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Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

► Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2015 Open to Public Inspection

			rear, or tax year beginning U	//UI/ID , and o		T.0	D Employe	r identification number
	Check if appl	icabic	• • • • • • • • • • • • • • • • • • • •		HE UNITED		D Employe	i ideimication number
_ <u>                                    </u>	Address char		STATES, I	<u> </u>			FO 1	770404
ı	Name chang	e <b>L</b>	isiness as and street (or P O box if mail is not deliver	ed to street address)		Room/suite	E Telephon	778404
	Initial return		-79TH STREET CAUSE			117		868-0624
LJ	Final return/		wn, state or province, country, and ZIP or f					
	terminated	MIAM	IT	FL 33141		į	<b>o</b> Cross ros	eipts\$ 489,807
	Amended ret		d address of principal officer		<del></del>	<del></del>	G Gross reco	
	Application p	<b>I</b>	NKA A. ROSENSTIE	PT.		H(a) Is this a grou	p return for si	ubordinates? Yes X No
<u>ا</u>	,	" JIA	MAA A. KOBEMBIII	111		H/h) AII a		uded? Yes No
		1				H(b) Are all subo		
		L			<del></del> _		attach a list	(see instructions)
1	Tax-exempt			(insert no ) 4947(a	)(1) or 527	4		
<u>J</u>	Website:		nopin.org			H(c) Group exem	nption numbe	r <b>&gt;</b>
K	Form of orga	anization X Con	poration Trust Association	Other -		Year of formation		M State of legal domicile
P	art I	Summary						
	1 Bri	efly describe the	e organization's mission or most	significant activities:				
as l			OUNG AMERICAN MUSIC		OTE CLASSICAL	MUSIC AMO	NG GEI	NERAL
Activities & Governance		AUDIENCES.						
r a	•							
Ş.	0.0		7 64					
တ္		eck this box ▶	_ •		sposed of more than 2	5% of its net assi	1 1	
∞ಶ	l .	_	nembers of the governing body (	•			3	11
<u>ie</u> s	4 Nu	mber of indepen	ident voting members of the gov	erning body (Part VI, li	ne 1b)		4	
<u> </u>	5 To	tal number of and	dividuals employed in calendar y	ear 2015 (Part V, line 2	2a)		_ 5	2
cti			lunteers (estimate if necessary)		·		6	200
			siness revenue from Part VIII, co	lumn (C) line 12			7a	0
2018			ness taxable income from Form				7b	0
	Ditto	t diriciated basii	icas taxable meane nom rom	550 T, IIIIC 04		Prior Year		Current Year
< <u>→</u>	8 Co	ntributions and g		,006	335,671			
© ⊘©		-	venue (Part VIII, line 2g)		,487	93,362		
ا 🗗 جب		•	, , , , , , , , , , , , , , , , , , , ,					
DEC 8 Revenue			(Part VIII, column (A), lines 3, 4		92	,644	9,810	
1	11 Oth	ner revenue (Par	t VIII, column (A), lines 5, 6d, 8d			7,950		
″.÷	<b>12</b> Tot	tal revenue – add	<u>d lines 8 through 11 (must equal</u>		,137	446,793		
Ses.	13 Gra	ants and similar	amounts paid (Part IX, column (	A), lines 1–3)		5	,560	265,600
1,30	14 Be	nefits paid to or f	for members (Part IX, column (A	), line 4)				0
÷ 0		•	npensation, employee benefits (F	•	es 5–10)	123	,649	128,295
Expenses			aising fees (Part IX, column (A), i	• • • • • • • • • • • • • • • • • • • •	,,,		<del>,</del>	0
~ E			= :	•	16,100	<del> </del>		<u>_</u>
X		_	kpenses (Part IX, column (D), lin		10,100	F20	700	104 007
			art IX, column (A), lines 11a-11d	11	, ; )		,700	194,027
			ld lines 13–17 (must equal Part I	II If	<del></del>		,909	587,922
	19 Re	venue less expe	nses Subtract line 18 from line				,228	-141,129
Net Assets or Fund Balances				E DEC 09	2016	Beginning of Curr		End of Year
alar alar	<b>20</b> Tot	tal assets (Part X	(, line 16)		( ) ( ) ( ) ( ) ( ) ( )	1,250		1,107,601
ĕĞ	<b>21</b> Tot	tal liabilities (Par	t X, line 26)	00000	117	8	,267	6,407
울친	22 Ne	t assets or fund I	balances Subtract line 21 from I	ine 20 CCDER		1,242	,323	1,101,194
	art II	Signature	Block					
			clare that I have examined this return	n including accompanyir	an schedules and statem	ents and to the hes	st of my kn	owledge and belief it is
tru	e, correct,	and complete De	glaration of preparer (other than offi	cer) is based on all inform	nation of which preparer	has any knowledge	)	, , , , , , , , , , , , , , , , , , ,
		V G	DOUBLE 10 19 03108	11000			1/1	1/20/10
e:-	_	Signature of off	<u> </u>	mere			Date	129   16
Sig		Ů	(		22202		Date	•
Her	re		KA A. ROSENSTIEL	<u> </u>	PRESI	DENT_		
		Type or print na	ame and title					
	,	rint/Type preparer's n	ame	Preparer's signature	)	Date	Check	if PTIN
Paid	i Di	AVID E. BUCK			<del></del>	<del></del>   11/23/	16 self-em	ployed P01201614
Prep	parer F	irm's name	David E. Buck,	PA, CPA		Fir	m's EIN 🕨	59-3034197
Use	Only		2900 E Oakland		103			
		irm's address	Fort Lauderdal		6-1804		000 50	954-561-3303
Mari			rn with the preparer shown abov			<u></u>	one no	
			Notice, see the separate instruction	_ <del></del>				
DAA	raperwor	K REQUCTION ACT I	voice, see me separate instruction	פות.		a - 24	- L	Form <b>990</b> (2015)
						0 21		T2 11
								~ - VI

