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Return of Organization Exempt From Income Tax OMB No. 1545-0047

Forr	•	90	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private founda	tions)	OMB No. 1545-0047  2018
		the Treasury ue Service	<ul> <li>Do not enter social security numbers on this form as it may be made public</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>	HXV	Open to Public Inspection
A	For the	2018 calend	ar year, or tax year beginning $07/01/18$ , and ending $06/30/19$		
В	Check if ap	oplicable C Nan	ne of organization CHOPIN FOUNDATION OF THE UNITED	) Employer (	dentification number
	Address ch	· —	STATES, INC.		
	Name char	nne L	ng business as  ther and street (or P O box if mail is not delivered to street address)  Room/suite	59-17 Telephone r	
$\Box$	nitial retur				68-0624
	inal return		or town, state or province, country, and ZIP or foreign postal code		
_	erminated	M.	IAMI FL 33141	Gross receip	ts\$ 571,348
$\equiv$	Amended r	F Nan	ne and address of principal officer  H(a) Is this a group	roturn for out	ordinates? Yes X No
□ '	Application	n pending	n(a) is tills a group	return for Subt	
			H(b) Are all subor		
				itach a list (se	ee instructions)
	Tax-exem		501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 527		
_	Website		chopin.org H(c) Group exemp		
******	art I	rganization X		N	State of legal domicile
<u>_F</u>		Summa Briefly describe	e the organization's mission or most significant activities		
4		-	YOUNG AMERICAN MUSICIANS AND PROMOTE CLASSICAL MUSIC AMO	NG GENI	 TRAT.
ŭ		AUDIENCI		10 02111	
rua					
ove.	2 (	Check this box	If the organization discontinued its operations or disposed of more than 25% of its net asse	ts	
Activities & Governance			ng members of the governing body (Part VI, line 1a)	3	7
es			ependent voting members of the governing body (Part VI, line 1b)	4	7
ĭŧ	5 T	otal number o	f individuals employed in calendar year 2018 (Part V, line 2a)	5	3
Act	6 T	otal number o	f volunteers (estimate if necessary)	6	200
	7a T	otal unrelated	business revenue from Part VIII common Office 12	7a	C
	bΛ	Net unrelated b	susiness taxable income from form 900-F, line 38	7b	<u> </u>
		`antributions a	nd grants (Part VIII, line 1h) e revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d, DEN) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  ular amounts paid (Part IX, column (A), lines 1–3)	,024	<u>Current Year</u> 403,783
ne	8 C	Program canvo	e revenue (Part VIII, line 2a)	,024	100,410
Revenue	10 Ir	nvestment ince	ome (Part VIII, column (A) lines 3 4 and 7d 2 D	,160	53,625
æ	11 C	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7 = 3 5	00,020
	12 T	otal revenue -	- add lines 8 through 11 (must equal Part VIII, column (A), line 12) 419	,256	557,818
	13 (	Grants and sim	ıılar amounts paid (Part IX, column (A), lines 1–3)	,000	34,200
			o or for members (Part IX, column (A), line 4)		C
S	<b>15</b> S	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5–10)	,503	126,286
Expenses	16a P	Professional fu	ndraising fees (Part IX, column (A), line 11e)		C
×pe	bΤ	otal fundraisin	g expenses (Part IX, column (D), line 25) ▶ 15,821		
Ш				,053	217,244
		•		, 556	377,730
S	19 R	Revenue less e	expenses Subtract line 18 from line 12 59  Beginning of Currer	, 700	180,088 End of Year
Net Assets or Fund Balances	20 T	otal assets (P			1,485,768
Ass 1 Ba	21 T	•		,377	3,873
Funda	22 N		und balances Subtract line 21 from line 20		1,481,895
	arț II	Signati	ure Block		
			I declare that I have examined this return, including accompanying schedules and statements, and to the best	of my knov	vledge and belief, it is
tru	e, corre	ct, and complete	Deplaration of preparer (bther than officer) is based on all information of which preparer has any knowledge		
		1 4	Muiet Forusteel	J-11	/18/19
Sig	ı	Signature	,	Date	,
He	e		ANKA A. ROSENSTIEL PRESIDENT		
			rint name and title	<del></del>	Dries
Paid	, ]	Pnnt/Type prepar	( ) 1/2/10	Check	If PTIN
	oarer	DAVID E. B		self-emplo	
	Only	Firm's name	David E. Buck, PA, CPA Firm  2900 E Oakland Park Blvd 103	n's EIN ▶	59-3034197
		Eremie add		no ne	954-561-3303
May	the IR	Firm's address S discuss this	return with the preparer shown above? (see instructions)	ne no	X Yes No
	_		Act Nation son the senarate instructions	<del></del>	A TES NO

