Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

Unider 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
2016
Open to Public Inspection

Form 990 (2016)

<u>≅</u> B	Check if appli Address char				Employer	identification number
一	Name change	Doing histories as			59-1	778404
	•	Number and street (or P O box if mail is not delivered to street address)		Room/suite E	Telephone	number
닏	Initial return	1440-79TH STREET CAUSEWAY			305-	868-0624
	Final return/ terminated	City or town, state or province, country, and ZIP or foreign postal code				
	Amended reti	MIAMI FL 33141		G	Gross rece	epts 541,795
F	Application p	F Name and address of principal officer		H(a) Is this a group	return for su	bordinates? Yes X No
لــا	Аррисации р	ending BLANKA A. ROSENSTIEL		\ · · ·		<b>7.</b> 7.
			•	H(b) Are all subord		
			<u>~ / _</u>	it "No," att	ach a list (	see instructions)
<u></u>	Tax-exempt	<del></del>	27/	{		
<u>J</u>	Website	<del></del>		H(c) Group exempt	$\neg \neg$	
<u>K.</u>	Form of orga		L_Ye	ar of formation		M State of legal domicile
	art I	Summary				
<u></u>	ì	efly describe the organization's mission or most significant activities				
2018 Ince	}	SUPPORT YOUNG AMERICAN MUSICIANS AND PROMOTE CLASS	SICAL	MUSIC AMON	ig gen	IERAL
SCANNED FEB 2 7 201	1 4	AUDIENCES.				
_ €3.\$	1 0 0					
ညာပိ	2 Ch	eck this box  If the organization discontinued its operations or disposed of more	than 259	% of its net asset	1 1	4 4
मार्ग व्ह	3 Nu	mber of voting members of the governing body (Part VI, line 1a)			3	11
i ii	4 Nu	mber of independent voting members of the governing body (Part VI, line 1b)			4	11
# ₹	5 To	tal number of individuals employed in calendar year 2016 (Part V, line 2a)			5	2
置る	6 Tot	tal number of volunteers (estimate if necessary)			6	200
Z	<b>7a</b> Tot	tal unrelated business revenue from Part VIII, column (C), line 12			_ 7a .	0-
- & <u>-</u>	- b Ne	t unrelated business taxable income from Form 990-T, line 34			7b	0
Ø		ntwhistians and grants (Part VIII line 4h)	Prior Year	671	Current Year	
e		ntributions and grants (Part VIII, line 1h)		<u>335,</u>		362,379
Revenue	1	ogram service revenue (Part VIII, line 2g)	<u> </u>		362	78,520
Ŗ		restment income (Part VIII, column (A), lines 3, 4, and 7d)	-		810	27,821
	1	ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-		950	460 700
_		tal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		446,		468,720
	1	ants and similar amounts paid (Part IX, column (A), lines 1–3)	<u> </u>	265,	600	13,500
	1	nefits paid to or for members (Part IX, column (A), line 4)	<u> </u>		005	120 526
ses	15 Sai	laries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	-	128,	295	132,736
Expenses	16a Pro	ofessional fundraising fees (Part IX, column (A), line 11e)	<u> </u>			0
씂	b Tot	tal fundraising expenses (Part IX, column (D), line 25) ▶ 16,723				
	1 17 Ou	ner expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u></u> ¬	194,		181,571
	18 Tot	al expenses Add lines 13–17 (must equal Part IX, column (A) line 25) EIVED	<b> </b>	587,		327,807
		venue less expenses Subtract line 18 from line 12	3 <u>0</u>	-141,		140,913
Net Assets or	20 Tot	tal assets (Part X, line 16)  JAN 2 4 2018	IRS-OS	Beginning of Current 1,107,		End of Year 1,245,637
Asse Rate	20 Tot	al liabilities (Part X, line 16)			407	3,530
e e	22 Not	t assets or fund balances Subtract line 21 from line 20	▝▀▍┝	1,101,		1,242,107
	art II	Signature Block		<u> </u>	<u> </u>	1,242,107
tr	ue, correct.	ties of perjury. I declare that I have examined this return, including accompanying schedules and and complete Toxiclaration of preparer, other than officer) is based on all information of which pi	ı statemen reparer ha	its, and to the best is any knowledge	or my kno	owleage and belief, it is
		A Mariano Proviestire			T 7	tietie
Sig		Signature of officer			Date	11118
He		. I	RESID	EXTT	2010	
110	'6	Type or print name and title	KESIL	EMI		
_		rint/Type preparer's name Preparer's signature	<del></del>	Date	T <sub>G</sub> .	, F PTIN
Pai	a 1	4	<del>)</del>		Check	LJ"
	narer 🖰	AVID E. BUCK		<i>\\\</i>	self-emp	
	Only	David E. Buck, PA, CPA			s EIN 🕨	59-3034197
J-56	- 1	2900 E Oakland Park Blvd 103		ľ		054 561 2202
		mis address Fort Lauderdale, FL 33306-1804		Phon	e no	954-561-3303
May	/ me iko (	discuss this return with the preparer shown above? (see instructions)				X Yes No

) (Revenue \$

(Expenses \$

4e Total program service expenses ▶

4d Other program services (Describe in Schedule O)

including grants of \$

289,289

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		x	
2	complete Schedule A 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,		<b> </b>	
	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		_ <u>X</u> _
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u> </u>
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		İ	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	_9_		<u> </u>
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,			
	VII, VIII, IX, or X as applicable		ŀ	
a			- <b>x</b> -	
 L	complete Schedule D, Part VI	11a		
D	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	446	ĺ	x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
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	110		
u	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	- 1	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	1	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	_	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
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		1	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		_ <u>X</u> _
