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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.

2013 Open to Public Inspection

A	For the	= 2013 calendar year, or tax year beginning $07/01/13$, and ending $06/30/1$	14							
В	Check if ap	plicable C Name of organization CHOPIN FOUNDATION OF THE UNITED		D Emplo	yer identification number					
Address change STATES, INC.										
H		Doing Risiness As		59-	1778404					
	Name char	Number and street (or P O box if mail is not delivered to street address)	Room/suite		one number					
	Initial return	1440-79TH STREET CAUSEWAY	117	305	-868-0624					
\Box	Terminated									
	Amended r	return MIAMI FL 33141		G Gross rece	eipts\$ 714,913					
님		F Name and address of principal officer	1	G Gloss lect						
	Application	BLANKA A. ROSENSTIEL	H(a) Is this a gro	oup return for su	ıbordınates? 🔲 Yes 🛛 No					
		9 ISLAND AVENUE, # PH-6	H(b) Are all sub	ordinatos incli	ided? Yes No					
					(see instructions)					
_					(500 (1103 55451.5)					
<u>+</u>	Tax-exem				_					
<u>J</u>	Website.		H(c) Group exe	mption numbe						
******	Form of or	,	Year of formation		M State of legal domicile					
	art I	Summary								
	1 B	riefly describe the organization's mission or most significant activities								
9		SUPPORT YOUNG AMERICAN MUSICIANS AND PROMOTE CLASSICAL	MUSIC AM	ONG GEI	NEKAL					
nar		AUDIENCES.								
Ver		. 🗖								
Ó		theck this box $lacktriangle$ if the organization discontinued its operations or disposed of more than 2	5% of its net ass	ets.						
ø	3 N	lumber of voting members of the governing body (Part VI, line 1a)		3	11					
ies		lumber of independent voting members of the governing body (Part VI, line 1b)		4	11					
Activities & Governance	5 T	otal number of individuals employed in calendar year 2013 (Party (Inte Pay Ell)		5	4					
Act	6 T	otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (30), line 12 let unrelated business taxable income from Form 990 Taline 340V 1 0 2014		6	200					
		otal unrelated business revenue from Part VIII, column®), line 12		7a	0					
_	b N	let unrelated business taxable income from Form 990 Taline 340V	Prior Yea	7b	0					
				Current Year						
e	1	Contributions and grants (Part VIII, line 1h)		5,198	382,217					
Revenue		rogram service revenue (Part VIII, line 2g)		3,152	71,151					
ě		evestment income (Part VIII, column (A), lines 3, 4, and 7d)	28	3,173	33,391					
_		other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0					
		otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,523	486,759					
	13 G	Frants and similar amounts paid (Part IX, column (A), lines 1–3)	10	0,000	13,000					
^.	i i	enefits paid to or for members (Part IX, column (A), line 4)			0					
Ses.	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	99	9,790	117,540					
) ens		rofessional fundraising fees (Part IX, column (A), line 11e)			0					
¥oğ LXD -∵B	b T	otal fundraising expenses (Part IX, column (D), line 25) ▶ 15,599	 							
(Ш	17 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,843	189,393					
)	18 T	otal expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		2,633	319,933					
	19 R	evenue less expenses. Subtract line 18 from line 12		3,890	166,826					
Net Assets or Fund Balances			Beginning of Cur		End of Year					
See	20 T	otal assets (Part X, line 16)	1,034		1,205,312					
3 to 2	21 T	otal liabilities (Part X, line 26)		2,058	6,217					
; <u>~</u>	22 N	let assets or fund balances. Subtract line 21 from line 20	1,032	2,269	1,199,095					
·	art II	Signature Block								
U	nder pena	alties of perjury, I declare that I have examined this return, including accompanying schedules and statem ct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer	ents, and to the be	est of my kno	owledge and belief, it is					
	T	A STATE OF THE PARTY OF THE PAR	Tias any knowicog	المحداث	m 4-00111					
٠.		Signature of officer		Date	01 1 2017.					
Sig			DENIE	Date						
He	re	BLANKA A. ROSENSTIEL PRESI	DENT							
		Type or print name and title	15	 	- OTIN					
D-'	.	Print/Type preparer's name Preparer's signature	Date	Check	If PTIN					
Pai	Ľ	DAVID E. BUCK	<i>\//\4/</i> .	self-em						
	parer	Firm's name David E. Buck, PA, CPA		ırm's EIN	<u>59-3034197</u>					
USE	Only	2900 E Oakland Park Blvd 103			A= 4 =4					
		Firm's address Fort Lauderdale, FL 33306-1804	P	hone no	954-561-3303					
:		S discuss this return with the preparer shown above? (see instructions)			X Yes No					
For		ork Reduction Act Notice, see the separate instructions.			Form 990 (2013)					
DAM										