			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_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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١.	ĺ	7.7
_	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,	1		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	١.		v
e	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,	-		
•	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."	<b>-</b>		- 41
U	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	-		
J	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	1		ı
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted	1		
•	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D. Part V	10		X
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	"		
•	VII, VIII, IX, or X as applicable			
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	x	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	1		
	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			
	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
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_
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_ <u>x</u> _
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	_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	
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
_	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
_	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
_	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	_18		<u> </u>
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	1		v
	If "Yes," complete Schedule G, Part III	19	990	X
		For	m 3351	1/2015

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	]	X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1 1	ļ	
	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	[	ł	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	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	li		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	} }	1	
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
	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		ļ	
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	l		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	1	1	
	If "Yes," complete Schedule L, Part I	25b		<u>x</u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	l	]	
	current or former officers, directors, trustees, key employees, highest compensated employees, or			v
~~	disqualified persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	[		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		ĺ	v
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27		<u> </u>
28	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
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a		
D	Schedule L, Part IV	28b	i	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		<del></del>
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	l	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31_	_	X
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_	]	<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	. [	ĺ	
	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,	1	1	
	or IV, and Part V, line 1	34		<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u>x</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		l	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			3.
^^	Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		ļ	v
	19? Note. All Form 990 filers are required to complete Schedule O	38	000	X

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance	<del>-</del>				_	
	Check if Schedule O contains a response or note to any line in this Part V						┵
	5 to 40 to 10 to 1	١. ١	۱ -		F	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	-	5			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and	_1b					
С	reportable gaming (gambling) winnings to prize winners?				1c	1	ĺ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1	ı		1.0		<del> </del>
24	Statements, filed for the calendar year ending with or within the year covered by this return	2a	2	<b>!</b>			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			<u> </u>		x	1
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	,			3a	Ī	x
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule (	<b>o</b>			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ity				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ancial	-		İ		İ
	account)?				4a_		X
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	nts				
	(FBAR)						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				<u>5a</u>	ļ	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?			5b	L	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				5c	<u> </u>	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	е			-		l
_	organization solicit any contributions that were not tax deductible as charitable contributions?				6a		X
р	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or			\ \		
_	gifts were not tax deductible?				6b		_
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g and services provided to the payor?	ooas			7.		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7a		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	e			7b		
Ū	required to file Form 8282?	3			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	ļ		1.0		<del></del>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?		7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra				7f	-	X
g	If the organization received a contribution of qualified intellectual property, did the organization file For		99 a	s required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization				7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained						
	sponsoring organization have excess business holdings at any time during the year?				8		X
9	Sponsoring organizations maintaining donor advised funds.						
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		X
0	Section 501(c)(7) organizations. Enter						l
a	Initiation fees and capital contributions included on Part VIII, line 12	<u>10a</u>					ĺ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
1	Section 501(c)(12) organizations. Enter	1					ĺ
a	Gross income from members or shareholders	<u>11a</u>		<del></del>			
b	Gross income from other sources (Do not net amounts due or paid to other sources	445					ĺ
2a	against amounts due or received from them )  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b					İ
_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1	•		12a		<u> </u>
ъ 3	Section 501(c)(29) qualified nonprofit health insurance issuers.	12b			<b>-</b>		
a	Is the organization licensed to issue qualified health plans in more than one state?				13a		······
4	Note. See the instructions for additional information the organization must report on Schedule O.				134		
ь	Enter the amount of reserves the organization is required to maintain by the states in which						ĺ
-	the organization is licensed to issue qualified health plans	13b					İ
С	Enter the amount of reserves on hand	13c			$\dashv$ $\mid$		
4a	Did the organization receive any payments for indoor tanning services during the tax year?				14a		Х
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0_			14b		
AA					For	m 990	(201

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

Section A. Governing Body and Management

DAA

Part VI 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.

