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SCANNED DFC 28 7015

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 2014 Open to Public Inspection

<u>A</u>	For the	е 2014 с		ax year beginning (7/01/1	4 , and ending	06/30/	15		
В	Check if ap	pplicable	C Name of organizatio	CHOPIN FO	OUNDATION	OF THE UNI	TED		D Employe	er identification number
	Address c	change		STATES, 1	INC.					
П	Name cha	ange	Doing business as			<u> </u>				.778404
一	Initial retur		· · · · · · · · · · · · · · · · · · ·	or PO box if mail is not delived. H STREET CAUSE		ess)		Room/suite 117	E Telephor	868-0624
믐	Final retur			r province, country, and ZIP o		te				000 0021
닏	terminated	d	MIAMI		FL 33	3141			G Gross red	ceipts\$ 1,045,433
	Amended	return	F Name and address of	of principal officer					G Glossie	
	Application	n pending	BLANKA	A. ROSENSTI	EL			H(a) Is this a gro	oup return for s	subordinates? Yes No
				D AVENUE, #				H(b) Are all sub	oordinates incl	luded? Yes No
			MIAMI B	=		33139		If "No,	attach a list	(see instructions)
1	Tax-exen	mpt status	X 501(c)(3)	501(c) () <	(insert no)	4947(a)(1) or	527			
J —	Website:	: • W	ww.chopin					H(c) Group exe	emption numbe	er >
ĸ	Form of o	organization	X Corporation	Trust Association	Other >		LY	ear of formation		M State of legal domicile
数	Part I	Su	ımmary							
	1 E	Briefly de	scribe the organiz	ation's mission or mos	t significant ac	ctivities:				
æ		SUPP	ORT YOUNG A	AMERICAN MUSIC	CIANS AND	PROMOTE CL	ASSICAL	MUSIC AM	ONG GE	NERAL
aŭ		AUDI	ENCES.							
ē	1									
30	2 (Check th	is box ▶ 📗 ıf the	sets.	•					
∞ ರ	3 1	Number o	of voting members		3	11				
Activities & Governance	4 1		·	ting members of the go		•			4	11
Ĭ	5 7	Total nun	nber of individuals	employed in calendar	year 2014 (Pa	rt V, line 2a)			5	2
Aci				(estimate if necessary	•				6	200
				evenue from Part VIII, o			7a	0		
	b1	Net unrel	ated business taxa	able income from Form	1 990-T, line 3	4		Brior Vo	7b	Current Veer
	ا و ا	Contribut	ons and grants (P	Part VIII line 1h)			ł	Prior Ye	2,217	Current Year 481,006
Revenue	9 F		service revenue (F	•			-		1,151	119,487
	10	_		III, column (A), lines 3,	4 and 7d)		ŀ		3,391	92,644
	11 (olumn (A), lines 5, 6d, 8	•	nd 11e)			<u> </u>	0
			•	through 11 (must⊨equ			The state of the s	48	6,759	693,137
				s paid (Part IX, column				3,000	5,560	
				bers (Part IX, column)	İ	·		0		
s s	م حما	Salaries.	other compensation	on, employee benefits	(Paft ExCcoluf	nn (A) fines (3-10)		11'	7,540	123,649
Expenses	16a F			es (Part IX, column (A)		02	Ī			0
ĕ	ьт	Total fund	draising expenses	(Part IX, column (D),	ine-25	1 117 19,5	47	行自当都行到	建	
Ä	17 (Other ex	penses (Part IX, co	olumn (A), lines 11a-1	1d-11f-24e)	No The Part of the	•	18	520,700	
				13–17 (must equal Par		A), line 25)	Ī	31.	9,933	649,909
	19 F	-		ubtract line 18 from line					6,826	
Net Assets or	3							Beginning of Cu		End of Year
Sets	a 20 1	Total ass	ets (Part X, line 16	3)			L		5,312	1,250,590
# S	21 7		ilities (Part X, line	,					6,217	
Ž	22 N			s Subtract line 21 from	n line 20 ,			1,19	9,095	1,242,323
	art II		gnature Block							
				t I have examined this ret						nowledge and belief, it is
	ue, corre	T N 7		of preparer (other than o		on all information of w	nich preparer i	as any knowledg	je	10/21.
٠.		_	ignature of officer	CY HOwest	[2]					12/8/15
	gn	"	•	(222		Date	// /
не	ere	-	PLANKA A		<u> </u>		PRESI	DENT.	•	
			e preparer's name	<u></u>	Preparer's sign	natura	\	Date ,	1 0 1	If PTIN
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Ma	v the IP	Firm's add		the preparer shown abo			<u></u>		hone no	X Yes No
_				see the separate instruc		dodorio)			_	Form 990 (2014)
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										•

