARENTS CONCERN WITH THEIR CHILDREN TRAVELING IN EURO PE AND THE ISSUE OF TERRORISM THE INITIAL DEPOSITS WERE RETURNED OTHER PROGRAM SERVICES 9 JOHN PHILIP SOUSA JR HONORS BAND - SAN DIEGO WITH 80 PARTICIPANTS REPRESENTING 11 SCHOO LS IN SOUTHERN CALIFORNIA BEFORE AUDIENCE OF 400 OTHER PROGRAM SERVICES 10 SOUSA INTERCOL LEGIATED BAND WITHIN THE STATE OF INDIANA, 77 PARTICIPANTS FROM 15 DIFFERENT UNIVERSITIES IN THE STATE OF INDIANA, AUDIENCE OF 400 OTHER PROGRAM SERVICES 11 NATIONAL HONORS BAND, NEW ENGLAND REGION, 134 PARTICIPANTS FROM 44 SCHOOLS WITH AN AUDIENCE OF 700

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, Part No review was or will be conducted VI, Line 11b Form 990 Review

Process

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, Part IN WRITTEN FORM AND FORMATS - MUST BE ON SITE VI. Line 19 Other Organization Documents

Publicly Available

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, Part ASSOCIATION DUES Column (A) - Total = \$155, Column (B) - Program Services = \$155, Column IX, Line 24e (C) - Management & General = \$0, Column (D) - Fundraising = \$0 Other

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, Part AWARDS CERTIFICATES Column (A) - Total = \$96, Column (B) - Program Services = \$96, Column IX, Line 24e (C) - Management & General = \$0, Column (D) - Fundraising = \$0 Other

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, Part AWARDS HOWARD Column (A) - Total = \$1592, Column (B) - Program Services = \$1592, Column (IX, Line 24e C) - Management & General = \$0, Column (D) - Fundraising = \$0 Other

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, Part AWARDS OSTWALT Column (A) - Total = \$3620, Column (B) - Program Services = \$3620, Column IX, Line 24e (C) - Management & General = \$0, Column (D) - Fundraising = \$0 Other

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, Part AWARDS SUDLER Column (A) - Total = \$2154, Column (B) - Program Services = \$2154, Column (B) IX, Line 24e (C) - Management & General = \$0, Column (D) - Fundraising = \$0 Other

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, Part PRODUCTION COST IND INTERCOLLE. Column (A) - Total = \$4173, Column (B) - Program Services IX, Line 24e = \$4173, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 Other

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, Part PRODUCTION COST NEW ENG LOW-MS Column (A) - Total = \$4721, Column (B) - Program Services IX, Line 24e = \$4721, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 Other

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, Part PRODUCTION COST SAN DIEGO BAND Column (A) - Total = \$2838, Column (B) - Program Services IX, Line 24e = \$2838, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 Other

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, Part PRODUCTION COSTS NATL COMM BD Column (A) - Total = \$3132, Column (B) - Program Services = IX, Line 24e \$3132, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 Other

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, Part SOLO COMPETITION EXPENSE. Column (A) - Total = \$760, Column (B) - Program Services = \$760, IX, Line 24e Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 Other

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, Part TRAVEL COST KANSAS JR HR BD Column (A) - Total = \$352, Column (B) - Program Services = \$3 IX, Line 24e 52, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 Other

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, Part TRAVEL COST NEW ENG HR BD Column (A) - Total = \$1456, Column (B) - Program Services = \$14 IX, Line 24e 56, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0