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11		163	140
Id	If there are material differences in voting rights among members of the governing body, or	- <u>'a</u>				
	If the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O.				1	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11	1	1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	10			1	
4	any other officer, director, trustee, or key employee?			2	1	х
3	Did the organization delegate control over management duties customarily performed by or under the direct			-	$\vdash$	<del></del>
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3	]	x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	•		4	$\vdash$	x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5	$\vdash$	X
6	Did the organization have members or stockholders?			6	$t^-$	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			-	$\vdash$	
, 4	one or more members of the governing body?			7a	ļ	x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			7.0	$\vdash$	<del></del>
-	stockholders, or persons other than the governing body?			7ь	}	x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	er hy the	e follows		<del> </del>	
а	The governing body?	,	- 101101111	8a	x	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			100	† <u></u>	<del>                                     </del>
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Intere	nal Re	venue			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
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?			10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the for	m?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b		_ X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				Ì	
	describe in Schedule O how this was done			12c	ļ	_X_
13	Did the organization have a written whistleblower policy?			13	Ĺ	_X_
14	Did the organization have a written document retention and destruction policy?			14		X
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?				1	
а	The organization's CEO, Executive Director, or top management official			15a	<b>└</b>	<u> </u>
b	Other officers or key employees of the organization			15b	ļ	X
	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				1	
	with a taxable entity during the year?			16a	<del> </del>	X
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			1		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				1	
	organization's exempt status with respect to such arrangements?			16b	<u> </u>	<u> </u>
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed FL, CA, WA, VA					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 50	1(c)(3)s	only)			
	available for public inspection. Indicate how you made these available. Check all that apply.					
46	Own website X 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 intere	st polic	y, and			
20	financial statements available to the public during the tax year	alo 🌬				
20	State the name, address, and telephone number of the person who possesses the organization's books and record	us 🟲				
	AVID E. BUCK, C.P.A. 2900 E OAKLAND PK BLVD  ORT LAUDERDALE FL 3330	6	c	54-56	1 - 2	<b>ス</b> ハっ
<u> </u>	ORT LAUDERDALE FL 3330	<u>~</u>		, J + - 3C	<u> </u>	<u> </u>

1 01:01 000 120	710/ 01101111 01111111111111111111111111	ugc
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
	Independent Contractors	_
	Check if Schedule O contains a response or note to any line in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	

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

DAA

- 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 organization compensated any current officer, director, or trustee (A) (C) (F) Name and Title Average Position Reportable Reportable Estimated (do not check more than one hours per compensation compensation from amount of box, unless person is both an week related other (list any officer and a director/trustee) organizations the compensation hours for organization (W-2/1099-MISC) from the Individual trustee or director nstitutional trustee (W-2/1099-MISC) related organization employee organizations and related below dotted compensated organizations line) (1) BLANKA A. ROSENSTIEL 10.00 X X 0.00 PRESIDENT 0 0 (2) OLGA MELIN 10.00 VICE PRESIDENT 0.00 X X 0 (3) RICHARD LUBMAN 10.00 0.00 X 0 TREASURER 0 0 (4) REBECCA BAEZ 10.00 SECRETARY 0.00 X X 0 0 0 (5) (6)(7) (8) (9) (10)(11)

Form 990 (2015)

Pa	rt VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for related	(C) Position (do not check more than o box, unless person is both officer and a director/truste						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	со	(F) Estimate amount other mpensa from the reganizat	of tion	
		organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			a	ind relat ganizati	ed	
					<u></u>									
			<u> </u>											
					}							_		
			i 	i 										
1b c d	Sub-total  Total from continuation sheet  Total (add lines 1b and 1c)	ets to Part VII, \$	Secti	on A				<b>* * *</b>						
2	Total number of individuals (in reportable compensation from	cluding but not li the organization	mite ►	d to <b>0</b>	thos	e lıs	ted a	bove	e) who received more than	\$100,000 of				
3	Did the organization list any for employee on line 1a? If "Yes,"	complete Sched	dule	J for	sucl	h ind	ıvıdu	al				3	res	No X
4	For any individual listed on line organization and related organization and related organizational	nizations greater	thar	\$15	0,00	02 II	"Ye	s," c	complete Schedule J for suc	ch		4		x
5	Did any person listed on line 1 for services rendered to the or	ganization? If "Y										5		x
Sect 1	ion B. Independent Contractor  Complete this table for your five compensation from the organic	e highest comp	ensa ompo	ted i	ndep	end for th	ent c	ontr	ractors that received more t	than \$100,000 of	 ear.	-		
	Name and	(A) business address								(B) ion of services		Com	(C) pensatio	on
		<del></del> _												
				_	_	-								
	Total number of independent of	contractors (incli	ıdına	ı but	not I	ımıta	ed to	thos	se listed above) who					
DAA	received more than \$100,000									0		Form	990	(2015)