including grants of \$

335,449

(Expenses \$

4e Total program service expenses ▶

Р	art IV Checklist of Required Schedules		·	т —
		۲	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			İ
	complete Schedule A	1	<u>X</u>	<del>                                      </del>
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			l
	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)			l
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	_4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			ļ
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а				
	complete Schedule D, Part VI	11a	X	—
þ	·			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			l
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<u>1</u> 1d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	i i		
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			l
	"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		14a		X
b				
	fundraising, business, investment, and program service activities outside the United States, or aggregate			3,7
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			·
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			37
	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	4-		v
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	_		v
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		v
30-	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
) 24		20b	-	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v l	

	att w Checkist of Nequired Schedules (Commissed)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			···-
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	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		Ĺ
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		ļ
d		24d		ļ
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			1
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			ĺ
	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	_		37
	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,			ĺ
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	20-		v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28b		Х
С	Schedule L, Part IV  An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	2.5		
00	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		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			l
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_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	Х	
P	art 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		., 1	
		<del></del>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  1a 18			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			i
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			ı
	reportable gaming (gambling) winnings to prize winners?	1c		(2018)
		Forr	ンフリ	/ (2018)

	Statements Regarding Other IKS Fillings and Tax Compilance (Commi	<u>ueu</u> j			Yes	No
2a '	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	_3			İ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined	rns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				i
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule			3b		<del></del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	a financial account in a foreign country (such as a bank account, securities account, or other financia	l accou	nt)?	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	Account	ts (FBAR)	_		₹.
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that "Yea" to line 50 or 5h did the organization file 50 or 5h.	ction		5b		^
C C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	-	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	ie		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	one or		- Oa		
U	gifts were not tax deductible?	0115 01		6b		
7	Organizations that may receive deductible contributions under section 170(c).			05		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for o	noods				
	and services provided to the payor?	90000		7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs				
	required to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontract <sup>2</sup>	>	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 889	9 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ition file	a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by the	е			
	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	ا -مه ا				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<del></del>			
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders	11a				
a b	Gross income from other sources (Do not net amounts due or paid to other sources	11a		$\dashv$		
	against amounts due or received from them )	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	$\overline{}$		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O					
b	Enter the amount of reserves the organization is required to maintain by the states in which				`	
	the organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ration o	r			
	excess parachute payment(s) during the year?			15		<u> </u>
46	If "Yes," see instructions and file Form 4720, Schedule N		•			3.7
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income	97	16		X
	If "Yes," complete Form 4720, Schedule O		<del>-</del>		, 990	

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.

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

Sec	tion A. Governing Body and Management				_	
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	7			
	If there are material differences in voting rights among members of the governing body, or			7		
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			7		
	any other officer, director, trustee, or key employee?			2		Х
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	<u></u>	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	>		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by ti	ne following			
а	The governing body?			8a	X	
ь	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					
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u> X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nal R	evenue (	Code )		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the fo	rm?	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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to co	nflicts?	12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			12c		<u>X</u>
13	Did the organization have a written whistleblower policy?			13		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?					
а	The organization's CEO, Executive Director, or top management official			15a		_ <u>X</u> _
b	Other officers or key employees of the organization			15b		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					3.5
	with a taxable entity during the year?			16a		X
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			1		
	organization's exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed FL, CA, WA, VA		·04(=)			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Se	ction 5	01(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 interests	st poli	cy, and			
20	financial statements available to the public during the tax year	do 🏲				
20	State the name, address, and telephone number of the person who possesses the organization's books and recor	us 🚩				
	AVID E. BUCK, C.P.A. 2900 E OAKLAND PK BLVD  ORT LAUDERDALE FL 3330	6	٥٦	4-56	1 _ つ	<b>ろ</b> ひっ
r (	DRT LAUDERDALE FL 3330	J		<u> </u>	<u>د - ــ</u>	<u> </u>