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		Ì	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		Ì	
	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		]	<b>.</b>
	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	,	]	v
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	_18	+	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4.		x
	If "Yes," complete Schedule G, Part III	19	l	

			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 19 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			
	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	ļ		
	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		İ	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	ļ		
	through 24d and complete Schedule K If "No," go to line 25a	24a		_X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
q	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	ļ		
	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			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		Į	
	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			
	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,	}		
	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,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	- 1		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		<u> </u>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	1		
	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		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	ĺ		
	conservation contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u> </u>
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	1		
	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,	]		
	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		X
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	ļ	- (	
	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	}	1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	Į		
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		}	
	19? Note. All Form 990 filers are required to complete Schedule O	38	<u>X</u>	
			~~~	

Pa	rt 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			┸
		······	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	_		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	_		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		<b></b>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return  2a 2	_		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_X_	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1 .		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1.		7.5
	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 Accounts			
<b>E</b> -	(FBAR).		:	v
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
с 6а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	36		
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 contributions or	- Ua		
~	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	35		
	-Did-the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
- : C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter		•	
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	-		
Ь	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them )	ا ما		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 42	If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Coating 504/2/20 and iffed in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the olds in a part of the o	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	42-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
^	the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b  13c	-		
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
<u> </u>				

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 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or If the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 11 Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Νō **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 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? X 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? 16b Section C. Disclosure FL, CA, WA, VA List the states with which a copy of this Form 990 is required to be filed 18 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 | X | Another's website | X | 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 FORT LAUDERDALE FL 33306 954-561-3303

Form 990 (2016)	CHOPIN	FOUNDATION	OF	THE UNITED	59-1778404	

# 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"
- 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

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

Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   C	ו	(F) Estimated amount of other compensation from the	(E) Reportable pensation from related ganizations 2/1099-MISC)	F comp	(D) eportable upensation from the ganization	CC	one i an ee)	than o s both r/truste	C) sition more erson i lirecto	Pos check ess pe	o not o x, unle icer a	(de bo	(B) Average hours per week (list any hours for	(A) Name and Title	
DRESIDENT		organization and related organizations	21033- <b>M</b> 100)	(**-2			Former	Highest compensated employee	Key employee	Officer	Institutional trustee	Individual trustee or director	related organizations below dotted line)		
PRESIDENT 0.00 X X 0 0 0 0 (2) OLGA MELIN 10.00 X X 0 0 0 (3) RICHARD LUBMAN 10.00 X X 0 0 0 (4) RENATE RYAN 10.00 X X 0 0 0 (5) (6) (7)		-												(1) BLANKA A. ROSENS	
(2) OLGA MELIN  VICE PRESIDENT  (3) RICHARD LUBMAN  TREASURER  (4) RENATE RYAN  SECRETARY  (5)  (6)  (7)							_	-	_			_			