		Check if Schedule	O cor	ntains a	response of	or note to any line i	in this Part VIII	_	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts a	1a	Federated campaigns	1a						
E	b		1b						
ΩË	c	<u> </u>	1c				1		
if s	٦,	Related organizations	1d				ŧ		
ပည္က	ı u	Government grants (contributions)	1e				1		
Siz	۽ ا	All other contributions, gifts, grants,	16			1			
ĔĔ	'	and similar amounts not included above	1 44		335,671		1		
<b>E</b> S	Ì .			<u></u>	9,420	j	1		
20	9		1a-1f	\$	9,420	225 671			
Program Service Revenue   Contributions, Gifts, Grants and Other Similar Amounts	<u> </u>	Total. Add lines 1a-1f			<del>┌</del>	335,671			
Ž	_				Busn Code	53 705	53 505		
ě	2a		,		<b></b>	53,785	53,785		<u> </u>
e R	b	•				38,990	38,990		
3	С	Program Advertisin	g Reve	nue	\ <del> </del>	587	587		
Se	d				ļ				
ram	е				<b> </b>				
5 G	f	All other program service re-	venue		L			<del></del>	<del></del>
_	9					93,362			·····
	3	Investment income (includin	g dıvıdeı	nds, intere	est,				
		and other similar amounts)			<b>&gt;</b>	33,723			33,723
	4	Income from investment of t	ax-exem	pt bond p	roceeds 🕨				
	5	Royalties							
		(ı) Real		(u) I	Personal				
	6a	Gross rents							
	b	Less rental exps				-			
	С	Rental inc or (loss)							
	_d	Net rental income or (loss)			<b></b>				
	7a	Gross amount from sales of assets (i) Securiti	es	(11)	) Other				
		other than inventory 19	,101						
	b	Less cost or other							
		basis & sales exps 43	3,014					ļ	
	С	Gain or (loss) -2:	3,913					1	
	d	Net gain or (loss)	·		•	-23,913	-23,913		
	8a	Gross income from fundraising e	vents						
nue		(not including \$						ļ	
e ve		of contributions reported on line	lc)		1				
ĕ		See Part IV, line 18	a					ļ	
Other Reven	b	Less direct expenses	ь						
Ö		Net income or (loss) from ful	ndraisind	events	_	_			
		Gross income from gaming activi							······································
		See Part IV, line 19	a,		ĺ			ļ	
	b	Less: direct expenses	ь				1		
		Net income or (loss) from ga	ming ac	tivities	<b>•</b>	j			
		Gross sales of inventory, les	-	<u> </u>					
		returns and allowances	a						
	h	Less: cost of goods sold	b					1	
		Net income or (loss) from sa	- 1	ventory			1	ĺ	
		Miscellaneous Revenu		ventory	Busn Code				
	11a	Insurance Claim	<del>-</del>			7,950	7,950	ĺ	
	b	Insurance Claim				1,330	1,930	————	
					$\vdash$	<del></del>		————	
ļ	ر د	All other revenue			<del> </del>	<del></del>	<del></del>		
	d	Total. Add lines 11a–11d				7,950			
	42		one			446,793	77,399	0	33,723
	12	Total revenue. See instructi	UIIS			<u> </u>	11,333		33,123

Part IX Statement of Functional Expenses

	in 501(c)(3) and 501(c)(4) organizations must cor		r organizations must come	olete column (A)	
Sect	Check if Schedule O contains a respon			nete column (A)	
	ot include amounts reported on lines 6b, b, 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		<u> </u>		
2	Grants and other assistance to domestic				
	ındıviduals See Part IV, line 22	10,600	10,600		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	255,000	255,000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		İ		
	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)	111 275	00 104	4 455	7 706
7	Other salanes and wages	111,375	99,124	4,455	7,796
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	8,400	7,476	336	588
9	Other employee benefits	8,520	7,583	341	596
10	Payroll taxes	8,320	7,363	<u></u>	
11	Fees for services (non-employees):  Management				
a b	Legal	233	208	9	16
c	Accounting	5,000	4,450	200	350
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	9,397		9,397	
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	5,925	5,273	237	415
13	Office expenses	26,448	23,539	1,057	1,852
14	Information technology	267	237	11	19
15	Royalties				
16	Occupancy	28,468	25,336	1,139	1,993
17	Travel	25,390	22,597	1,016	1,777
18	Payments of travel or entertainment expenses		-		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,020	908	41	71
20	Interest				<del></del>
21	Payments to affiliates	609			
22	Depreciation, depletion, and amortization	2,050	542 1,824	24 82	43 144
23	Insurance	2,030	1,024	02	7.4.4
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	Concert Events	44,919	44,919		
b	Artistic Fees & Services	33,895	33,895		
c	Telephone and Utilities	3,645	3,244	146	255
d	Dues and Memberships	2,042	1,817	82	143
e	All other expenses	4,719	3,122	1,555	42
25	·	587,922	551,694	20,128	16,100
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					Form 990 (2015)

CHOPIN FOUNDATION OF THE UNITED 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 76,951 50,944 Cash-non-interest bearing 117,289 2 Savings and temporary cash investments 99,765 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees Complete Part II of Schedule L 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 Notes and loans receivable, net 7 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 10a 24,426 2,215 10b 1,606 b Less accumulated depreciation 781,135 937,286 Investments—publicly traded securities 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 18,000 Other assets See Part IV, line 11 15 15 1,107,601 1,250,590 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 8,267 6,407 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 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 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 8,267 6,407 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 434,821 180,007 27 Unrestricted net assets 27 807,502 28 28 921,187 Temporarily restricted net assets Permanently restricted net assets 29 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 1,242,323 1,101,19433 33 Total net assets or fund balances 1,107,601 1,250,590 Total liabilities and net assets/fund balances

Page 11

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

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.

the Single Audit Act and OMB Circular A-133?