•	•										
Form 990 (2											Page 7
Part VII	-		irec	tor	s, T	rus	tees	s, K	(ey Employees, High	nest Compensated E	mployees, and
	Independent Cor										
									any line in this Part V		
Section A.									Compensated Employees		
organization	's tax year								on for the calendar year e		
compensation	on Enter -0- in columns	(D), (E), and (F)	) if no	cor	nper	ısatı	on wa	as p	aid	s), regardless of amount o	f
	•	• •	•						ons for definition of "key en		
who received	e organization's five <b>cur</b> d reportable compensati and any related organiz	ion (Box 5 of For	rm V	/-2 a	nd/o	r Bo	yees x 7 of	f Fo	rm 1099-MISC) of more th	, trustee, or key employee) an \$100,000 from the	
\$100,000 of	reportable compensation	on from the orga	nıza	tion a	and a	any i	relate	d or	•		
organization	, more than \$10,000 of	reportable comp	ensa	ition	from	the	orga	nıza	in the capacity as a former ition and any related organ	izations	
	in the following order in demployees, and formed		s or	airec	tors,	insi	litutio	nai	trustees, officers, key emp	loyees, nignest	
Check the	nis box if neither the org	anization nor an	y rela	ated	orga	nıza	tion c	om	pensated any current office	er, director, or trustee	
	(A)	(B)				C) iltion			(D) Reportable	(E) Reportable	(F) Estimated
	Name and Title	Average hours per			check	more	than o		compensation	compensation from	amount of
		week (list any					is both or/truste		from the	related organizations	other compensation
		hours for							organization	(W-2/1099-MISC)	from the
		related organizations	dire	stitut	Officer	Key employee	ghes	Former	(W-2/1099-MISC)		organization and related
		below dotted	rector	õna	'	plo	e con	~			organizations
		line)	Individual trustee or director	nstitutional trustee		ee	Highest compensated employee				
			, e	<u>e</u>			sated				
(1) BARB	ARA MUZE					$\vdash$					
(., = : = :=		40.00									
EXECUTI	VE DIRECTOR	0.00	X						50,751	0	0
	KA A. ROSENS										
		10.00			1						
PRESIDE	NT	0.00	X		X				0	0	0
(3) OLGA	MELIN										
		10.00									
VICE PR	ESIDENT	0.00	X		X	_	$\sqcup$		0	0	0
(4)											
			_	_		_	┵┼				
(5)		-									
(6)			_	-							
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(7)					╁	-	$\Box$				
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				L	L	L					
(9)											
		I	1	1	ı	1	1 1		Ī	i .	

(10)

(11)

Part VII

(E)

(F)

	Name and title  Name and title  Average hours per week (list any hours for h		s both	an	(D) Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the							
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W. Ericos Miles)		organiza and rela organizal	ition ited	
	_													
														. <u></u>
c To	ib-total stal from continuation she stal (add lines 1b and 1c) stal number of individuals (in	icluding but not li	mıte	d to		e lıs	ted a	bov	50,751 50,751 e) who received more than	\$100,000 of				
rej	portable compensation from	the organization		<u>U</u>					<del></del>				Yes	No
en 4 Fo	d the organization list any for aployee on line 1a? If "Yes," or any individual listed on line	complete Schede 1a, is the sum	<i>tule</i> . of re	<i>J for</i> porta	<i>suci</i> able	h <i>inc</i> com	lividu pens	<i>ial</i> satio	on and other compensation	from the		3		X
<i>ind</i> <b>5</b> Di	ganization and related orgar dividual d any person listed on line 1 r services rendered to the or	a receive or acc	rue c	comp	ensa	atıor	fron	n an	ny unrelated organization or			5		X X
Section	B. Independent Contracto	rs												
1 Co	omplete this table for your fix mpensation from the organi	zation Report co	ensa	ted i	nder tion	oend for ti	ent c ne ca	leng	dar year ending with or with	nin the organization's tax ye	ear		(0)	
	Name and	(A) business address						-	Descrip	(B) tion of services		Con	(C) npensati	ion
												_		
							_					_		
						-								
<b>2</b> To	otal number of independent of	contractors (incli	ıdına	but	not l	imite	ed to	tho	se listed above) who	395 <u>.</u>				
DAA	ceived more than \$100,000	of compensation	fron	n the	org	anız	ation	<u> </u>	·	0		Form	990	(2018)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (D) Revenue (C) Unrelated exempt function business excluded from tax under sections revenue 512-514 revenue Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1a 28,500 **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 375,283 1f g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f Þ 403,783 Program Service Revenue Busn Code 58,289 58,289 2a Admissions b 42,121 42,121 Membership Dues d f All other program service revenue g Total. Add lines 2a-2f 100,410 Investment income (including dividends, interest, 49,547 and other similar amounts) 49,547 Income from investment of tax-exempt bond proceeds Royalties (II) Personal (ı) Real 6a Gross rents b Less rental exps c Rental inc or (loss) d Net rental income or (loss) 7a Gross amount from (II) Other sales of assets 17,608 other than inventor **b** Less cost or other 13,530 basis & sales exps c Gain or (loss) 4,078 4,078 4,078 d Net gain or (loss) • 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV. line 19 b Less direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances а b Less cost of goods sold b ▶ c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn Code 11a b All other revenue Total. Add lines 11a-11d 557,818 104,488 49,547 Total revenue. See instructions