VICE PRESIDENT	0		U		0		<u> </u>	_		X	_	X	0.00		
VICE PRESIDENT													10.00	(2) OLGA MELIN	
(3) RICHARD LUBMAN  TREASURER  0.00 X X X  0 0  (4) RENATE RYAN  SECRETARY  0.00 X X  0 0  (5)	0		n		0					x		x		VICE PRESIDENT	
TREASURER 0.00 X X X 0 0 0 (4) RENATE RYAN 10.00 X X 0 0 0 (5) 0 0 (6) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							$\vdash$		$\vdash$	<del>  *</del>	$\vdash$	<u> </u>	3.00		
TREASURER 0.00 X X X 0 0 0 (4) RENATE RYAN 10.00 X X X 0 0 0 (5) 0 (6) (7)													10.00	(-,	
(4) RENATE RYAN  10.00 SECRETARY  0.00 X X X  0  (6)  (7)	0		0		0					X		X		TREASURER	
SECRETARY														(4) RENATE RYAN	
(5) (6) (7) (8)															
(6) (7) (8)	0		0		0					X		X	0.00		
(8)														(5)	
(8)														(6)	
														(7)	
(9)														(8)	
														(9)	
(10)														(10)	
(11)	<del></del>													(11)	

		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 organizati and relati rganizati	ion ed	
						-								
												-		
													·	
_					-	=								_
	Sub-total Total from continuation shee Total (add lines 1b and 1c)	ets to Part VII, \$	Secti	ion /	4	l	<b>1</b>	<b>&gt; &gt; &gt;</b>						
:	Total number of individuals (in reportable compensation from				thos	e lıs	ted a	bov	e) who received more than	\$100,000 of			<del></del>	
<b>,</b>	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organization and related organizational	complete Schere 1a, is the sum inzations greater	<i>dule</i> of re thar	J for port 1 \$15	suc able 50,00	h ind com )0? I	dividi npens If "Ye	ıal satıo ∙s," c	on and other compensation complete Schedule J for su	from the		3 4	Yes	X X
	Did any person listed on line 1 for services rendered to the or on B. Independent Contracto	ganization? If "\								r individual		5		X
<u>:Cl</u>	Complete this table for your fix compensation from the organi	e highest comp	ensa	ited ensa	inder	penc for t	dent of	contr	ractors that received more	than \$100,000 of	ear			
		(A) business address								(B) otion of services		Corr	(C) npensati	on
-	Total number of independent or received more than \$100,000								se listed above) who	0			990	(2040)
A												rorm	J30	(∠U16)

(A)

Name and title

(B)

Average

hours per

(list any

(C)

Position

Part VIII Statement of Revenue

		Check	If Schedule (	O cor	itains a	response o	or note to any line	in this Part VIII		
				_			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इ इ	1a	Federated car	nnaigns	1a						
듣		Membership d		1b						
ع ق										
₽¥		Fundraising ev		1c						
5≅		Related organ		1d						
SE		Government grants		1e						
흥닒	f	All other contribution								
ള		and similar amounts	s not included above	_1f		362 <u>,</u> 379				
Contributions, Giffs, Grants and Other Similar Amounts	g	Noncash contribution	ns included in lines 1a-	-1f	\$		i			
3 5	<u>h</u>	Total. Add line	es 1a-1f				362,379			<u></u>
Program Service Revenue						Busn Code				
Ver	2a	Members	hip Dues				43,697	43,697		
2	b	Admissi	ons			L	34,823	34,823		
흥	С									
ğ	d									
Ē	е									
gra	f	All other progr	am service reve	nue						
윤		Total. Add line					78,520			
	3		come (including	divide	nds intere		, , , ,			
	•	and other simi	•	ai viaci	ido, intorc	,o.,	37,872		İ	37,872
- {	4		nvestment of tax		at band a	rocoods	37,70.2			3.73.=
	4		investment or tax	-exem	pt bond p	loceeus P				
l	5	Royalties		_			<u> </u>			
Ì	_		(i) Real		(11) F	Personal				
_	6a									
	b	Less rental exps								
	С	Rental inc or (loss)								
	d	Net rental inco	ome or (loss)							<del></del>
	/a	Gross amount from sales of assets	(i) Securities		(11)	Other				
		other than inventory	63,	024						
- }	b	Less cost or other	İ		}					
i		basis & sales exps	73,	075	L					
	С	Gain or (loss)	-10,	051						
	d	Net gain or (lo				•	-10,051	-10,051		
	8a		om fundraising eve	nts						
Ę		(not including \$	•							
ě			reported on line 1c)	١						
~		See Part IV, line		a						
Other Reven	<b>h</b>	Less direct ex		b						
ŏ			(loss) from fund		- ovente				İ	
1					events					
	9a		om gaming activitie							
Į		See Part IV, line		a						
		Less direct ex		b					İ	
ł			(loss) from gam	ing ac	tivities					
1	10a	Gross sales o	f inventory, less							
		returns and al	lowances	а					ſ	
- 1	b	Less cost of	goods sold	þ						
	С	Net income or	(loss) from sale	s of in	ventory	<b>.</b>				
		Mis	cellaneous Revenue			Busn Code			1	
[	11a						·			
	b									
	c									
	ď	All other rever	nue							
ļ	е	Total. Add line	es 11a-11d			<b>•</b>				
Ш	12	Total revenue	e. See instruction	าร			468,720	68,469	0	37,872

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a respo			lete column (A)	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations		0.00.000	ganda anparas	0.000
and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic				
ındıvıduals See Part IV, line 22	13,500	13,500		
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign	ĺ			
individuals See Part IV, lines 15 and 16				
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		ļ		
persons described in section 4958(c)(3)(B)	115 500	100 705	4 620	0 005
7 Other salaries and wages	115,500	102,795	4,620	8,085
Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	8,400	7,476	336	588
9 Other employee benefits 10 Payroll taxes	8,836	7,864	353	619
11 Fees for services (non-employees)	8,830	7,001	233	019
a Management				
b Legal	75	67	3	5
c Accounting	5,000	4,450	200	350
_ d_ Lobbying	_,		=	
Professional fundraising services See Part IV, line 17				
f Investment management fees	11,404		11,404	