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			v
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,		l	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	3		
Ü	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		İ	
	"Yes," complete Schedule D, Part I	6		x
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	x	
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		X
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		- 1	
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
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	-	<u> </u>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	ادمما	x	
е	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	^	х
f	Did the organization report an amount for other liabilities in Part X, line 237 in Test, complete Scredule B, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	-+	
•	the organization's departed of consolidated infancial statements for the tax year include a roothote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
þ	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		X
5	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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			7.
-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	+	X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		- [v
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>X</u>
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		v
0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	-+	<u> </u>
9	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	10		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a	\dashv	$\frac{\mathbf{x}}{\mathbf{x}}$
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
<u></u>	1 100 to line 200, and the organization diseased a copy of its addited infantoisi statements to this retain.		990	(0045)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Ĺ	X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			1
	on Part IX, column (A), line 29 If "Yes," complete Schedule I, Parts I and III	22	X	
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	İ		
	employees? If "Yes," complete Schedule J	23		X
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			٦,
_	through 24d and complete Schedule K If "No," go to line 25a	24a	-	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-		
	to defease any tax-exempt bonds?	24c		
	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	25-		x
_	with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		
D				
	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		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or	i		
	disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	1		
	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		х
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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	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	L	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
- 4	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33_		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	24		X
35a	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
ooa b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a		
b	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	300		
JJ	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38		X
			<u>99</u> (

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V

	Check if Schedule O contains a response or note to any line in this Part V				T.::	لبا
4	Tatas the average and a Rev 3 of Form 1006. Enter 0 of not applicable	1a	12	<u></u>	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	\dashv		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and			\dashv		
·	reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			_3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authori	ty			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fir	nancial				
	account)?			4a		X
b	If "Yes," enter the name of the foreign country ▶					
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial	Accou	nts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne				v
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or		6.		
_	gifts were not tax deductible?			6b		
7	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	aoode				
а		goods		7a		x
h	and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as		12		
·	required to file Form 8282?			7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file	e a Form 1098-C?	7h_		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8		X
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a	<u> </u>	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		X
10	Section 501(c)(7) organizations. Enter	امما				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	100		_		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a				
a	Gross income from other sources (Do not net amounts due or paid to other sources	1				
b	against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	$\overline{}$?	12a]	ĺ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b			1	
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	_	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b	L	L

59-1778404 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions, Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 11 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 11 Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 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 X one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b X stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 X with a taxable entity during the year? 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed FL, CA, WA 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization > DAVID E. BUCK, C.P.A. 2900 E OAKLAND PK BLVD 954-561-3303 FORT LAUDERDALE FL 33306

Form 990 (201:	3) CHOPIN	FOUNDATION	OF	THE	UNITED	59-1778404	Page 7
Part VII	Compensation	on of Officers, Di	recto	rs, Tr	ustees, Key	Employees, Highest Compensated	Employees, and
•	Independent	Contractors					_
	Check if Sche	edule O contains a	resp	onse	or note to an	y line in this Part VII	

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

DAA

- 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.

X Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any	off	x, unle icer a	Pos check ess pe nd a d	rson i	than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) BLANKA A. ROSENS									<u> </u>	
	10.00									
PRESIDENT	0.00	X		X				0	0	0
(2) OLGA MELIN										
	10.00	l								
VICE PRESIDENT	0.00	X		х		<u> </u>	ļ	0	0	0
(3) JAMES W. HIPP	1000									
	10.00			7.					_	_
TREASURER (4) REBECCA BAEZ	0.00	X	-	X		-	_	0	0	0
(4) REBECCA BAEZ	10.00									
SECRETARY	0.00	x		x				o	o	0
(5)	3.33									<u> </u>
(6)										
(7)										
(8)										
(9)										
(10)							_			
(11)										

Form 990 (2013)

Pa	art VII Section A. Officers	s, Directors, Tru	ıstee	s, K	ey E	mpl	oyee	es, a	ind Highest Compensated	Employees (continued)			
	、 (A) Name and title	(B) Average hours per week (list any hours for related organizations	bo of	x, unk ficer a	Pos check ess pe	erson Irrecto	than constructions both trust	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	cc	(F) Estimate amount of other ompensal from the rganization	of tion e on
		below dotted line)	Individual trustee or director	Institutional trustee	7	Key employee	Highest compensated employee	ler 				ganizatio	
(12)				<u> </u>									
(13)		:								<u> </u>			
(14)													
(15)													
(16)													
(17)													
(18)	·												
(19)													
1b c d	Sub-total Total from continuation shee Total (add lines 1b and 1c)	ets to Part VII, S	Secti	on A	۱			> > >					
2	Total number of individuals (in reportable compensation from	cluding but not li the organization	mite ▶	d to 0	thos	e list	ted a	bov	e) who received more than	\$100,000 in			
3	Did the organization list any fo								oyee, or highest compensa	ted	Γ		es No
4	employee on line 1a? If "Yes," For any individual listed on line organization and related organ	e 1a, is the sum	of re	porta	able	com	pens	atio	n and other compensation to complete Schedule J for suc	from the th		3	X
5	Individual Did any person listed on line 1 for services rendered to the or	ganization? If "Y								individual		5	X
1	ion B. Independent Contracto Complete this table for your five compensation from the organic	e highest compe											
_		(A) business address	, iii pe	7130		<u> </u>	, C CC			(B) on of services		Comp	(C) ensation
				-									
													
	Total number of independent of	contractors (inclu	dina	but	not l	ımıte	ed to	thos	se listed above) who				
DAA	received more than \$100,000	of compensation	fron	the	orga	anıza	ation	<u> </u>	· · · · · · · · · · · · · · · · · · ·	0		Form '	990 (2013)