### Part IX **Statement of Functional Expenses**

Do -	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21	15,000	15,000		
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22	19,200	19,200		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				<u></u>
4	Benefits paid to or for members				_,,
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	109,834	97,753	4,393	7,688
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	8,050	7,164	322	564
10	Payroll taxes	8,402	7,478	336	588
11	Fees for services (non-employees)				
а	Management				
b	Legal	76	68	3	Ç
C	Accounting	5,000	4,450	200	350
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	16,207	1	16,207	
g	Other (If line 11g amount exceeds 10% of line 25, column	==7==7			- · · · · · - · · · · · · · · · · · · ·
9	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	8,358	7,439	334	585
13	Office expenses	22,247	19,799	890	1,558
14	Information technology	490	436	20	34
15	Royalties	100	150		<u>J</u>
16	Occupancy	33,180	29,530	1,327	2,323
	Travel	17,990	16,011	720	1,259
17	Payments of travel or entertainment expenses	17,990	10,011	720	1,20
10	•				
40	for any federal, state, or local public officials	2,567	2,284	103	180
19	Conferences, conventions, and meetings	2,567	2,204	103	100
20	Interest Payments to offiliates				•
21	Payments to affiliates	E 0.0	E10	22	
22	Depreciation, depletion, and amortization	582	518	23 77	41 135
23	Insurance	1,929	1,717		135
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	53,265	53,265		
b	Artistic Fees & Services	36,299	36,299		
С	Website	5,176	5,176		
d	Telephone and Utilities	3,930	3,498	157	275
e	All other expenses	9,948	8,364	1,348	236
25		377,730	335,449	26,460	15,821
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)				

Form 990 (2018)

**Balance Sheet** 

Part X

Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 63,844 69,473 Cash-non-interest bearing 75,916 2 135.972 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 5 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 40000 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and .. sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 390 other basis. Complete Part VI of Schedule D 10a mmmmilmii. 226 388 b Less accumulated depreciation 10b 10c 11 Investments—publicly traded securities 152 036 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 18,000 18,000 15 15 Other assets See Part IV, line 11 1,310,184 485,768 16 Total assets Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 8,377 17 Grants payable 18 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 8,377 3,873 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 193,635 205,238 Unrestricted net assets 1,108,172 276,657 28 Temporarily restricted net assets 28 29 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 32 Retained earnings, endowment, accumulated income, or other funds 301,807 481,895 33 Total net assets or fund balances 310,184 1,485,768 Total liabilities and net assets/fund balances

Form 990 (2018)

Form	990 (2018) CHOPIN FOUNDATION OF THE UNITED 59-1778404			Pa	age <b>12</b>
_	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		557,	818
2	Total expenses (must equal Part IX, column (A), line 25)	2		377,	730
3	Revenue less expenses Subtract line 2 from line 1	3		180,	088
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,	301,	807
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	1,4	181,	895
Pa	nt 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?		<b>2</b> a	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?		21	<u> </u>	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				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		20		<u> </u>
	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		

# 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.

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

2018
Open to Public

Inspection

OMB No 1545-0047

Name of the organization

Part I

CHOPIN FOUNDATION OF THE UNITED STATES, INC.