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	2,888	2,570	116	202
13 Office expenses	25,778	22,943	1,031	1,804
14 Information technology	965	858	39	68
15 Royalties				
16 Occupancy	31,280	27,839	1,251	2,190
17 Travel	23,734	21,124	949	1,661
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	412	367	16	29
20 Interest	237	211	9	17
21 Payments to affiliates				<del></del>
22 Depreciation, depletion, and amortization	609	542	24	43
23 Insurance	1,956	1,741	78	137
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)  a Concert Events	41,667	41,667		
· · · · · · · · · · · · · · · · · · ·	17,690	17,690		
c Repairs and Maintenance	7,658	6,816	306	536
d Telephone and Utilities	3,523	3,135	141	247
e All other expenses	6,695	5,634	919	142
25 Total functional expenses. Add lines 1 through 24e	327,807	289,289	21,795	16,723
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	32,,001	203,203	22,133	201123
following SOP 98-2 (ASC 958-720)				Form <b>990</b> /201

**Balance Sheet** 

		Check if Schedule O contains a response or note	to any line in this Part X	· · · · · · · · · · · · · · · · · · ·		
	,			(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing		50,944	1	74,960
	2	Savings and temporary cash investments		99,765	2	19,804
	3	Pledges and grants receivable, net		3_		
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former off	icers, directors,			
		trustees, key employees, and highest compensated emp	oloyees			
		Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified pers				
		4958(f)(1)), persons described in section 4958(c)(3)(B),				
		sponsoring organizations of section 501(c)(9) voluntary e				
ets		organizations (see instructions). Complete Part II of Sch		6		
Assets	7	Notes and loans receivable, net			7	
٩	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		· · · · · · · · · · · · · · · · · · ·	9	
	10a	Land, buildings, and equipment cost or				
		other basis Complete Part VI of Schedule D	10a 26,032			
	ı	Less accumulated depreciation	10b 25,035		10c	997
	11	Investments—publicly traded securities		937,286	11	1,131,876
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			_13	
	14	Intangible assets			14	<u> </u>
	15	Other assets See Part IV, line 11	-	18,000	15	18,000
_	16	Total assets. Add lines 1 through 15 (must equal line 34	A)	1,107,601	16	1,245,637
		Accounts payable and accrued expenses		6,407	17	3,530
	18	Grants payable			18	
	19	Deferred revenue			19	·
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of		21	<del></del>	
Liabilities	22	Loans and other payables to current and former officers,				
Ē		trustees, key employees, highest compensated employe	es, and			
Ë	23	disqualified persons Complete Part II of Schedule L			22	
	24	Secured mortgages and notes payable to unrelated third			23	
	25	Unsecured notes and loans payable to unrelated third pa			24	
	23	Other liabilities (including federal income tax, payables to parties, and other liabilities not included on lines 17-24)				
		of Schedule D	Complete Part X			
	26	Total liabilities. Add lines 17 through 25		6,407	25	2 520
		Organizations that follow SFAS 117 (ASC 958), check	here ▶ X and	0,407	26	3,530
es		complete lines 27 through 29, and lines 33 and 34.	nere P 25 and			
Š	27	Unrestricted net assets		180,007	27	206 905
껿	28	Temporarily restricted net assets		921,187	28	206,895 1,035,212
힏	29	Permanently restricted net assets		321,107	29	1,035,212
ᆵ		Organizations that do not follow SFAS 117 (ASC 958)	, check here ▶ and		29	
ō		complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30		
ASS	31	Paid-in or capital surplus, or land, building, or equipment	fund		31	
<u>ن</u>	32	Retained earnings, endowment, accumulated income, or		32	<del></del>	
z	33	Total net assets or fund balances		1,101,194	33	1,242,107
	34	Total liabilities and net assets/fund balances		1,107,601	34	1,245,637
				-, -, -, , , , ,	J+	1,23,037

Forn	990 (2016) CHOPIN FOUNDATION OF THE UNITED 59-1778404		_		Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets			_		
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4	58,	<u>720</u>
2	Total expenses (must equal Part IX, column (A), line 25)	_ 2				<u>807</u>
3	Revenue less expenses Subtract line 2 from line 1	3				<u>913</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	:	1,1	01,	194
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					
	33, column (B))	10		1,2	42,	107
Pŧ	ert XII 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					
	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					
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
- c	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		ŀ
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O					
3a	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		

Form **990** (2016)

# SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **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.

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

2016

Open to Public Inspection

Name of the organization

CHOPIN FOUNDATION OF THE UNITED STATES, INC.

Employer identification number 59-1778404

Pa	rt I	Reas	on for Public Charity	Status (All organizations	must co	mplete	this part.) See instruction	ns.
The o	orga	nization is not	a private foundation becaus	e it is: (For lines 1 through 12, c	check only	one box	)	- A
1		A church, coi	nvention of churches, or ass	ociation of churches described i	n section	170(b)(	1)(A)(i).	
2	П	A school des	cribed in section 170(b)(1)(	A)(ii). (Attach Schedule E (Form	1 990 or 9	90-EZ))		
3	П			ce organization described in sec			iii).	