1	n 990 (2014) CHOPIN FOUNDATION OF THE UNITED 59-1778404 THE Checklist of Required Schedules		<u>P</u>	age
24 F. C	archive 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,"		1.00	,,
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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		X
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
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	_	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			Ì
_	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			v
10	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		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		#1867 B	福建
• •	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,"		AB-SHE	e e
-	complete Schedule D, Part VI	11a	x	
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	116		x
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	112		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			1
	Schedule D, Parts XI and XII	12a		_X
b	, , , , , , , , , , , , , , , , , , , ,			
	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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	445		v
4 <i>E</i>	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	-+	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.5		x
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15	$\vdash \vdash \vdash$	
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		
••	Part IX. column (A), lines 6 and 11e? If "Yes." complete Schedule G. Part I (see instructions)	17		x

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

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

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

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

If "Yes," complete Schedule G, Part III

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19

20a

20b

18

	n 990 (2014) CHOPIN FOUNDATION OF THE UNITED 59-1778404	·	Р	age
題而	Checklist of Required Schedules (continued)		V	l Na
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	- 21	 	
	Part IX, column (A), line 2? 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			ŀ
	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	23		
	\$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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
•	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240	\vdash	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	254	-	
U	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		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	250	_	
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20	\vdash	
	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		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	1	推图库	1055
20	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	200	ENERGY SE	ilizi X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a	-	
	Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	\vdash	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	_25		
•	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.	30		
•	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	- 52		
••	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	55		
•	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	\vdash	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	- Ja	-	
_	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	555	\vdash	
	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,

19? Note. All Form 990 filers are required to complete Schedule O

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

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Part VI

Form 990 (2014) CHOPIN FOUNDATION OF THE UNITED 59-1778404

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	<u> </u>					
		1 1	4.0	SHI or c	Yes	No	
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	12				i i
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	_1b			1974年		1
Ç	Did the organization comply with backup withholding rules for reportable payments to vendors and			المستنفقة	المنطقة المنطقة		À
_	reportable gaming (gambling) winnings to prize winners?			1c	बन्दरा क्षण	बाह्यस	25
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		•		高 導	靐	THE PARTY
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	2		理型		ż
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X Sellens	rein e ne	1
٠.	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)		ARREAGE AND			
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		.	3b	_	├	_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		ıy				
	over, a financial account in a foreign country (such as a bank account, securities account, or other fir	ianciai		4.0		x	
L	account)?			4a	HHHA!	El Earl	4
b	If "Yes," enter the name of the foreign country:	م د د د د	to				4
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial (FBAR)	4CCOUI	113				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X	3
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year!	rtion?		5b		X	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50011.		5c	-		-
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	10		30			-
Va	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		x	
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or					_
~	gifts were not tax deductible?	J. 10 G.		6ь			
7	Organizations that may receive deductible contributions under section 170(c).				HEE!		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods					6
	and services provided to the payor?	•		7a	- Carlottation	X	_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b			_
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as					_
	required to file Form 8282?			7с		x	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			通 :	:連	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract	?	7e		x	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?		7 f		x	
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 889	99 as required?	7g		X	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fil	e a Form 1098-C?	7h		X	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	ed by th	ne	建			
	sponsoring organization have excess business holdings at any time during the year?			8		X	_
9	Sponsoring organizations maintaining donor advised funds.					題	
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		X	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	diameter de	X	_
10	Section 501(c)(7) organizations. Enter.	1	1				3
а	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	10b					000
11	Section 501(c)(12) organizations. Enter:	1 1	1			-	14.
а	Gross income from members or shareholders	11a				1 To 1	21.7
b	Gross income from other sources (Do not net amounts due or paid to other sources	l				軍	4
	against amounts due or received from them)	11b			منتشب سد	ستشت	_
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		? 	12a	9.4 9 51	# *4.e	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>		靉	7	,
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40.	3.7	F	4 .
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	jangjan j	_	7
L-	Note. See the instructions for additional information the organization must report on Schedule O					2	1
b	Enter the amount of reserves the organization is required to maintain by the states in which	426	1				
_	the organization is licensed to issue qualified health plans	13b 13c			,		•
C 14a	Enter the amount of reserves on hand Did the organization receive any navments for indoor tanning services during the tay year?	130		14a	1	x	_
l4a h	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	۰.		14a 14b		<u> </u>	-
<u> </u>	in 166, has it lied a 10th 120 to report these payments. If 140, provide an explanation in Schedul			טדו ן	1		