X

### **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 Inspection

OMB No 1545-0047

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

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

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

Employer identification number 59-1778404

STATES, INC.

Reason for Public Charity Status (All organizations must complete this part ) See instructions.

2	Щ	A school des	cribed in <b>section</b> 170(b)(1)(	A)(II). (Attach Schedule E (Forn	n 990 or s	990-EZ))		
3		A hospital or	a cooperative hospital servi	ce organization described in <b>se</b>	ction 170	(b)(1)(A)(	iii).	
4	$\sqcup$	A medical re	search organization operate	d in conjunction with a hospital o	descnbed	ın sectio	n 170(b)(1)(A)(iii). Enter the h	ospital's name,
		city, and stat	e:					
5		An organizat	on operated for the benefit of	of a college or university owned	or operat	ed by a g	overnmental unit described in	
		-	(b)(1)(A)(iv). (Complete Part	•	•	, ,		
6				overnmental unit described in s	ection 17	70/h\/1\/A	)(v)	
7	H		•	substantial part of its support from			•••	
′	ш	•	•	, , , , , , , , , , , , , , , , , , , ,	oni a gove	emmenta	tunit of from the general public	,
_			section 170(b)(1)(A)(vi). (C					
8				<b>I70(b)(1)(A)(vi)</b> . (Complete Part				
9	X	_	-	1) more than 33 1/3% of its supp				oss
		receipts from	activities related to its exen	npt functions—subject to certain	exceptio	ns, and (2	2) no more than 33 1/3% of its	
		support from	gross investment income ar	nd unrelated business taxable in	come (le:	ss section	1 511 tax) from businesses	
		acquired by t	he organization after June 3	0, 1975 See section 509(a)(2).	. (Comple	te Part III	.)	
10		An organizati	ion organized and operated	exclusively to test for public safe	ety See s	ection 5	09(a)(4).	
11		An organizati	on organized and operated	exclusively for the benefit of, to	perform tl	he functio	ns of, or to carry out the purpo	ses of
		one or more	publicly supported organizat	ions described in section 509(a	ı)(1) or se	ction 509	9(a)(2). See section 509(a)(3).	Check
		the box in line	es 11a through 11d that des	cribes the type of supporting org	ganızation	and com	plete lines 11e, 11f, and 11g	
а		Type I. A sur	porting organization operate	ed, supervised, or controlled by	its suppoi	rted organ	nization(s), typically by giving	
				o regularly appoint or elect a ma		•		ä
		• • •	You must complete Part I	• • • • • • • • • • • • • • • • • • • •	-,,			•
b		•	•	rised or controlled in connection	with its s	unnorted	organization(s) by having	
~				organization vested in the same			• ,, ,	
			s). You must complete Par	•	c persons	diat will	nor or manage the supported	
_	$\Gamma$	-					طنين استعصمت بالمستناه	
С	Ш		· · ·	orting organization operated in o			• •	
				tions) You must complete Par				
d				supporting organization operate			•	
				ganization generally must satisfy		•		
		•	•	t complete Part IV, Sections A				
е		Check this bo	ox if the organization receive	d a written determination from t	he IRS th	at it is a T	「ype I, Type II, Type III	
		functionally in	ntegrated, or Type III non-fur	nctionally integrated supporting	organizatı	ion.		
f	Ent	ter the number	r of supported organizations					
g	Pro	vide the follov	ving information about the su	upported organization(s)			<b>,</b>	
(1)	Nam	e of supported	(II) EIN	(iii) Type of organization	1 ' '	organization	(v) Amount of monetary	(vi) Amount of
	org	ganization		(described on lines 1–9		ur governing	support (see	other support (see
				above (see instructions))	docu	ment?	instructions)	instructions)
					Yes	No		
A)				•				
B)								
•								
C)					1			<del></del>
-,								
D)	_				†			
~,								
E)								
-,								
					<del></del>			<del></del>
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<u>ota</u>	<u> </u>		<u> </u>	L	<u></u>	Ł	L	