4	П	A medical res	search organization operated	d in conjunction with a hospital o	described	ın sectio	on 170(b)(1)(A)(iii). Enter the h	ospital's name,
		city, and state	•	·			. ,, ,, ,,	·
5		•		of a college or university owned	or operat	ed by a q	overnmental unit described in	
	ш	-	b)(1)(A)(iv). (Complete Part	=		, 3		
6	$\Box$			overnmental unit described in se	ection 17	'0(b)(1)(A	\)(v).	
7		_	on that normally receives a section 170(b)(1)(A)(vi). (Co	substantial part of its support fro	om a gove	ernmenta	I unit or from the general public	;
8				170(b)(1)(A)(vi). (Complete Part	:11.)			
9	П	•		cribed in section 170(b)(1)(A)(i	•	ed in con	unction with a land-grant collec	ge
	لـــا			of agriculture (see instructions)				
10	X	•	on that normally receives (	1) more than 33 1/3% of its supp	oort from	contributi	ons, membership fees, and gro	oss
	_	receipts from	activities related to its exem	npt functions—subject to certain	exceptio	ns, and (2	2) no more than 33 1/3% of its	
		• •	•	nd unrelated business taxable in	•		,	
				0, 1975 See section 509(a)(2).	, ,			
11	님	•	•	exclusively to test for public safe	•		• • • •	
12	Ц	•	•	exclusively for the benefit of, to partions described in section 509	•			
_				nat describes the type of suppor				. •
	а			erated, supervised, or controlled			-	
	u			ver to regularly appoint or elect	-			··9
			• , ,	omplete Part IV, Sections A a				
	b	Type II.	A supporting organization su	pervised or controlled in connec	ction with	its suppo	rted organization(s), by having	
		control or	r management of the suppor	ting organization vested in the s	same pers	sons that	control or manage the support	ed
		organizat	tion(s). You must complete	Part IV, Sections A and C.				
	С			upporting organization operated tructions) You must complete				ıth,
	d			I. A supporting organization ope				
				e organization generally must sa				ess
			,	nust complete Part IV, Section		-		
	е			eived a written determination fron 1-functionally integrated support			s a Type I, Type II, Type III	
	f		mber of supported organizati	• • • • • • • • • • • • • • • • • • • •	ing organ	12011011		
	g			e supported organization(s)				<u></u>
		e of supported	(II) EIN	(III) Type of organization	(iv) Is the	rganization	(v) Amount of monetary	(vi) Amount of
.,		ganization	, , ,	(described on lines 1–10	listed in you	ır governing	support (see	other support (see
				above (see instructions))	docu	ment?	instructions)	instructions)
					Yes	No		
(A)					1			
		_			ļ	ļ		
(B)								
					<u> </u>			
(C)								
(D)								
(E)								
					<u> </u>			

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) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	<b>(f)</b> , Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6_	Public support. Subtract line 5 from line 4						
_	tion B. Total Support		<b></b>				
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 20,1 <sup>4</sup>	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	ļ <u>.</u>			<b></b>		
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	l2					
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the	organization's first	t, second, third, foi	urth, or fifth tax ye	ar as a section 501	I(c)(3)	_
	organization, check this box and stop here						
Sec	tion C. Computation of Public Su	pport Percent	tage				<del></del>
14	Public support percentage for 2016 (line 6	• •	•	n (f))		14	<u> %</u>
15	Public support percentage from 2015 Scho					15	%
16a					33 1/3% or more, o	check this	. $\Box$
	box and <b>stop here</b> . The organization quali		•				▶ ∐
b	33 1/3% support test—2015. If the organi				15 is 33 1/3% or m	ore, check	. □
4-	this box and <b>stop here</b> . The organization of	•	• •				▶ [_]
1/a	10%-facts-and-circumstances test—201	-					
	10% or more, and if the organization meet				-		
	Part VI how the organization meets the "fa	cts-and-circumsta	nces" test. The org	ganization qualifies	s as a publicly sup	ported	. □
	organization	# 16 il = - · · · ==4			0 405 47		
D	10%-facts-and-circumstances test—201	•		·			
	15 is 10% or more, and if the organization				•		
	Explain in Part VI how the organization me	ets the Tacts-and	-circumstances" te	si i ne organizati	on quaimes as a pi	ublicly	▶ □
18	supported organization	t not check a boy	on line 12 155 16	h 17a ar 17h ah	ook this hav and a	20	
10	Private foundation. If the organization dic instructions	THULCHECK A DOX (	on into 15, 10a, 10	υ, ιτα, υι 170, CN	COV THIS DOX SHO SE	5 <b>C</b>	▶ □

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	303,398	412,434	513,253	374,661	406,076	2,009,822
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	19,952	40,434	73,989	53,785	34,823	222,983
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	323,350	452,868	587,242	428,446	440,899	2,232,805
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	100,000	100,000	200,000	125,000	85,000	610,000
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	14,952	35,434	67,770	48,785	29,823	196,764
<u> </u>	Add lines 7a and 7b	114,952	135,434	267,770	173,785	114,823	806,764
8	Public support. (Subtract line 7c from line 6.)						1,426,041
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	323,350	452,868	587,242	428,446	440,899	2,232,805
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20,945	37,639	34,651	33,723	37,872	164,830
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	20,945	37,639	34,651	33,723	37,872	164,830
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)	344,295	490,507	621,893	462,169	478,771	_ 2,397,635
14	First five years. If the Form 990 is for the						2,351,033
	organization, check this box and stop here		, , , , , , , , , , , , , , , , , , , ,	man, or man tax you	, 45 4 5554577 557	(0)(0)	▶ □
Sec	tion C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2016 (line 8	, column (f) divided	by line 13, colum	n (f))		15	59.48%