Employer identification number 59 - 1778404

The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II ) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (1) Name of supported (ii) EIN (iii) Type of organization (IV) Is the organization (v) Amount of monetary (vi) Amount of organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes Nο (A) (B) (C) (D) (E)

Schedu	ile A (Form 990 or 990-EZ) 2018 CH	OPIN FOUN	DATION OF	THE UNIT	ED 59	9-17 <u>784</u> 04	Page
Par		Organizations lecked the box of	Described in Son line 5, 7, or 8	ections 170(b of Part I or if t	)(1)(A)(iv) and he organization	1 170(b)(1)(A)(v n failed to qualif	
Secti	on A. Public Support						
Calend	ar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018/	(f) Total
r	Gifts, grants, contributions, and membership fees received (Do not nclude any "unusual grants")						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
f	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
6 9 9	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on ine 1 that exceeds 2% of the amount shown on line 11, column (f)			/			
	Public support. Subtract line 5 from line 4		1	/			
	on B. Total Support				<u> </u>		
	ar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c)/2016	(d) 2017	(e) 2018	(f) Total
7 /	Amounts from line 4		,				
ļ	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		,				
á	Net income from unrelated business activities, whether or not the business s regularly carried on				e e		
ļ	Other income Do not include gain or oss from the sale of capital assets (Explain in Part VI)						
11 7	Total support. Add lines 7 through 10		1,/		1	<u> </u>	
	Gross receipts from related activities, etc		,		/	12	
	First five years. If the Form 990 is for the	,	st, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	. (
	organization, check this box and stop he		4				<b>&gt;</b>
	on C. Computation of Public S					1	
	Public support percentage for 2018 (line 6	,		nn (f))		14	9
	Public support percentage from 2017 Sch	,		42 and line 44 in	22 4/20/	15 <u>15</u>	
	33 1/3% support test—2018. If the organ	/			33 1/3% or more,	check this	<b>▶</b> [
	oox and stop here. The organization qua 33 1/3% support test—2017. If the organ	/			15 is 33 1/3% or m	nore check	
	his box and stop here. The organization	/			. 5 13 55 175 /6 OF II	ISIC, GIEGRA	<b>.</b>
	10%-facts-and-circumstances test—20	1	-		6a or 16b and lin	e 14 is	- 1
	10% or more, and if the organization mee	_				•	
	Part VI how the organization meets the "f						
	organization			9	<b>,,</b>		<b>\</b>
	10%-facts-and-circumstances test—20	17. If the organizat	tion did not check a	a box on line 13, 10	6a, 16b, or 17a, a	nd line	
	15 is 10% or more, and if the organization	<del>-</del>					\
E	Explain in Part VI how the organization m supported organization						\ <b>&gt;</b> [
	Private foundation. If the organization di	d not check a box	on line 13, 16a, 16	b, 17a, or 17b, ch	eck this box and s	ee	1

Schedule A (Form 990 or 990-EZ) 2018

instructions

# Part # 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	quality diluci tri	c tests listed be	low, picase co	inpicte rait ii.)		
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership	(2/201)	(2) 2010	(0) 2010	(4, 25 )	(0) 20 10	(1)
•	fees received (Do not include any "unusual grants")	513,253	374,661	406,076	354,499	445,904	2,094,393
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	73,989	53,785	34,823	38,597	58,289	259,483
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	587,242	428,446	440,899	393,096	504,193	2,353,876
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	200,000	125,000	85,000	150,000	185,000	745,000
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000	67. 770			22 505	50, 350	020 505
С	or 1% of the amount on line 13 for the year  Add lines 7a and 7b	67,770 267,770	48,785 173,785	29,823 114,823	33,597 183,597	52,752 237,752	232,727 977,727
8	Public support. (Subtract line 7c from	267,770	1/3,/85	114,623	183,597	237,752	
Sec	tion B. Total Support					<b>_</b>	1,376,149
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	587,242	428,446	440,899	393,096	504,193	2,353,876
10a							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	34,651	33,723	37,872	47,505	49,547	203,298
С	Add lines 10a and 10b	34,651	33,723	37,872	47,505	49,547	203,298
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)	621,893	462,169	478,771	440,601	553,740	2,557,174
14	First five years. If the Form 990 is for the						
	organization, check this box and stop here	<u> </u>					<b></b>
Sec	tion C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2018 (line 8,	` '	•	n (f))		15	53.82 %
16	Public support percentage from 2017 Sche				-	16	57.22%
	tion D. Computation of Investmen					14-1	
17	Investment income percentage for 2018 (lii			column (f))		17	8 %
18	Investment income percentage from 2017 and 33 1/3% support tests—2018. If the organ			14 and line 15 ic s	nore than 32 1/20/	and line	8 %
19a	17 is not more than 33 1/3%, check this bo						ightharpoons X
b	33 1/3% support tests—2017. If the organ	<u>-</u>	-				F L
-	line 18 is not more than 33 1/3%, check thi						▶ □
20	Private foundation. If the organization did					_	▶ [