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 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? 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? 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b 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 The governing body? 8a 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Ye<u>s</u> No X 10a Did the organization have local chapters, branches, or affiliates? 10a 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 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 Did the organization have a written document retention and destruction policy? 14 14 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? 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 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 Upon request Other (explain in Schedule O) 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, address, and telephone number of the person who possesses the organization's books and records: DAVID E. BUCK, C.P.A. 2900 E OAKLAND PK BLVD FL 33306

FORT LAUDERDALE

Form 990 (2014	CHOPIN	FOUNDATION	OF T	HE UNITED	59-1778404	
Part VII	Compensati	ion of Officers, D	irectors	, Trustees, Ke	y Employees, Highest C	compensated Employees, and
	Indonondon	4 Cantrootoro				

Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A

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

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

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

	7	i 		<u> </u>			` 	, ' 	,	
(A) Name and Title	(B) Average				C) ition		(D) Reportable	(E) Reportable	(F) Estimated	
	hours per			check	more	than one	compensation	compensation from	amount of	
	week (list any					s both an or/trustee)	from the	related organizations	other compensation	
	hours for	익호	Ę	잋	7	일종 강	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the	
	related organizations	dred	ğ	Officer	Key employee	Former Highest employe	(VV-2/1099-MISC)		organization and related	
	below dotted	or in	onal	ŀ	βο Į	B C C			organizations	
	line)	Individual trustee or director	Institutional trustee	1	è) peg				
		"	e			Former Highest compensated employee				
(1) BLANKA A. ROSENS										
	0.00			ľ		li				
PRESIDENT	0.00	X		X	_		0	0	0	
(2) OLGA MELIN						1				
	0.00	l		l						
VICE PRESIDENT	0.00	X		x	ļ	 	0	0	0	
(3) RICHARD LUBMAN										
	0.00							_	_	
TREASURER	0.00	X		X	├	+	0	0	0	
(4) REBECCA BAEZ	0.00					l I				
SECRETARY	0.00	x		x		l	0	o	0	
(5)	0.00	<u> </u>	-	^	├─	 -	<u> </u>			
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DAA									Form 990 (2014)	

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)	
	(A) Name and title Average hours per week week (list any) (C) Position (do not check more that box, unless person is but officer and a director/ing)			s both r/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(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
(12)											
(13)		-									
(14)											
(15)											
(16)											
(17)											
(18)											
(19)											
1b c	Sub-total Total from continuation she	ets to Part VII, S	Secti	ion A	<u> </u>	<u> </u>		>			
d_ 2 	Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	ncluding but not l the organization	ımıte	d to	thos	e lıs	ted a	bov	e) who received more than	\$100,000 of	
3	Did the organization list any for employee on line 1a? If "Yes,"	complete Schee	alut	J for	suc	h inc	lividu	ıal			Yes No
4 5	For any individual listed on lin- organization and related organindividual Did any person listed on line 1	nızatıons greater	than	\$1 5	50,00)0? I	f "Ye	s," c	complete Schedule J for su	ch	4 X
	for services rendered to the or	rganization? If "Y									5 S
1	ion B. Independent Contractor Complete this table for your five compensation from the organi	ve highest comp ization. Report c	ensa ompo	ited i	nder	pend for t	lent o	contr	dar year ending with or with	nin the organization's tax ye	
	Name and	(A) business address							Descrip	(B) tion of services	(C) Compensation
							_				
				_							
2	Total number of independent received more than \$100,000	contractors (incli of compensation	uding fror	but the	not e org	lımıtı anız	ed to ation	thos	se listed above) who	0	- 000

Form 990 (2014) CHOPIN FOUNDATION OF THE UNITED 59-1778404 Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax (A) exempt business revenue function under sections 512-514 revenue 1a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 481,006 9,964 g Noncash contributions included in lines 1a-1f 481,006 h Total. Add lines 1a-1f Program Service Revenue Busn Code 73,989 73,989 2a Admissions 32,247 32,247 b Membership Dues 7,956 7,956 Program Advertising Revenue 5,295 5,295 Competition Application Fees f All other program service revenue q Total. Add lines 2a-2f Investment income (including dividends, interest, 34,651 34,651 and other similar amounts) 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 410,289 other than inventor **b** Less cost or other 352,296 basis & sales exps 57,993 c Gain or (loss) 57,993 d Net gain or (loss) 57,993 8a Gross income from fundraising events (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 gaming 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

693,137

177,480

0

d All other revenue

Total. Add lines 11a-11d Total revenue. See instructions.