16_	Public support percentage from 2015 Sche	edule A, Part III, line	e 15			16	58.36%
<u>Sec</u>	tion D. Computation of Investme	nt Income Per	centage		<del></del>		
17	Investment income percentage for 2016 (li			column (f))		17	7 %
18	Investment income percentage from 2015					18	6 %
19a	33 1/3% support tests—2016. If the orga						. v
۵.	17 is not more than 33 1/3%, check this bo		-	=			<b>▶</b> [X]
b	33 1/3% support tests—2015. If the organine 18 is not more than 33 1/3%, check the						ightharpoonup
20	Private foundation. If the organization did		=	•		•	
				,			- LJ

### Part IV Supporting Organizations

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

Sect <u>io</u> n A. All S	upporting	Organizations
---------------------------	-----------	---------------

Yes No Are all of the organization's supported organizations listed by name in the organization's governing 1 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. 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) Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b 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 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 Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign Ь 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 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) 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (III) the authority under the organization's organizing document authorizing such action, and (IV) how the action was accomplished (such as by amendment to the organizing document) 5a 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 Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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 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) 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). Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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 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 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

10a

supporting organizations)? If "Yes," answer 10b below

determine whether the organization had excess business holdings )

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

- 4	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)	44-		
h	below, the governing body of a supported organization?  A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
Sect	ion B. Type I Supporting Organizations	116_]		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(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,			
<u></u>	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			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sect	the supported organization(s) ion D. All Type III Supporting Organizations	_1_]		
	ion 277th Typo in outporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	•	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
	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 instructions)			
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruct	ons)		
2 ,	Activities Test Answer (a) and (b) below.	ſ	Yes	No.
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		res	No
a	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	1	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	_2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
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		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

2

3

4

5

Schedule A (Form 990 or 990-EZ) 2016

Enter 85% of line 1

instructions)

Enter greater of line 2 or line 3.

Income tax imposed in prior year

emergency temporary reduction (see instructions)

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

Par	t V Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organiza	tions (continued)	
Sect	ion D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exempt purpose	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes	s of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of support	orted organizations		'
4	Amounts paid to acquire exempt-use assets			' 
5	Qualified set-aside amounts (prior IRS approval required)			' 
6	Other distributions (describe in Part VI) See instructions	<del></del>		<u> </u>
_ 7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organizations	ition is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2016 from Section C, line 6	<del></del>		
_10	Line 8 amount divided by Line 9 amount	,		
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
_1_	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016			
a			1	**************************************
b				
<u>c</u>	From 2013			
d	From 2014			
е	From 2015		·	
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			·
<u>h</u>	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from			
	Section D, line 7 \$			
a	Applied to underdistributions of prior years	} 	··· · · · · · · · · · · · · · · · · ·	<u></u>
	Applied to 2016 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4	<del></del>	<u></u>	<del></del>
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions.			
6	Remaining underdistributions for 2016 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions.	··	**************************************	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
7	Excess distributions carryover to 2017. Add lines 3j and 4c			
8	Breakdown of line 7		··· //··· '///· '' /	· · · · · · · · · · · · · · · · · · ·
a				
	Excess from 2013	······································	· · · · · · · · · · · · · · · · · · ·	— — — — — — — — — — — — — — — — — — —
	Excess from 2014		(	
	Excess from 2015	· · · · · · · · ·	······································	· · · · · · · · · · · · · · · · · · ·
	Excess from 2016			

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.