Form 990 (2013) CHOPIN FOUNDATION OF THE UNITED 59-1778404 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue (A) Total revenue exempt business excluded from tax function revenue 512-514 revenue Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1a 1b b Membership dues c Fundraising events 1c d Related organizations 1d 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 382,217 9,798 g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 382,217 Program Service Revenue Busn Code 40,434 40,434 2a Admissions 30,217 30,217 b Membership Dues 500 500 Scholarship Application Fees f All other program service revenue \blacktriangleright 71,151 g Total. Add lines 2a-2f Investment income (including dividends, interest, 37,639 and other similar amounts) 37,639 Income from investment of tax-exempt bond proceeds ▶ Royalties (ı) Real (II) Personal 6a Gross rents **b** Less rental exps c Rental inc or (loss) d Net rental income or (loss) 7a Gross amount from (II) Other (i) Securities sales of assets 223,906 other than inventor **b** Less cost or other basis & sales exps 228,154 -4,248 c Gain or (loss) d Net gain or (loss) -4,248 -4,248 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from garning activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn Code 11a b

486,759

66,903

0

All other revenue Total, Add lines 11a-11d

Total revenue. See instructions

Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must com		r organizations must semi	nlete column (A)	
360	Check if Schedule O contains a response			nete Column (A)	\Box
	ot include amounts reported on lines 6b, 8b, 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 governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	13,000	13,000		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S See Part IV, lines 15 and 16				**************************************
4	Benefits paid to or for members				, <u>.</u>
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			4 050	
7	Other salaries and wages	101,709	90,521	4,068	7,120
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	0.050	7 164	222	
9	Other employee benefits	8,050 7,781	7,164 6,925	322 311	564 545
10	Payroll taxes	1,101	0,925		343
11	Fees for services (non-employees). Management				
a b	Legal	147	131	6	10
	Accounting	5,000	4,450	200	350
d		3,000			
	Professional fundraising services See Part IV, line 17				
f	Investment management fees	7,370		7,370	
g	Other (If line 11g amount exceeds 10% of line 25, column	•		•	
•	(A) amount, first line 11g expenses on Schedule O)				
12	Advertising and promotion	15,072	13,414	603	1,055
13	Office expenses	27,229	24,233	1,090	1,906
14	Information technology	2,500	2,225	100	175
15	Royalties				
16	Occupancy	25,925	23,073	1,037	1,815 1,312
17	Travel	18,738	16,676	750	1,312
18	Payments of travel or entertainment expenses	İ			1
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	643	572	26	45
20	Interest				
21	Payments to affiliates	600	600	20	40
22	Depreciation, depletion, and amortization	699	622	28 89	49
23	Insurance	2,220	1,976	89	155
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)				
_	Concert Events	45,838	45,838		
a h	Artistic Fees & Services	22,300	22,300		
D C	Prizes and Awards	5,025	5,025		
d	Equipment Rental	3,256	2,898	130	228
e	All other expenses	7,431	5,893	1,268	270
25	Total functional expenses. Add lines 1 through 24e	319,933	286,936	17,398	15,599
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)				5 900 (2010)

CHOPIN FOUNDATION OF THE UNITED **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 40,258 26,563 Cash-non-interest bearing 123,228 Savings and temporary cash investments 2 62,014 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 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 6 Notes and loans receivable, net 7 Inventories for sale or use 8 2,500 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 25,617 other basis Complete Part VI of Schedule D 10a b Less. accumulated depreciation 10b 23,128 557 10c Investments—publicly traded securities 594,784 11 11 12 Investments—other securities See Part IV, line 11 12 Investments-program-related See Part IV, line 11 13 13 14 Intangible assets 14 273,000 273,000 15 Other assets See Part IV. line 11 15 1,034,327 1,205,312 16 Total assets. Add lines 1 through 15 (must equal line 34) 6,21717 Accounts payable and accrued expenses 2,058 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 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 25 Total liabilities. Add lines 17 through 25 2,058 6,217 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 373,105 Unrestricted net assets 384,052 27 659,164 815,043 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30

> 1,205,312 Form 990 (2013)

1,199,095

31

32

33

1,032,269

1,034,327

31

Paid-in or capital surplus, or land, building, or equipment fund

Total net assets or fund balances

Total liabilities and net assets/fund balances

32 Retained earnings, endowment, accumulated income, or other funds

the Single Audit Act and OMB Circular A-133?