Form **990** (2014)

Sect	ion 50,1(c)(3) and 501(c)(4) organizations must c Check if Schedule O contains a resp			implete column (A).	<u>-</u>
	not include amounts reported on lines 6b, Bb, 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	3,060	3,060		
2	Grants and other assistance to domestic individuals See Part IV, line 22	2,500	2,500		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
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)				
7	Other salaries and wages	107,384	95,572	4,295	7,517
8	Pension plan accruals and contributions (include	-		•	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	8,050	7,164	322	564
10	Payroll taxes	8,215	7,311	329	575
11 a	Fees for services (non-employees): Management				
b		-	 -		
С	Accounting	5,000	4,450	200	350
d	Lobbying				
е	Professional fundraising services See Part IV, line 17			0	
t ~	Investment management fees	8,557		8,557	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12		22,227	19,782	889	1,556
13	Office expenses	30,344	27,007	1,213	2,124
14	Information technology	778	693	31	54
15	Royalties	25 600	22 062	1 000	4 500
16 17	Occupancy Travel	25,689 58,526	22,863 52,088	1,028 2,341	1,798 4,097
18	Payments of travel or entertainment expenses	30,320	32,000	2,341	4,097
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	750	667	30	53
20	Interest	94	-	94	
21	Payments to affiliates	600	C12		
22 23	Depreciation, depletion, and amortization Insurance	689 2,409	613 2,144	28 96	<u>48</u> 169
24	Other expenses Itemize expenses not covered		2/19		109
	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)	สัสดุรถสาจลักลภาจลดส์, ส		三十年 五十三年 三十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二	
а	Prizes and Awards	159,500	159,500		
b	Concert Events Artistic Fees & Services	120,348 65,745			
c d	Temporary Help	6,240	65,745 6,240		
e		13,804	11,996	1,166	642
25	Total functional expenses. Add lines 1 through 24e	649,909		20,619	19,547
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)				
DAA					Earn 990 /2014

Form 990 (2014)

Part X **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 26,563 76,951 Cash-non-interest bearing Savings and temporary cash investments 117,289 62,014 2 Pledges and grants receivable, net 3 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 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 Inventories for sale or use 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or 26,032 other basis. Complete Part VI of Schedule D 2,489 23,817 b Less accumulated depreciation 10b 10c 781,135 841,246 11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 12 Investments—program-related See Part IV. line 11 13 13 14 14 Intangible assets 273,000 273,000 15 Other assets See Part IV, line 11 15 1,205,312 1,250,590 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 6,217 8,267 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other habilities not included on lines 17-24). Complete Part X of Schedule D 6,217 8,267 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ and Balances complete lines 27 through 29, and lines 33 and 34. 384,052 434,821 27 Unrestricted net assets 815,043 807,502 28 Temporarily restricted net assets 28 Net Assets or Fund 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 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 1,199,095 1,242,323 33 Total net assets or fund balances 33 1,205,312 1,250,590 Total liabilities and net assets/fund balances

orm	1 990 (2014) CHOPIN FOUNDATION OF THE UNITED 59-1778404			Pag	<u>ge 12</u>
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				ЛL
1	Total revenue (must equal Part VIII, column (A), line 12)	1		93,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	49,9	909
3	Revenue less expenses Subtract line 2 from line 1	3		43,2	228
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,1	99,0	095
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
		10	1,2	42,3	323
Pa	Financial Statements and Reporting				•
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		新疆	疆	
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			遭遭	
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			量量	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in		(編章)	難。江	
	Schedule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
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	l	
			For	m 990	(2014)

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.