OMB No 1545-0047

Open to Public Inspection

	HOPIN FOUNDATION OF THE UNITED		Employer	dentification number
	TATES, INC.		59-1	778404
	Organizations Maintaining Donor Advised For Complete if the organization answered "Yes" on			
		(a) Donor advised funds	(1	) Funds and other accounts
1	Total number at end of year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<del></del>	, , , , , , , , , , , , , , , , , , ,
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)		<del></del>	
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing th	L	l	<del></del>
3				□ Vaa □ Na
6	funds are the organization's property, subject to the organization's ex- Did the organization inform all grantees, donors, and donor advisors i	•		Yes No
U		· ·		
	only for charitable purposes and not for the benefit of the donor or do conferring impermissible private benefit?	nor advisor, or for any other purpose		☐ Van ☐ Na
D,	art II Conservation Easements.			Yes No
	Complete if the organization answered "Yes" on			
1	Purpose(s) of conservation easements held by the organization (chec			
	Preservation of land for public use (e.g , recreation or education)	Preservation of a historically imp		
	Protection of natural habitat	Preservation of a certified histori	c structure	•
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified cons	ervation contribution in the form of a conse	ervation	
	easement on the last day of the tax year			Held at the End of the Tax Yea
а	Total number of conservation easements		_2a	
b			2b	
ç	Number of conservation easements on a certified historic structure in	cluded ın (a)	_2c	
d	Number of conservation easements included in (c) acquired after 8/17	7/06, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, e	extinguished, or terminated by the organiza	ation during	the
	tax year ▶			
4	Number of states where property subject to conservation easement is	s located >		
5	Does the organization have a written policy regarding the periodic mo	nitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing conservation e	easements	during the year
	<b>&gt;</b>			,
7	Amount of expenses incurred in monitoring, inspecting, handling of views	olations, and enforcing conservation easer	ments durii	ng the vear
	<b>▶</b> \$			.9 ,
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)(	ı)	
	and section 170(h)(4)(B)(ii)?		•	Yes No
9	In Part XIII, describe how the organization reports conservation easer	ments in its revenue and expense stateme	nt and	
	balance sheet, and include, if applicable, the text of the footnote to the			he
	organization's accounting for conservation easements	•		
Pa	art III Organizations Maintaining Collections of Art	Historical Treasures, or Other	Similar	Assets.
	Complete if the organization answered "Yes" on			
1a	If the organization elected, as permitted under SFAS 116 (ASC 958),			neet
	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 financial			
b	If the organization elected, as permitted under SFAS 116 (ASC 958),	to report in its revenue statement and bala	ance sheet	
	works of art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	erance 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		•	\$
2	If the organization received or held works of art, historical treasures, or	or other similar assets for financial gain, pro	ovide the	
	following amounts required to be reported under SFAS 116 (ASC 958	) relating to these items		
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b>	\$
b	Assets included in Form 990, Part X		<u> </u>	\$

Sche	edule D (Form 990) 2016 CHOPIN E	OUNDATION (	OF THE	UNITE	ED	59-1	7784	04			Р	age <b>2</b>
Pa	art III Organizations Maintaini	ng Collections of	Art, Hist	orical Tr	easures,	or Othe	r Simi	lar A	ssets	(contin	ued)	
3	Using the organization's acquisition, access collection items (check all that apply).	sion, and other record	s, check an	y of the foll	owing that a	are a signifi	cant us	e of its	-			
а	Public exhibition	d 🗍	Loan or exc	change prog	grams							
b	Scholarly research	e	Other	J- ()	,							
С	Preservation for future generations											
4	Provide a description of the organization's XIII.	collections and explain	n how they f	further the o	organization	's exempt	purpose	ın Par	t			
5	During the year, did the organization solicit	or receive donations	of art histor	rical treasur	ee or other	cimilar						
J	assets to be sold to raise funds rather than		•		•					Ye	اه ا	No
Pa	art IV Escrow and Custodial A		<u> </u>	rgarnzation	o delicotion	<u></u>						
	Complete if the organization 990, Part X, line 21.	_	on Form	n 990, Pai	rt IV, line	9, or rep	orted a	an am	ount o	on Forn	1	
	Is the organization an agent, trustee, custo	dian or other intermed	harv for con	tributions o	r other acce	ete not						
10	included on Form 990, Part X?	dian of other intermet	nary for con	iu ibuuons o	i Utilei asse	515 1101				□ Ye	s [	No
b	If "Yes," explain the arrangement in Part X	III and complete the fo	llowing table	е								
		, , , , , , , , , , , , , , , , , , , ,	<b>J</b>						-	Amoun	t	
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	21, for esc	row or cust	odial accou	nt liability?		-	=	Ye	s	No
b	If "Yes," explain the arrangement in Part X	III Check here if the e	xplanation h	nas been pr	ovided on F	Part XIII	_					
Pa	art V Endowment Funds.											