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

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.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 1778404

			SIAIES, INC.						33.	<u> </u>	9404			
P	art I	Reas	on for Public Charity	Status (All organizations	must co	omplete	this pa	art.) Se	e inst	ructio	ns.			
The	orgai	nization is not	a private foundation because	se it is: (For lines 1 through 11, o	check only	y one box	:)							
1	\Box	A church, co	nvention of churches, or ass	ociation of churches described	ın sectioi	n 170(b)(I)(A)(i).							
2	П	A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	П	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
4	H	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,												
•	ш	city, and stat	•					N-N- N-	,				•	
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)													
_														
-	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).													
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public												
_			section 170(b)(1)(A)(vi). (C											
8		-		170(b)(1)(A)(vi). (Complete Part					_					
9	X	-		1) more than 33 1/3% of its supp							oss			
				npt functions—subject to certain										
			-	nd unrelated business taxable in				() from b	usines	ses				
			-	0, 1975 See section 509(a)(2).	-									
10		•		exclusively to test for public safe	•									
11				exclusively for the benefit of, to										
				ed organizations described in si						section	1			
		509(a)(3) . Ch	eck the box that describes t	he type of supporting organizati			nes 11e	through	11h.					
	·	a Type		c Type III–Functions			d				ionally in	tegra	ted	
е		By checking	this box, I certify that the org	anization is not controlled direct	tly or ındır	ectly by c	ne or m	ore disq	ualified	person	ıs			
		other than for	undation managers and othe	er than one or more publicly sup	ported or	ganızatıor	ns descr	ibed in s	ection	509(a)(1)			
		or section 50												
f		If the organiz	ation received a written dete	rmination from the IRS that it is	a Type I,	Type II,	or Type	III suppo	orting					
		organization,	check this box											
g		Since Augus	t 17, 2006, has the organiza	tion accepted any gift or contrib	ution from	any of th	ne							
		following per	rsons?											
		(i) A persor	n who directly or indirectly co	ontrols, either alone or together	with perso	ons descr	ıbed ın (ıı) and			_		Yes	No
		(III) belov	w, the governing body of the	supported organization?							1	1g(ı)		
		(ii) A family	member of a person describ	ped in (i) above?								1g(ii)		
			ontrolled entity of a person of									1g(iii)		
h				he supported organization(s)							_			
(ı) Name	of supported	(II) EIN	(III) Type of organization	(IV) is the o	rganization	(v) Did y	ou notify	(vi)	s the	(viı) An	nount c	f monet	ary
•		anization	, ,	(described on lines 1-9		sted in your		ization in	organizat			supp	ort	
				above or IRC section	governing	document?	col (i)	ort?		zed in the				
				(see instructions))	Yes	No	Yes	No	Yes	No				
(A)														
(~)					8									
(B)					1									
ω,									:					
(C)					<u> </u>									
(0)														
(D)														
(D)														
/E\					†					-				
(E)														
									-					
			<u>l</u>		1	Į.			1					

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	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						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4				-		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated 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 IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	(see instructions)		Ł	t	12	
13	First five years. If the Form 990 is for the	•	second third fo	urth or fifth tax ve:	ar as a section 501		
	organization, check this box and stop here	•	i, occorra, ilma, ro	artin, or man tax you	ar ao a booksii oo	1(0)(0)	▶ □
Sec	tion C. Computation of Public Su		tage				
14	Public support percentage for 2013 (line 6			ın (f))		14	%
15	Public support percentage from 2012 Sche	* *	*	(.,,		15	%
16a	33 1/3% support test—2013. If the organi			13. and line 14 is 3	33 1/3% or more.		
	box and stop here. The organization quali						▶ □
b	33 1/3% support test—2012. If the organi		•		15 is 33 1/3% or m	ore,	
	check this box and stop here. The organiz	zation qualifies as a	a publicly supporte	ed organization		·	▶ □
17a	·	•		-	Sa, or 16b, and line	e 14 is	
	10% or more, and if the organization meet						
	Part IV how the organization meets the "fa	,					
	organization		·				▶ □
b	10%-facts-and-circumstances test—201	2. If the organization	on did not check a	box on line 13, 16	Sa, 16b, or 17a, an	id line	
	15 is 10% or more, and if the organization	meets the "facts-a	ind-circumstances	" test, check this b	ox and stop here.		
	Explain in Part IV how the organization me	ets the "facts-and-	-circumstances" te	st The organization	on qualifies as a pi	ublicly	
	supported organization			ŭ	•	-	▶ □
18	Private foundation. If the organization did	I not check a box o	on line 13, 16a, 16	b, 17a, or 17b, che	eck this box and se	∋e	
	instructions						▶ □
					 		

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.)

Sec	tion A. Public Support	quality under th	e tests listed b	elow, please co	omplete i art ii.	/					
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total				
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	392,663	280,440	335,941	303,398	412,434	1,724,876				
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	44,855	33,823	28,359	19,952	40,434	167,423				
3	Gross receipts from activities that are not an unrelated trade or business under section 513										
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf										
5	The value of services or facilities furnished by a governmental unit to the organization without charge										
6	Total. Add lines 1 through 5	437,518	314,263	364,300	323,350	452,868	1,892,299				
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	55,000	100,000	100,000	100,000	100,000	455,000				
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000	22.055	00.000	22.250	14.050	25, 424	140 400				
_	or 1% of the amount on line 13 for the year Add lines 7a and 7b	39,855 94,855	28,823 128,823	23,359	14,952 114,952	35,434 135,434	142,423				
с 8	Public support (Subtract line 7c from	94,855	128,823	123,359	114,952	135,434	597,423				
0	line 6)			Į.		İ	1,294,876				
Sec	tion B. Total Support	££			1 .		2,232,0.0				
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total				
9	Amounts from line 6	437,518	314,263	364,300	323,350	452,868	1,892,299				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,757	9,349	14,400	20,945	37,639	90,090				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		·				•				
С	Add lines 10a and 10b	7,757	9,349	14,400	20,945	37,639	90,090				
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on										
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)										
13	Total support. (Add lines 9, 10c, 11,										
	and 12)	445,275	323,612	378,700	344,295	490,507	1,982,389				
14	First five years. If the Form 990 is for the organization, check this box and stop her	e		rth, or fifth tax yea	r as a section 501(c)(3) 	> [
	tion C. Computation of Public Su	_									
15	Public support percentage for 2013 (line 8		•	n (f))		15	65.32%				
16	Public support percentage from 2012 Scho					16	64.99%				
	tion D. Computation of Investme						- 0/				
17	Investment income percentage for 2013 (li			column (f))		17	5 %				
18	Investment income percentage from 2012			14 and has 15 :- :	more than 22 1/20/		4 %_				
19a b	33 1/3% support tests—2013. If the orga 17 is not more than 33 1/3%, check this bo 33 1/3% support tests—2012. If the orga	ox and stop here . T	The organization q	ualifies as a public	ly supported organ	ızatıon	▶ <u>X</u>				
.,	33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization										
20	Private foundation. If the organization did						>				