#### 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

Section A. A	All Su	pporting	Organizations
--------------	--------	----------	---------------

ect	ion A. All Supporting Organizations			r
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
_	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
_	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		
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	3c	:	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If		1	
	"Yes," and if you checked 12a or 12b 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 <b>Part VI</b> 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			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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	6		
7	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>			
′	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	<u> </u>		
0	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			•••••
Ja	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 <b>Part VI</b> .	9a		
b	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 <b>Part VI</b> .	9b	i	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	1		
-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
0a	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	1	
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 )

Parent of Supported Organizations Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI

Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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

3a

Schedule	A (Form 990 or 990-EZ) 2018 CHOPIN FOUNDATION OF THE UN	ITE	D 59-177 <u>8</u>	404 Page 6
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions	
1 [	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov	v 20,	1970 (explain in Part VI) S	ee
	instructions. All other Type III non-functionally integrated supporting organizations mus	t comp	plete Sections A through E	
Section	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year
			(7.) 1 1101 1 1221	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	_ 5_		
6	Portion of operating expenses paid or incurred for production or			
colle	ection of gross income or for management, conservation, or			
maıı	ntenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ınstr	uctions for short tax year or assets held for part of year)			
	Average monthly value of securities	1a		
	b Average monthly cash balances	1b		
	c Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)		-	
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see	instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Section	on 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	ncome tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
eme	rgency temporary reduction (see instructions)	6		
7 [	Check here if the current year is the organization's first as a non-functionally integrated T	ype II	l supporting organization (s	see

Schedule A (Form 990 or 990-EZ) 2018

instructions)

Par	t V· Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	
Sect	tion D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exempt purpo	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes organizations, in excess of income from activity	s of supported		
		arted argenizations		
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations	<del></del>	
4	Amounts paid to acquire exempt-use assets		<u> </u>	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
<del>7</del> 8	Total annual distributions. Add lines 1 through 6	ntion to recognition		<u> </u>
•	Distributions to attentive supported organizations to which the organizations to which the organizations (provide details in Part VI) See instructions	ation is responsive		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Eine o amount divided by line o amount	(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	Couldn't Distribution / modulions (cost modulous)		Pre-2018	Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required-explain in Part VI) See			
	instructions  Excess distributions carryover, if any, to 2018			
	From 2013	111111111111111111111111111111111111111	· · · · · · · · · · · · · · · · · · ·	
	From 2014			
	From 2015			
	From 2016			
	From 2017		<del>                                      </del>	***************************************
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			1
	Carryover from 2013 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from			
	Section D, line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount		***************************************	
с	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, 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 2018 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c Breakdown of line 7			
	Excess from 2014		***************************************	
	Excess from 2015	<b></b>		
	Excess from 2016		******************	
	Excess from 2017			
	Excess from 2018	<u> </u>	<del> </del>	

Schedule A (Form 990 or 990-EZ) 2018 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.