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) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 20	15	(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						$\Box$	
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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 20	15	(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 VI)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc.	(see instructions)					12	
13	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)		
	organization, check this box and stop her							<b>_</b>
Sec	tion C. Computation of Public Su	ipport Percen	tage					
14	Public support percentage for 2015 (line 6	, column (f) dıvıde	d by line 11, colum	ın (f))			14	%
15	Public support percentage from 2014 Scho						15	%
16a	33 1/3% support test—2015. If the organ				33 1/3% or more,	check this		
	box and stop here. The organization quali	fies as a publicly s	supported organiza	ition				▶  _
b	33 1/3% support test—2014. If the organ	zation did not che	ck a box on line 13	or 16a, and line 1	15 is 33 1/3% or m	nore,		
	check this box and stop here. The organiz	cation qualifies as	a publicly supporte	ed organization				▶ ∐
17a								
	10% or more, and if the organization meet				•			
	Part VI how the organization meets the "fa organization	cts-and-circumsta	nces" test. The org	ganization qualifies	s as a publicly sup	ported		<b>&gt;</b> []
b	10%-facts-and-circumstances test—201	<ol><li>If the organization</li></ol>	on did not check a	box on line 13, 16	6a, 16b, or 17a, ar	nd line		
	15 is 10% or more, and if the organization							
	Explain in Part VI how the organization me supported organization	ets the "facts-and	-cırcumstances" te	est. The organization	on qualifies as a p	ublicly		<b>&gt;</b> [
18	Private foundation. If the organization did instructions	I not check a box o	on line 13, 16a, 16	b, 17a, or 17b, che	eck this box and s	ee		<b>&gt;</b> [

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				<del></del>	<del></del>	
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	335,941	303,398	412,434	513,253	374,661	1,939,687
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	28,359	19,952	40,434	73,989	53,785	216,519
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	364,300	323,350	452,868	587,242	428,446	2,156,206
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	100,000	100,000	100,000	200,000	125,000	625,000
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	23,359	14,952	35,434	67,770	48,785	190,300
С	Add lines 7a and 7b	123,359	114,952	135,434	267,770	173,785	815,300
8	Public support. (Subtract line 7c from line 6)						
Sec	etion B. Total Support			I	<b>.</b>		1,340,906
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	364,300	323,350	452,868	587,242	428,446	2,156,206
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,400	20,945	37,639	34,651	33,723	141,358
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	14,400	20,945	37,639	34,651	33,723	141,358
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.)	378,700	344,295	490,507	621,893	462,169	2,297,564
14	First five years. If the Form 990 is for the						
	organization, check this box and stop her						<b>•</b>
Sec	ction C. Computation of Public Su	ipport Percent	age				
15	Public support percentage for 2015 (line 8	, column (f) dıvided	by line 13, colum	n (f))		15	58.36%_
<u>16</u>	Public support percentage from 2014 Scho			<del></del>		16	<u>58.90%</u>
Sec	tion D. Computation of Investme			<del>-</del>		<del></del>	
17	Investment income percentage for 2015 (I			, column (f))		17	6 %
18	Investment income percentage from 2014					<u> 18  </u>	5 %
19a	33 1/3% support tests—2015. If the orga 17 is not more than 33 1/3%, check this be	ox and <b>stop here.</b> <sup>-</sup>	The organization o	qualifies as a public	cly supported orga	nization	<b>▶</b> [X
b	33 1/3% support tests—2014. If the orga line 18 is not more than 33 1/3%, check the						▶ □
20	Private foundation. If the organization did		=			-	

**Supporting Organizations** 

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

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and comp	iete Part V.)	·	
Sect	ion A. All Supporting Organizations			
		F	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			Į.
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		:	ł
	class or purpose, describe the designation. If historic and continuing relationship, explain	1_1_		ļ
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			1
	organization was described in section 509(a)(1) or (2)	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.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		<u></u>
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			1
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	<u> </u>	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	1	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
-	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
ь	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
_	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
•	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a	L	
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 )	10Ь		1

determine whether the organization had excess business holdings )

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rganizati	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on I	Nov. 20, 197	70. See instructions. A	II
other Type III non-functionally integrated supporting organizations must complete Sec	ctions A thro	ough E.	<del>,</del>
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		<u></u>
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		<u> </u>
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		<u></u> _
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		<u> </u>
b Average monthly cash balances	1b	<del> </del>	<u> </u>
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			<u> </u>
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 Recovenes of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally-integra	ated Type III	supporting organization	ı (see

instructions)

	ule A (Form 990 or 990-EZ) 2015 CHOPIN FOUNDATIO			404 Page 7
Par		Supporting Organiza	tions (continued)	<del> </del>
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purp			<u></u>
2	Amounts paid to perform activity that directly furthers exempt purpos	ses of supported		
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of sur	ported organizations		
_4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			<u></u>
6	Other distributions (describe in Part VI) See instructions			
	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organ	zation is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015		;	
	(reasonable cause required-see instructions)			
3_	Excess distributions carryover, if any, to 2015:		······································	
a				
b			·····	
<u>c</u>				
<u>d</u>	From 2013			····
е	From 2014			<u></u>
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2015 distributable amount			
i_	Carryover from 2010 not applied (see instructions)			
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section			
	D, line 7\$		· · · · · · · · · · · · · · · · · · ·	
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			·····
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)		·····	·
6	Remaining underdistributions for 2015 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
<u>a</u>				
b				
С	Excess from 2013			
	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2015

e Excess from 2015

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

➤ Attach to Form 990.