Schedule A (Form 990 or 990-EZ) 2013 CHOPIN FOUNDATION OF THE UNITED

59-1778404

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

Open to Public

OMB No 1545-0047

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspec Name of the organization

Inspection

	HOPIN FOUNDATION OF THE UNITED		Employer identification number
	TATES, INC.		59-1778404
	int I Organizations Maintaining Donor Advised Fu	unds or Other Similar Funds or	
F-4	Complete if the organization answered "Yes" to		Accounts.
	Complete if the organization unovered Teo to	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Donor advised folios	(b) i and diffe accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing the		П., П.,
_	funds are the organization's property, subject to the organization's exc	•	∐ Yes ∐ No
6	Did the organization inform all grantees, donors, and donor advisors in		
	only for charitable purposes and not for the benefit of the donor or dor	nor advisor, or for any other purpose	П., П.,
n.	conferring impermissible private benefit?		Yes No
Pa	rt II Conservation Easements.	Form 900 Port IV line 7	
	Complete if the organization answered "Yes" to		
1	Purpose(s) of conservation easements held by the organization (chec	— '' ''	
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically im	
	Protection of natural habitat	Preservation of a certified histori	c structure
	Preservation of open space	,	
2	Complete lines 2a through 2d if the organization held a qualified cons	ervation contribution in the form of a consi	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic structure inc	· ·	2c
d	Number of conservation easements included in (c) acquired after 8/17	7/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, e	xtinguished, or terminated by the organiza	tion during the
	tax year ▶		
4	Number of states where property subject to conservation easement is	located >	
5	Does the organization have a written policy regarding the periodic more	nitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enfor	rcing conservation easements during the y	rear
	>		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	conservation easements during the year	
	▶ \$		
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)	
	(i) and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easen	nents in its revenue and expense stateme	nt, and
	balance sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements that o	lescribes the
	organization's accounting for conservation easements	_ 	
Pε	rt III Organizations Maintaining Collections of Art		Similar Assets.
	Complete if the organization answered "Yes" to	Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958),	not to report in its revenue statement and	balance sheet
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of
	public service, provide, in Part XIII, the text of the footnote to its finance	cial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958),	to report in its revenue statement and bala	ance sheet
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of
	public service, provide the following amounts relating to these items		
	(i) Revenues included in 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, o	r other similar assets for financial gain, pro	ovide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		> \$