Open to Public Inspection

OMB No 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

Employer identification number

C	HOPIN FOUNDATION OF THE UNITED		
	TATES, INC.		59-1778404
	art I Organizations Maintaining Donor Advised Fu	inds or Other Similar Funds or	<del></del>
	Complete if the organization answered "Yes" on		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	-	
5	Did the organization inform all donors and donor advisors in writing that	at the assets held in donor advised	<del>-</del> -
-	funds are the organization's property, subject to the organization's exc		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in		
·	only for charitable purposes and not for the benefit of the donor or don		
	conferring impermissible private benefit?	or advisor, or for any other purpose	Yes No
Pa	art II Conservation Easements.		
•	Complete if the organization answered "Yes" on	Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (check	call that apply)	
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically imp	portant land area
	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 conse	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 Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure inc	luded in (a)	2c
d		• /	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, ex	ktinguished, or terminated by the organiza	
-	tax year ▶	angelenes, or terminated by the organiza	g we
4	Number of states where property subject to conservation easement is	located >	
5	Does the organization have a written policy regarding the periodic mon		
•	violations, and enforcement of the conservation easements it holds?	morning, moreonori, nariaming or	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	of violations, and enforcing conservation a	
•		or violations, and emoraling conservation e	basements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	lations, and enforcing conservation easer	ments during the year
•	S	dations, and officioning control valion case.	none during the year
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)(i	N.
·	and section $170(h)(4)(B)(u)^2$	and requirements or section from (in)(in)(in)(in)(in)(in)(in)(in)(in)(in)	Yes No
9	In Part XIII, describe how the organization reports conservation easem	ents in its revenue and expense statemen	
•	balance sheet, and include, if applicable, the text of the footnote to the	•	• • • • • • • • • • • • • • • • • • • •
	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	Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), r	not to report in its revenue statement and	balance sheet
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of
	public service, provide, in Part XIII, the text of the footnote to its financial	ial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to	o report in its revenue statement and bala	ance sheet
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of
	public service, provide the following amounts relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial gain, pro	ovide the
	following amounts required to be reported under SFAS 116 (ASC 958)	•	
а	Revenue included on Form 990, Part VIII, line 1	-	<b>▶</b> \$
	Assets included in Form 990, Part X		<b>▶</b> \$

	edule D (Form 990) 2018 CHOPIN F						778404	/a4i		age 4
	art III Organizations Maintainir							(conur	iuea)	
3	Using the organization's acquisition, access collection items (check all that apply)	sion, and other record	s, check	any of the fol	lowing that a	are a signif	icant use of its			
а	Public exhibition	d 🗌	Loan or	exchange pro	grams					
b	<del>-</del>	=	Other	<b>3</b> - p	•					
С	Preservation for future generations									
4	Provide a description of the organization's of	collections and explain	how the	ev further the	organization	's exempt	nurnose in Part			
•	XIII	solicotions and explain		by farmor the	organization	o oxompt	purpose in valid			
5	During the year, did the organization solicit	or receive donations of	of art his	storical treasu	res or other	eimilar				
•	assets to be sold to raise funds rather than								es	No
D:	art IV Escrow and Custodial Ar		art or the	e organization	3 Concetion				<u> </u>	
17-6	Complete if the organization 990, Part X, line 21		on Fo	rm 990, Pa	rt IV, line	9, or rep	orted an amount	on Forr	n	
	Is the organization an agent, trustee, custo	dian or other intermed	lary for o	contributions of	r other asse	ets not				
-	included on Form 990, Part X?		,					□ Y	es 「	No
ь	If "Yes," explain the arrangement in Part XII	II and complete the fol	llowing t	able				Ш.		
-	in 100, explain the arrangement in 1 are xiii	in and complete the for	owg	45.0				Amour	nt	
С	Beginning balance						1c			
	Additions during the year						1d		-	
a							1e			
e	Distributions during the year						1f			
7	Ending balance	000 D+ V I	04 6						[	T N .
	Did the organization include an amount on					•		<b>™</b>	es	No
	If "Yes," explain the arrangement in Part XI	Check here if the ex	kpianatio	n nas been pi	rovided on P	art Alli				<u> </u>
Pa	Endowment Funds.	n analysis of "Vas"	,	000 Da	مصا / ۱۱ اسم	10				
	Complete if the organizatio							T		
	<u> </u>	(a) Current year	(b)	Prior year	(c) Two ye	ars back	(d) Three years back	(e) Fou	ır years	back
1a	Beginning of year balance							+		
b	Contributions							+		
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cu	rrent year end balance	e (line 1g	g, column (a))	held as					
а	Board designated or quasi-endowment	%								
b	Permanent endowment ▶ %									
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%								
За	Are there endowment funds not in the poss		ition that	are held and	administere	d for the				
	organization by								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
h	If "Yes" on line 3a(ii), are the related organizations	zatione lietad ae radiiii	red on S	chedule R2				3b		
4	Describe in Part XIII the intended uses of the	•						<u> </u>	L	l
	art VI Land, Buildings, and Equ		WITTETIL	unus	-	•				
F ¢	Complete if the organization	•	on Fo	rm 000 Pa	rt IV June :	112 500	Form 990 Part	Y line 1	10	
	Description of property	(a) Cost or other b		(b) Cost or o			ccumulated	(d) Book		
	Description of property	(a) Cost of other b		(b) Cost of o			preciation	(d) BOOK	FUIUE	
	l and	(vosunett)		- tour	,	ļ	F			
	Land	<del></del>				<b></b>				
	Buildings						-			
	Leasehold improvements			<del></del>						
	Equipment		200				26.656			1
	Other		<u>, 390</u>	(5)		L	26,226			164
rota	I. Add lines 1a through 1e (Column (d) must	equai ⊢orm 990, Part	X, colur	nn (B), line 10	<i>(C)</i>	_	<b>&gt;</b>		2,	164