	Complete if the organization	on answered "Yes	on Form	1 990, Pa	rt IV, line	10						
		(a) Current year	(b) Pric	or year	(c) Two ye	ears back	(d) Th	ree years	back	(e) Fou	r years	back
1 <u>a</u>	Beginning of year balance		<u> </u>							<u> </u>		
<b>p</b> .	_Contributions	=					-					
С	Net investment earnings, gains, and losses			]	-							-
d	Grants or scholarships											
е	Other expenditures for facilities and											
	programs	L	<u></u>		<u> </u>					<u> </u>		
f	Administrative expenses	<u> </u>										
g	End of year balance		<u> </u>									
2	Provide the estimated percentage of the co	irrent year end balanc	e (line 1g, c	olumn (a)) l	held as							
а	Board designated or quasi-endowment ▶	%										
b	Permanent endowment ► %	•										
С	Temporarily restricted endowment ▶	%										
	The percentages on lines 2a, 2b, and 2c si	•										
3a	Are there endowment funds not in the poss	session of the organiza	ation that are	e held and	administere	d for the				ı		
	organization by										Yes	No
	(i) unrelated organizations									3a(i)		
	(ii) related organizations									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organ									_3b		
4	Describe in Part XIII the intended uses of t		wment fund	<u>ds</u>	·							
Pa	Land, Buildings, and Eq Complete if the organization		on Form	000 Pai	rt IV Juno	112 500	Eorm	000	Dort V	( line 1	0	
	Description of property	(a) Cost or other t		(b) Cost or of			ccumulate		Tail	(d) Book		
	Description of property	(investment)	,0010	(othe		1 ''	preciation			(u) DOOK	+aiu€	
10	Land			- (0.00	<del>',</del>	<del> </del>	,		+			
	Buildings	<del></del>	+			<del> </del>			+			
	Leasehold improvements	<del></del>	+-			<del>                                     </del>			+			
	Equipment	<del> </del>				<del> </del>			+			
	Other	26	,032				25	, 03!	<del>-</del>			997
	I. Add lines 1a through 1e (Column (d) mus			(B), line 10	c)		<u> </u>	, JJ.				997

Schedule D (Form 990) 2016

Part VII	Investments—Other Securities.  Complete if the organization answered "Yes" o	un Form 990 Port IV line	a 11h See Form 900 Port V line 12
<del></del>	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)	(a) cook value	Cost or end-of-year market value
(1) Financial	derivatives		
(2) Closely-he	eld equity interests		
(3) Other			
(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 "Yes" or		
	(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)	<del></del>		
(9)			
	in (b) must equal Form 990, Part X, col (B) line 13)		
Part IX	Other Assets.	- F 000 D (D/)	. 444 O-2 F 000 B ( V ) 4-
	Complete if the organization answered "Yes" o	on Form 990, Part IV, line	
(4)	(a) Description		(b) Book value
(1)			<del></del>
(2)		<del></del>	
_(3)			
_(4)	·		
(5)			
(6)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col (B) line 15)		
Part X	Other Liabilities.	E 000 D ( )) ( )	5 5
	Complete if the organization answered "Yes" o	on Form 990, Part IV, line	e 11e or 11t. See Form 990, Part X,
	line 25. (a) Description of liability	(b) Book value	
1. (1) Federal	Income taxes	(D) Dook value	
	moonie taxes	<del>                                     </del>	
(2)			
(3)			
(4)	<del></del>		
(5)	<del></del>	<del></del>	
(6)		<del></del>	
(7)			
(8)			
<u>(9)</u>			
	n (b) must equal Form 990, Part X, col (B) line 25 ) ▶		
<ol><li>Liability for</li></ol>	uncertain tax positions. In Part XIII, provide the text of the fo	potnote to the organization's fir	nancial 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) 2016 CHOPIN FOUNDATION OF THE UNI	reD 59-	1778404	Page <b>4</b>
	Reconciliation of Revenue per Audited Financial Statement			
	Complete if the organization answered "Yes" on Form 990, F			
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.	!		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
C	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With Expen	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		1 1	
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		
þ	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)		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

Schedule I (Form 990) (2016) Open to Public Inspection OMB No 1545-0047 2016 (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 (g) Description of noncash assistance 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. 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. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) CHOPIN FOUNDATION OF THE UNITED General Information on Grants and Assistance (p) EIN For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? (a) Name and address of organization or government STATES, Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE (Form 990) Part II Part \_ Ξ 3 ල 4 2 9 3 8 6

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Schedule I (Form 990) (2016) CHOPIN FOUN	CHOPIN FOUNDATION OF THE	UNITED 59	59-1778404		Page 2
	to Domestic Individua Iltional space is needed.	als. Complete if the or	rganization answere	d "Yes" on Form 990, Part	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 MUSICAL GRANTS	16	13,500			
2					
3					
4					
u					
C					
9					
2					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	ovide the information re	equired in Part I, line 2	; Part III, column (b)	; and any other additional i	nformation.
		- ••			
			<u>-</u>		
		-			
					•
DAA		-	<del></del>		Schedule I (Form 990) (2016)

# **SCHEDULE 0** (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

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization

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

Employer identification number

STATES, INC.

59-1778404

Form 990, Part III, Line 4d - All Other Accomplishment CHARITABLE DISTRIBUTIONS (MUSICAL GRANTS) ARE DETERMINED AS FOLLOWS:

The Scholarship Program is open to all qualified American pianists (US citizens or legal residents) not younger than 14 and not older than 17 years of age on May 15 of their first year of application.

### PROCEDURE:

As of 2015, all Scholarship applications must be submitted online. Please visit the Chopin Foundation website, www.chopin.org for a link to the online Scholarship application.

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 GOVERNING DOCUMENTS AVAILABLE UPON REQUEST.