Sche	edule D (Form 990) 2013 CHOPIN F						778404	Page 2
	<u>ırt III 🐪 Organizations Maintainii</u>				<u>-</u>			ets (continued)
3	'Using the organization's acquisition, access collection items (check all that apply)	sion, and other record	ds, check any	of the follo	owing that a	ire a signif	icant use of its	
а	Public exhibition	d 🗌	Loan or exch	ange prog	grams			
b	Scholarly research	е 🗌	Other					
¢	Preservation for future generations							
4	Provide a description of the organization's XIII	collections and explai	in how they fu	rther the o	organization	's exempt	purpose in Part	
5	During the year, did the organization solicit	or receive donations	of art, historic	al treasur	es, or other	sımılar		
-	assets to be sold to raise funds rather than							Yes X No
Pa	art IV Escrow and Custodial A		<u>-</u> .					
	Complete if the organization 990, Part X, line 21.	on answered "Yes	s" to Form 9	990, Par	t IV, line 9), or repo	orted an amour	nt on Form
	Is the organization an agent, trustee, custo	dian or other interme	diary for contr	ibutions of	r other asse	ets not		
	included on Form 990, Part X?		,					Yes No
b	If "Yes," explain the arrangement in Part XI	Il and complete the fo	ollowing table					
	, ,	,	•					Amount
С	Beginning balance						1c	
	Additions during the year						1d	
е	Distributions during the year						1e	
f	Ending balance						1f	
2a	Did the organization include an amount on	Form 990, Part X, line	e 21?					Yes No
b	If "Yes," explain the arrangement in Part XI	II Check here if the e	explanation ha	s been pro	ovided in Pa	art XIII		
Pa	art V Endowment Funds.							
	Complete if the organization	on answered "Yes	to Form 9	<u>990, Par</u>	t IV, line 1	0		
		(a) Current year	(b) Prio	r year	(c) Two ye	ars back	(d) Three years bac	k (e) Four years back
1a	Beginning of year balance		<u> </u>					
b	Contributions		ļ					
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance						<u> </u>	
2	Provide the estimated percentage of the cu		ce (line 1g, co	lumn (a)) l	held as			
а	Board designated or quasi-endowment ▶	%						
	Permanent endowment ▶ %							
С	Temporarily restricted endowment ▶	%						
٥-	The percentages in lines 2a, 2b, and 2c sh		-44	h ald - ad -		al for the		
за	Are there endowment funds not in the poss	session of the organiz	ation that are	neio ano a	administere	a for the		Yes No
	organization by:							3a(i)
	(i) unrelated organizations							3a(ii)
h	(ii) related organizations If "Yes" to 3a(ii), are the related organization	ne lieted as required.	on Schedule I	- 2				3b
1	Describe in Part XIII the intended uses of the	•						00 1
Pa	art VI Land, Buildings, and Equ		OWITIETH TUTIOS	<u>'</u>				
	Complete if the organization		" to Form 9	90 Parl	IV line 1	1a See	Form 990 Par	t X line 10
	Description of property	(a) Cost or other		(b) Cost or ot			Accumulated	(d) Book value
	= 223.1knov. 2. E. 250.0	(investment		(other			epreciation	, ,
12	Land			<u>-</u>				 -
	Buildings							
	Leasehold improvements							
	Equipment							
	Other	25	,617				23,128	2,489
	I. Add lines 1a through 1e (Column (d) mus		•	B), line 10	(c))		•	2,489

Schedule D (F	Form 990) 2013 CHOPIN FOUNDATION OF	THE UNITED	<u>59-1778404</u>	Page
Part VII '	Investments—Other Securities.			
· · · · · · · · · · · · · · · · · · ·	Complete if the organization answered "Yes" to	Form 990, Part IV, line	11b See Form 990, Part	X, line 12
	(a) Description of security or category	(b) Book value	(c) Method of valua	ition
	(including name of security)		Cost or end-of-year man	ket value
(1) Financial	denvatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				<u>.</u>
(D)				
(E)				
(F)		-		
(G)			-	
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" to I			· · · · · · · · · · · · · · · · · · ·
	(a) Description of investment	(b) Book value	(c) Method of valua	
			Cost or end-of-year mar	ket value
(1)				
(2)				
(3)				•
(4)			" - " ·	-
(5)				
(6)				
(7)				
(8)	***		<u> </u>	
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13)▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" to F	Form 990 Part IV line	11d See Form 990 Part	(line 15
	(a) Description	onn ood, raicit, iino	114. 000 (0111 000, 1 411)	(b) Book value
(1)	Antique Piano			255,000
(2)	Paintings			18,000
	T d i i i i i i i i i i i i i i i i i i			10,000
(3)			-	
(4)				
(5)				
(6)				···
(7)		· · · · - · - · · · · · · · · · · · · ·		
(8)			·	
(9)				072 00
	n (b) must equal Form 990, Part X, col (B) line 15.)	 		273,000
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" to f	Form 990, Part IV, line	: 11e or 11f. See Form 990,	Part X,
_	line 25.			
<u>1</u>	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2)				
(3)				
(4)	- · · · · · · · · · · · · · · · · · · ·			
(5)				
(6)				
		_		
(7)				
(8)				
(9)	n (h) must equal Form 000. Bart V and (D) line 25 \	+		
	n (b) must equal Form 990, Part X, col (B) line 25)	inote to the eventuality for	inancial statements that are ad-	
 ∠. Liability for 	uncertain tax positions. In Part XIII, provide the text of the foot	mote to the organization's fi	manciai statements that reports tr	

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2013 CHOPIN FOUNDATION OF THE	UNITED 59	-1778404	Page_
Pa	art XI Reconciliation of Revenue per Audited Financial St		nue per Return.	
	Complete if the organization answered "Yes" to Form 9	90, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		1	<u></u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
þ	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c	·	
đ	Other (Describe in Part XIII)	2d		
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			
b	Other (Describe in Part XIII)			
С	Add lines 4a and 4b	4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial S	tatements With Exp	enses per Return.	
	Complete if the organization answered "Yes" to Form 9	90, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	-
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Part XIII Supplemental Information

Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b

e Add lines 2a through 2d 3 Subtract line 2e from line 1

b Other (Describe in Part XIII)

c Add lines 4a and 4b

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

Schedule D (Form 990) 2013 CHOPIN FOUNDATION OF THE UNITED

Part XIII Supplemental Information (continued)

SCHEDULE 1 (Form 990)

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

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

2013

OMB No 1545-0047

▶ Attach to Form 990.