Open to Public

Department of the Treasury Internal Revenue Service

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

CHOPIN FOUNDATION OF THE UNITED

Employer iden

Employer identification number 59-1778404

STATES, INC. Part 1 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 X 9 An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3), Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (ii) EIN (iv) is the organization (i) Name of supported (III) Type of organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-9 organization support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes (A) (B) (C) (D)

(E)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2010 (b) 2011 (c) 2012(d) 2013 (e) 2014 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources 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 VI) 11 Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 15 15 Public support percentage from 2013 Schedule A, Part II, line 14 16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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.)

	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	280,440	335,941	303,398	412,434	513,253	1,845,466
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	33,823	28,359	19,952	40,434	73,989	196,557
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	314,263	364,300	323 <u>,</u> 350	452,868	587,242	2,042,023
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	100,000	100,000	100,000	100,000	200,000	600,000
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000			44.000			
С	or 1% of the amount on line 13 for the year Add lines 7a and 7b	28,823 128,823	23,359 123,359	14,952 114,952	35,434 135,434	67,770	170,338
8	Public support (Subtract line 7c from line 6)	120,023	123,333	114,952	133,434	267,770	770,338 1,271,685
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	314,263	364,300	323,350	452,868	587,242	2,042,023
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,349	14,400	20,945	37,639	34,651	116,984
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	9,349	14,400	20,945	37,639	34,651	116,984
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	323,612	378,700	344,295	490,507	621,893	2,159,007
14	First five years. If the Form 990 is for the organization, check this box and stop here	organization's first	-				<u> </u>
Sec	tion C. Computation of Public Su		age		-		
15	Public support percentage for 2014 (line 8			n (f))		15	58.90%
16	Public support percentage from 2013 Scho					16	65.32%
Sec	tion D. Computation of Investme	nt Income Per	centage				
17	Investment income percentage for 2014 (li	ine 10c, column (f)	divided by line 13,	column (f))		17	5 %_
18	Investment income percentage from 2013					18	5 %
19a	33 1/3% support tests—2014. If the organ 17 is not more than 33 1/3%, check this bo	ox and stop here. ⁻	The organization q	ualifies as a public	ly supported orga	nızatıon	► X
b	33 1/3% support tests—2013. If the organine 18 is not more than 33 1/3%, check the						> [
20	Private foundation. If the organization did	d not check a box o	n line 14, 19a, or	19b, check this box	x and see instruction	ons	>

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- 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.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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10b		

Pai	tive Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u></u>
b	A family member of a person described in (a) above?	11b		
С	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		
Sect	ion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			distrib
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		建建	是關係
	controlled the organization's activities. If the organization had more than one supported organization,			推翻
	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	震響	學出學	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion 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		ename.	43-38
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			CHAIN THE
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	CHENCH SHOP	andreway.
Sect	ion D. All Type III Supporting Organizations	<u> </u>		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	A hills	8 F.	ARIENIS
-	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Caracatanism:	ن استامهٔ الله الله الله
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	#	国家经济	PHO 1
	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	Canada Co	منافقة شاهناه
3	By reason of the relationship described in (2), did the organization's supported organizations have a		ATT 等等	Fight all
•	significant voice in the organization's investment policies and in directing the use of the organization's			1. 经重
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			體。
	supported organizations played in this regard	3	1.78.88888	usususu
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ne).		-
' a	The organization satisfied the Activities Test. Complete line 2 below	113)		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	n ictions)		
·	The digulariation supported a governmental entity. Besond and are visitory you supported a government entity (see that	rucuoris,		
2 /	Activities Test Answer (a) and (b) below.	1	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	土土	計画 法	是是
ű	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,		企業	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	20 31:31-4	建筑	.5(3,53
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		野洲	
	reasons for the organization's position that its supported organization(s) would have engaged in these	3L		
•	activities but for the organization's involvement.	2b	error Ta	2.3400 73,755
3	Parent of Supported Organizations Answer (a) and (b) below.		電腦	是疆
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI .	3a	53°, 745° -	्र _{ेस्} सद्भाव
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		الطنعة المستقد	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		1

Part Va Type III Non-Functionally Integrated 509(a)(3) Supporting	Organizat	tions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust o			
other Type III non-functionally integrated supporting organizations must complete S	Sections A thi	ough E	
Section A - Adjusted Net Income	(A) Pnor Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount	(A) Pnor Year	(B) Current Year (optional)	
Aggregate fair market value of all non-exempt-use assets (see		建工程 医	
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	建基 键		
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1	经现在分别。	
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	を記し、おけれる重要動	"
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally-integral		supporting organization (s	ee
instructions).	· /P ···		

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014

and 4c

Breakdown of line 7:

d Excess from 2013 e Excess from 2014

Excess distributions carryover to 2015. Add lines 3j

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Page 8

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

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.