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

2015 Open to Public

Inspection

Employer identification number Name of the organization CHOPIN FOUNDATION OF THE UNITED 59-1778404 STATES, INC. Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferning impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2ç Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on 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 furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 \$ Assets included in Form 990, Part X

Sche	edule D (Form 990) 2015 CHOPIN E	OUNDATION	OF THE UNIT	ED_	59-1778	404		Page 2
Pa	rt III Organizations Maintaini	ng Collections o	f Art, Historical T	reasures,	or Other Sim	ilar Assets	(continue	
3	Using the organization's acquisition, access collection items (check all that apply).	sion, and other record	ds, check any of the fo	ollowing that ar	e a significant us	se of its		
а	Public exhibition	d 🗌	Loan or exchange pro	ograms				
b	Scholarly research	е 🗍	Other					
С	Preservation for future generations	,						
4	Provide a description of the organization's	collections and explai	n how they further the	organization's	exempt purpose	e in Part		
	XIII.							
5	During the year, did the organization solicit						П.,	Π
	assets to be sold to raise funds rather than  art IV Escrow and Custodial A		part of the organization	n's collection?			Yes	<u>No</u>
FØ	Complete if the organization	•	" on Form 990 P	art IV line 0	or reported	an amount	on Form	
	990, Part X, line 21.	on answered Tes	0111 01111 990, 11	artiv, mic c	, or reported	an amount	OH 1 OHH	
1a	Is the organization an agent, trustee, custo	dian or other interme	diary for contributions	or other asset	s not			
	included on Form 990, Part X?		•				Yes	No
b	If "Yes," explain the arrangement in Part X	II and complete the fo	ollowing table					
						ļļ	Amount	
	Beginning balance					1c		
	Additions during the year					1d		
_	Distributions during the year					1e		
f	Ending balance  Did the organization include an amount on	Form 000 Port V Iro	o 21 for occrow or cur	ctodial accoun	t liability?	1f	Yes	No
	If "Yes," explain the arrangement in Part XI				•		res	H
	et V Endowment Funds.	<u> </u>	Aprandian neo boom	51011404 011 1 C				
	Complete if the organization	on answered "Yes	" on Form 990, Pa	art IV, line 1	0			
		(a) Current year	(b) Prior year	(c) Two yea	rs back (d) T	hree years back	(e) Four ye	ars back
1a	Beginning of year balance						L	
b				ļ.———			<u> </u>	
С	Net investment earnings, gains, and		İ		i			
_	losses			<del>                                     </del>			<del>                                     </del>	
	Grants or scholarships Other expenditures for facilities and		<del> </del>	<del>                                     </del>			<del>                                     </del>	<del></del>
·	programs							
f	Administrative expenses			<del>  -</del>	1			
g	End of year balance							
2	Provide the estimated percentage of the cu	irrent year end baland	ce (line 1g, column (a)	) held as		<del>-</del>		
а	Board designated or quasi-endowment ▶	%						
b	Permanent endowment ▶ %							
С	Temporarily restricted endowment ▶	%						
32	The percentages on lines 2a, 2b, and 2c st Are there endowment funds not in the poss	· ·	ation that are hold and	d administered	for the			
Ja	organization by	session of the organiz	audii ulat ale lielu ali(	. aummistered	IOI LIIC		Y	s No
	(i) unrelated organizations						3a(i)	110
	(ii) related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organ	ızatıons listed as requ	ired on Schedule R?				3b	
4	Describe in Part XIII the intended uses of t		owment funds					
Pa	et VI Land, Buildings, and Eq		n =			000 =		
	Complete if the organization							
	Description of property	(a) Cost or other (investment		other basis her)	(c) Accumulated depreciation		(d) Book valu	ie
10	Land	(IIII COLITERIA	, (00		30preciation	<del></del>		
	Buildings							
	Leasehold improvements							
	Equipment							
е	Other		,032		24	,426		,606
Tota	I. Add lines 1a through 1e. (Column (d) mus	t equal Form 990, Pa	rt X, column (B), line 1	10c)		▶ □ □	1	,606

Part VII	Complete if the organization answered "Ye	es" on 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 valuation
	(including name of security)		Cost or end-of-year market value
(1) Financial o			
	eld equity interests		
(3) Other			<del></del>
(A)			
(B)			
(C)			
(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 "Ye	es" on Form 990, Part IV, line	11c See Form 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation 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 ) ▶		
Part IX	Other Assets.		
	Complete if the organization answered "Ye	s" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15
	(a) Descript	lion	(b) Book value
(1)			
(2)	. <del> </del>		
(3)			
(4)			
(5)			
(6)		. <del></del>	
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 15)		<u> </u>
Part X	Other Liabilities.		44 446 5 222 5 23
	Complete if the organization answered "Ye	s on Form 990, Part IV, line	The or 11t. See Form 990, Part X,
	line 25.		
1.	(a) Description of liability	(b) Book value	
	income taxes	———————————————————————————————————————	
(2)	<del></del>		
(3)			
(4)			
(5)			
(6)	<del></del>		
(7)	<del></del>		
(8)			
(9)			
	n (b) must equal Form 990, Part X, col (B) line 25 )		
	uncertain tax positions In Part XIII, provide the text of		
organization's	liability for uncertain tax positions under FIN 48 (ASC 7	740) Check here if the text of the foo	tnote has been provided in Part XIII