№ Open to Public inspection Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant or assistance **Employer identification number** X Yes 59-1778404 non-cash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. (e) Amount of noncash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant (c) IRC section if applicable CHOPIN FOUNDATION OF THE UNITED General Information on Grants and Assistance (p) EIN the selection criteria used to award the grants or assistance? (a) Name and address of organization INC or government STATES, Department of the Treasury Internal Revenue Service Name of the organization Part Part II $\widehat{\Xi}$ 3 ල

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9

Schedule I (Form 990) (2013) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

59-1778404

Schedule I (Form 990) (2013) CHOPIN FOUNDATION OF THE UNITED

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed.

Part III

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, IFMV, appraisal, other)	(e) Method of valuation (book, (f) Description of non-cash assistance FMV, appraisal, other)
	1 MUSICAL GRANTS	15	13,000			
7						
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4						
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9						,
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	vide the information re	quired in Part I, line	2, Part III, column (b)	, and any other additional i	nformation.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 **2013**

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization

CHOPIN FOUNDATION OF THE UNITED STATES, INC.

Employer identification number 59-1778404

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
CERTIFIED PUBLIC ACCOUNTANT PREPARED THE RETURN AFTER EXTENSIVE DISCUSSION
AND REVIEW OF THE FINANCIAL RECORDS WITH THE EXECUTIVE DIRECTOR OF THE
ORGANIZATION. PRIOR TO FILING, THE EXECUTIVE DIRECTOR AND PRESIDENT OF
ORGANIZATION REVIEWED FORM 990 AND APPROVED THE RETURN FOR FILING WITH THE
INTERNAL REVENUE SERVICE AND THE STATES THAT THE ORGANIZATION OPERATES IN.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

		•							
	`	2013	100,000						
			100,000 \$						
	us Us		ν _ν ν						
	lified Perso	2011	100,000						
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Federal Statements	Schedule A, Part III, Line 7a - Support from Disqualified Persons	2010	100,000						
I St	- Sup		ν ₍ ν ₍						
Federa	III, Line 7a	2009	55,000						
i	le A, Part		. v. ∥						
	Schedu								
		Donor Name							
59-1778404			Total						

Federal Statements

Schedule A, Part III, Line 7b - Excess Gross Receipts

Donor Name	Total	Excess			
	\$	\$			
2013	40,434	35,434			
2012	19,952	14,952			
2011	28,359	23,359			
2010	33,823	28,823			
2009	44,855	39,855			
Total	\$ 167,423	\$ 142,423			

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Federal Statements

Taxable Dividends from Securities

Description

Unrelated Exclusion Postal Acquired after US
Amount Business Code Code Code 6/30/75 Obs (\$ or %)

14

Dividends and Interest Income

37,639

Total \$ 37,639

	,		142	270		_	- 	 <u>·</u> _
		Fund Raising	17.	2				
		<u> </u>	w	w w				
		ment & eral	81 73 589 525	1,268				
		Management & General						
	S.	2	₩	် က				
	Form 990, Part IX, Line 24e - All Other Expenses	E 0	2,140 1,812 1,621	893				
ıts	ther Ex	Program Service	117	5,				
Statements	- All O		<i>ত</i>	·ν-				
	ne 24e	10	23 2 3 2 3 3 4 0 3 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0	431				
Federal	r IX, Li	Total Expenses	2,140 2,035 1,822 589 525	7,7				
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104			ne d Memk s and arges	orary hel Total				
59-1778404			Website Telephone Dues and Memberships Licenses and Taxes Bank Charges	empora To				
59			T W T W B B B B B B B B B B B B B B B B	Ψ. 				

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CHOPIN FOUNDATION OF THE UNITED STATES, INC. DEPRECIATION - JUNE 30, 2014

	DATE ACQ	COST	179	1/2 ITC	BASIS	METHOD	H	RESERVE 06/30/13	DEP. 6/14	RESERVE 06/30/14
FOUNDATION ASSETS										
COMPUTER	11/23/93	3,170.00			3,170.00	S	2	3,170.00		3,170.00
COMPUTER & PRINTER	08/22/95	2,975.00			2,975.00	S	S	2,975.00		2,975.00
COMPUTER SOFTWARE	10/05/95	325.00			325.00	SF	5	325.00		325.00
COMPUTER SOFTWARE	11/07/95	609.00			00.609	SF	Ŋ	00.609		609.00
LASER PRINTER	01/16/97	800.00			800.00	SF	Ŋ	800.00		800.00
TELEVISION & VCR	04/10/97	1,017.44			1,017.44	SF	ß	1,017.44		1,017.44
TELEPHONE	02/01/98	454.15			454.15	SF	S.	454.15		454.15
COMPUTER PROGRAM	07/30/98	692.15			692.15	SF	2	692.15		692.15
COMPUTER	04/16/99	1,594.14			1,594.14	SF	2	1,594.14		1,594.14
OFFICE EQUIPMENT	12/27/99	851.63			851.63	SF	2	851.63		851.63
OFFICE EQUIPMENT	01/06/00	110.73			110.73	SF	2	110.73		110.73
COMPUTER DESK	01/06/00	191.68			191.68	S	7	191.68		191.68
COMPUTERS, SCANNER, FAX	07/09/04	4,321.97			4,321.97	SF	2	4,321.97		4,321.97
REFRIGERATOR	11/17/04	298.76			298.76	SF	2	298.76		298.76
OFFICE FURNITURE	11/16/06	2,719.84			2,719.84	SF	7	2,525.57	194.27	2,719.84
LAPTOP COMPUTER	04/20/07	1,024.52			1,024.52	SF	Ŋ	1,024.52		1,024.52
CAMERA	10/14/07	324.97			324.97	SF	Ŋ	324.97		324.97
PRINTER	04/22/08	295.76			295.76	SF	2	295.76		295.76
COMPUTER & MONITOR	07/24/09	662.56			662.56	SF	2	463.79	132.51	596.30
COMPUTER & MONITOR	07/24/09	546.97			546.97	SF	2	382.87	109.39	492.26
TWO COMPUTERS	05/05/14	2,630.40			2,630.40	SF	ည	0.00	263.04	263.04
SUBTOTAL	i	25,616.67	0.00	0.00	25,616.67			22,429.13	699.21	23,128.34
	II								0 0 0 0 0	H U U U U U