OMB No 1545-0047

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990 Internal Revenue Service Name of the organization Employer identification number

Open to Public Inspection

	HOPIN FOUNDATION OF THE UNITED		59-1	778404
_	art I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or	_	
	Complete if the organization answered "Yes" to F		tooount.	.
		(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		at the assets held in donor advised		
Ū	funds are the organization's property, subject to the organization's exc			Yes No
6		_		les No
•	only for charitable purposes and not for the benefit of the donor or don	- ·		
	conferring impermissible private benefit?	or davisor, or lot any outer purpose		Yes No
P	art II Conservation Easements.			
ئىنەتسىنىڭ سىنىنى	Complete if the organization answered "Yes" to F	Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check	call that apply).		
	Preservation of land for public use (e.g , recreation or education)	Preservation of a historically imp	ortant land	area
	Protection of natural habitat	Preservation of a certified historic	c structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a conse	rvation	
	easement on the last day of the tax year			leld at the End of the Tax Year
ā	Total number of conservation easements		2a	
t	Total acreage restricted by conservation easements		2b	
C	 Number of conservation easements on a certified historic structure inc 	luded in (a)	2c	_
•	Number of conservation easements included in (c) acquired after 8/17.	/06, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, ex	ktinguished, 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 mor	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	cing conservation easements during the y	ear	
7		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 easem	•		-
	balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements.	organization's financial statements that o	escribes tr	ie
₽D	artill Organizations Maintaining Collections of Art,	Historical Treasures or Other	Similar /	\ccotc
۔ سائد	Complete if the organization answered "Yes" to F		Jiiiiiai <i>F</i>	135613.
1:	a If the organization elected, as permitted under SFAS 116 (ASC 958), r		nalance sh	eet
•	works of art, historical treasures, or other similar assets held for public			
	public service, provide, in Part XIII, the text of the footnote to its finance			
b	If the organization elected, as permitted under SFAS 116 (ASC 958), t		nce sheet	
	works of art, historical treasures, or other similar assets held for public	•		
	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		r other similar assets for financial gain, pro	vide the	•
_	following amounts required to be reported under SFAS 116 (ASC 958)	•		
a	Revenue included in Form 990, Part VIII, line 1		•	\$
	Assets included in Form 990, Part X		•	\$

	dule D (Form 990) 2014 CHOPIN F	FOUNDATION (OF THE	UNIT	ED	<u> 59-1</u>	<u>7784</u>	04	Page 2
Pa	irtill Organizations Maintaini	ng Collections of	f Art, His	torical Ti	reasures,	or Othe	r Simi	lar Assets	(continued)
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).								
а	Public exhibition	d 🗍	Loan or ex	change pro	grams				
b	Scholarly research	e 🗍	Other		-				
С	Preservation for future generations								
4	Provide a description of the organization's XIII.	collections and explai	n how they	further the	organization	's exempt	purpose	ın Part	
5	During the year, did the organization solicit	t or receive donations	of art histo	ncal treasur	res or other	cimilar			
,	assets to be sold to raise funds rather than		•						Yes X No
≅Pã	Escrow and Custodial A		part of the t	Ji garii zation	3 CONCORON				1es 140
	Complete if the organization 990, Part X, line 21.	•	" to Form	990, Par	t IV, line 9	or repo	orted a	n amount o	on Form
12	Is the organization an agent, trustee, custo	ndian or other intermed	diany for cor	atributions o	r other asse	te not			
	included on Form 990, Part X?	dian or other intermet	2101 y 101 001	illibations o	outer asse	13 1101			Yes No
b	If "Yes," explain the arrangement in Part X	III and complete the fo	illowing tab	le					
-									Amount
С	Beginning balance							1c	
	Additions during the year							1d	
	Distributions during the year							1e	
f	Ending balance							1f	
2a	Did the organization include an amount on	Form 990, Part X, line	e 21. for es	crow or cust	todial accoul	nt liability?			Yes No
	If "Yes," explain the arrangement in Part X					-			
	Endowment Funds.								
SASSION TO STATE OF THE PARTY O	Complete if the organization	on answered "Yes	" to Form	990, Par	t IV, line 1	0.			
	·	(a) Current year	1	or year	(c) Two ye		(d) Th	ree years back	(e) Four years back
1a	Beginning of year balance							-	
b	Contributions								
С	Net investment earnings, gains, and			-					
	losses		l						
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cu	urrent year end balanc	e (line 1g,	column (a))	held as.				<u></u>
а	Board designated or quasi-endowment ▶		,	. ,,					
b	Permanent endowment ▶ %								
С	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c sh	nould equal 100%.							
3a	3a Are there endowment funds not in the possession of the organization that are held and administered for the								
	organization by:	•							Yes No
	(i) unrelated organizations								3a(i)
	(ii) related organizations								3a(ii)
b	If "Yes" to 3a(II), are the related organization	ons listed as required o	on Schedul	e R?					3b
4	Describe in Part XIII the intended uses of t	the organization's end	owment fun	ds <u>.</u>					
Pa	itt VI Land, Buildings, and Eq								
	Complete if the organization	on answered "Yes	<u>" to Form</u>	<u> 990, Par</u>	t IV, line 1	1a. See	Form	990, Part X	(, line 10.
	Description of property	(a) Cost or other		(b) Cost or o			Accumulate		(d) Book value
		(investment)		(othe	er)	de	preciation	artiset artise in in in	
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
_	Other		,032				<u> 23</u>	<u>,</u> 817	2,215
Total	I. Add lines 1a through 1e. (Column (d) mus	st equal Form 990, Par	t X, columr	1 (B), line 10)c)			<u> </u>	2,215