Sche	edule D (Form 990) 2015 CHOPIN FOUNDATION OF THE	UNITED	59-1778404	Page 4
Pŧ	art XI Reconciliation of Revenue per Audited Financial St	atements With	n Revenue per Return.	
	Complete if the organization answered "Yes" on Form 9	990, Part IV, lin	e 12a.	
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		
С	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:	1 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	
Pa	at XII Reconciliation of Expenses per Audited Financial S	tatements Wi	th Expenses per Return.	
	Complete if the organization answered "Yes" on Form 9	990, Part IV, lin	e 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		
е	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		
c	Add lines 4a and 4b		4c	

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

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

Part XIII Supplemental Information (continued)

### **SCHEDULE F** (Form 990)

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

2015 Open to Public ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

CHOPIN FOUNDATION OF THE UNITED

Employer identification number

59-1778404 STATES, INC. General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the X Yes No grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States 3 Activities per Region (The following Part I, fine 3 table can be duplicated if additional space is needed) (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is (f) Total (a) Region offices in the a program service, expenditures for employees, region (by type) (e g, agents, and region fundraising, program services, describe specific type of and investments independent investments. service(s) in region in region contractors grants to recipients in region located in the region) WARSAW, POLAND GRANT TO MUSEUM ANTIQUE PIANO 255,000 (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)(13)(14)(15)(16)(17)255,000 3a Sub-total **b** Total from continuation sheets to Part I c Totals (add 255,000

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Schedule F (Form 990) 2015 CHOPIN FOUNDATION OF THE UNITED Part II Grants and Other Assistance to Organizations or Entities Out

59-1778404

(i) Method of valuation (book, FMV, appraisal, other)	Д	;													-	
(h) Description of non-cash assistance	1848 PIANO															
(g) Amount of non-cash assistance	255,000															
(f) Manner of cash disbursement																
(e) Amount of cash grant																
(d) Purpose of grant	HISTORICAL EXHIBIT															
(c) Region			·													
(b) IRS code section and EIN (if applicable)									-							
1 (a) Name of organization	£	(2)	(6)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2015

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16 59-1778404 Schedule F (Form 990) 2015 CHOPIN FOUNDATION OF THE UNITED Part III

Schedule F (Form 990) 2015 (h) Method of valuation (book, FMV, appraisal, other) of non-cash assistance (g) Description (f) Amount of assistance (e) Manner of disbursement (d) Amount of cash grant Part III can be duplicated if additional space is needed. (c) Number of recipients (b) Region (a) Type of grant or assistance ₹ 1 E 2 ව ₹ Ε € 10 E 12 <u></u> (15) 9 (17) (18) 9 9 9

Instructions for Form 5713, do not file with Form 990)

#### Part IV Foreign Forms Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign X No Yes Corporation (see Instructions for Form 926) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign X No Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990) Yes Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to X No Certain Foreign Corporations (see Instructions for Form 5471) Yes Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing X No Fund (see Instructions for Form 8621) Yes Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) Yes Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Schedule F (Form 990) 2015

Yes

X No

**Supplemental Information** 

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Part I, Line 3 - Activities per Region

Region

Expenditures Investments

WARSAW, POLAND

255,000 \$

0

e Z Open to Public Inspection OMB No 1545-0047 2015 (h) Purpose of grant Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form or assistance Employer identification number X Yes 59-1778404 non-cash assistance (g) Description of 990, 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 ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. (f) Method of valuation (book, FMV, appraisal, Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of noncash assistance ▶ Attach to Form 990. 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash (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 STATES, INC. or government Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE I (Form 990) Part = Part Ξ 3 **₹** 3 3 <u>®</u> <u>@</u> 9

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

6

Schedule I (Form 990) (2015)

	s" on Form 990, Part IV, line 22.		
59-1778404	he organization answered "Yes		
Schedule I (Form 990) (2015) CHOPIN FOUNDATION OF THE UNITED	Grants and Other Assistance to D	Part III can be duplicated if additional space is needed.	
Schedule	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, FMV, appraisal, other)	(e) Method of valuation (book, F) Description of non-cash assistance FMV, appraisal, other)
1 MUSIC	1 MUSICAL GRANTS	14	10,600			
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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

Open to Public Inspection

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. Employer identification number

Name of the organization

CHOPIN FOUNDATION OF THE UNITED STATES, INC.

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