(Rev January 2014)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

Internal Revenue S	Service	Information about For	m 8868 and	its instructions is at www.i	rs.gov/form	3868.			
If you are	filing for an A	utomatic 3-Month Extension, comple	te only Par	t I and check this box					► X
• If you are	filing for an A	dditional (Not Automatic) 3-Month Ex	ctension, co	omplete only Part II (on page	2 of this form	n)			_
		iless you have already been granted ar				-	68		
Electronio fili	ina (a fila) V	arran alastromadii. Ela Earra 9969 if v	a maad a 2		. f. d				
		ou can electronically file Form 8868 if you							
		Form 990-T), or an additional (not aut				-			
		on of time to file any of the forms listed i ated With Certain Personal Benefit Cor					on		
							-C1-		
Part I		ils on the electronic filing of this form, vice 3-Month Extension of Time				Nonpr	onts		
		e Form 990-T and requesting an autom							
Part I only	required to like	s rolling an autom	atic o-monti	resterision – check this box a	ina complete				▶ □
	orations (inclu	ding 1120-C filers), partnerships, REMI	Cs and true	te must use Form 7004 to rea	nuect an exter	neinn (of time		
to file income		unig 1120-0 mers), partifersnips, NEIM	Os, and trus	is must use i oim 7004 to let	quest an exter	ISION	Ji uille		
to life income	lax returns.			E	nter filer's id	entify	ina nun	nhar saa i	netructions
Type or	Name of ex	empt organization or other filer, see ins	tructions		Employer id				
print		N FOUNDATION OF THE		D	Z.II.pioyoi id				, 0.
		S, INC.			59-177	840	4		
File by the		reet, and room or suite no. If a P.O. box	c. see instru	ctions	Social secur			SN)	
due date for		79TH STREET CAUSEWAY		117		,		,	
filing your return See		r post office, state, and ZIP code. For a		dress, see instructions.				· · · · · · · · · · · · · · · · · · ·	
instructions	MIAMI	FL.	33141	<u>L</u>					
Enter the Retu	um code for th	e return that this application is for (file a	a senarate a	innlication for each return)					01
		e return that this application is for the c	- Schalaie a	pplication for each return)					
Application			Return	Application					Return
ls Fo <u>r</u>			Code	Is For					Code
Form 990 or Form 990-EZ 01 Form 990-T (corporation)								07	
Form 990-BL 02 Form 1041-A								08	
Form 4720 (individual) 03 Form 4720 (other than individual)								09	
Form 990-PF 04 Form 5227								10	
Form 990-T	(sec. 401(a) c	or 408(a) trust)	05	Form 6069					11
<u>Form 990-T</u>	(trust other th		06	Form 8870					12
		DAVID E. BUCK, C.P.A.							
_		2900 E OAKLAND PK BLY	/D				_		
 The books a 	are in the care of	FORT LAUDERDALE					F.	'L 3330	16
	05	4-561-3303	FAVAL						
•			FAX No						. □
•		not have an office or place of business urn, enter the organization's four digit 0			If the a				▶ []
for the whole g		· · · · · · · · · · · · · · · · · · ·	•	· · · · · · · · · · · · · · · · · · ·	If this	15			
_	-	Ns of all members the extension is for	trie group, t	LITECK UIIS DOX	and attach				
		c 3-month (6 months for a corporation re	equired to fi	le Form 990-T) extension of ti					
•		to file the exempt organization return							
	rganization's i	· ·		jamzason namoa above mo	CALCHSION 13				
	•	or							
▶ 🗓	tax vear begin	uning $07/01/13$, and ending 0	06/30/	14					
		in line 1 is for less than 12 months, che			al return				
	nange in acco								
		r Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, ent	ter the tentative tax, less any					
<u>nonre</u> fur	ndable credits.	See instructions				3a	\$		0
		r Forms 990-PF, 990-T, 4720, or 6069,	enter any re	efundable credits and					
<u>estima</u> te	d tax paymen	ts made. Include any prior year overpay	yment allow	ed as a credit		3b	\$		0
c Balance	due. Subtrac	t line 3b from line 3a Include your payi	ment with th	is form, if required, by using					
		deral Tax Payment System) See instru				3с	\$		0
Oncertain Marie	re equate mak	e an electronic funds withdrawal (direct debit)	with this For	m 9969 soo Form 9453 FO and F	orm 9970 EO f-		ant mate		