Part VIL	Investments—Other Securities.		33 1770404	rage
<u> </u>	Complete if the organization answered "Yes" to			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v Cost or end-of-year	
(1) Financial o				
	eld equity interests			
(3) Other	nd equity interests			
(A)		-		
(B)				
(c)		- ····		
(D)				
(E)				
(F)				_
(G)				
(H)				
•	n (b) must equal Form 990, Part X, col (B) line 12) ▶		東州松州市電車電車の利用車	在1月1日開催的1月1日
Part VIII	Investments—Program Related.			
photos has him him has had had had had had	Complete if the organization answered "Yes" to	Form 990, Part IV, li	ne 11c See Form 990, Par	rt X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of v	
			Cost or end-of-year	market value
(1)				
(2)				
(3)				_
(4)				
(5)				
(6)				
(7)				_
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13) ▶		通過電車電子公司工作	
Part IX	Other Assets.			
	Complete if the organization answered "Yes" to	Form 990, Part IV, li	ne 11d See Form 990, Pa	rt X, line 15
	(a) Description	.		(b) Book value
(1)	Antique Piano	<u> </u>		255,00
(2)	Paintings			18,00
(3)				
_(4)				
(5)				
(6)				
	<u> </u>			. <u> </u>
(8)	<u> </u>			
(9)				272 00
	n (b) must equal Form 990, Part X, col. (B) line 15)			273,00
Part X	Other Liabilities.	Farm 000 Bart IV II	44 445 C 5 0	00 D-4V
	Complete if the organization answered "Yes" to	Form 990, Part IV, II	ne Tie of Tit. See Form 99	90, Paπ X,
	line 25.	T #15 + :	· · · · · · · · · · · · · · · · · · ·	Carrentes a l'Arrente de Araba
1.	(a) Description of liability	(b) Book value		
	income taxes			
(2)				
(3)				
(4)				
<u>(5)</u>				
(6)				
<u>(7)</u>		-		
(8)	· · · · · · · · · · · · · · · · · · ·			* ************************************
(9)	(h) must equal Form 990. Part Y. col. (R) line 25)		\dashv .	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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) 2014 CHOPIN FOUNDATION OF THE UNIT	ED	59-1778404	Page 4
Pa	Reconciliation of Revenue per Audited Financial Stateme	ents With R	evenue per Return.	
_	Complete if the organization answered "Yes" to Form 990, Pa	art IV, line 1	2a.	
1	Total revenue, gains, and other support per audited financial statements		1	
2	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	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	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		
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	
Pε	Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per Retur	n.
	Complete if the organization answered "Yes" to Form 990, Pa	art IV, line 1	2a.	
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		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information.

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.

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Schedule D (Form 990) 2014 CHOPIN FOUNDATION OF THE UNITED Part XIII Supplemental Information (continued)

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.

2014

Open to Public

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.

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