Part VII	Investments—Other Securities.  Complete if the organization answered "Yes	s" on Form 000 Part IV lin	e 11h Soo Form 000	Part Y line 12
	(a) Description of security or category	(b) Book value	(c) Method (	
•	(including name of security)	(b) Book value	Cost or end-of-ye	
(1) Financial (	derivatives			_
(2) Closely-he	eld equity interests			
(3) Other	• •			
` (A)				
(B)				
(C)				<del></del>
(D)	·			
(E)			<del></del>	
(F)			··	
(G)				
(H)	n (h) must a sual Form 000. Bort V. col. (B) line 12 \			
Part VIII	n (b) must equal Form 990, Part X, col (B) line 12 ) ► Investments—Program Related.			
	Complete if the organization answered "Yes	s" on Form 990. Part IV. line	e 11c See Form 990. F	Part X. line 13
	(a) Description of investment	(b) Book value	(c) Method o	
		.,	Cost or end-of-ye	
(1)				
(2)				
(3)				•
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Columi	n (b) must equal Form 990, Part X, col (B) line 13 ) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes	s" on Form 990, Part IV, line	<u>e 11d See Form 990, I</u>	Part X, line 15
<u> </u>	(a) Description	on		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15)		<u> </u>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes	s" on Form 990, Part IV, line	e 11e or 11f See Form	990, Part X,
<del></del>	line 25.		<u> </u>	
1.	(a) Description of liability	(b) Book value		
	income taxes			
(2)				
(3)				
(4)	<del> </del>			
(5)				
(6)				
(7)		-		
(8)				
(9)	# 15 000 D 114 1201 2515			
	n (b) must equal Form 990, Part X, col (B) line 25)	ha faatmata ta tta aasa aa ah ah ah	I amount of the second of the st	
-	uncertain tax positions. In Part XIII, provide the text of the			_
organization's	liability for uncertain tax positions under FIN 48 (ASC 74)	40) Uneck here if the text of the f	ootnote nas been provided ir	n Part XIII

	ALLE (F. 1992) 1940 CHODIN EQINDATION OF THE	INITED EO	1770404	Poor 4
			1778404	Page 4
76	IR XI Reconciliation of Revenue per Audited Financial St		e per Keturn.	
_	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a	<del>-                                    </del>	
_	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	1 - 1		
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 )			
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		
þ	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	Statements With Expen	ses per Return.	
	Complete if the organization answered "Yes" on Form			
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			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
h	Other (Describe in Part XIII )	4b		
		1 1		

Part XIII Supplemental Information.

c Add lines 4a and 4b

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

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

Part XIII Supplemental Information (continued)

ž Open to Public OMB No 1545-0047 Inspection Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, (h) Purpose of grant or assistance MUSICAL GRANT Employer identification number X Yes 59-1778404 noncash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) 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, ▶ Go to www.irs.gov/Form990 for the latest information. (e) Amount of noncash assistance ► Attach to Form 990. 15,000 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant (c) IRC section (if applicable) THE UNITED General Information on Grants and Assistance (b) EIN CHOPIN FOUNDATION OF the selection criteria used to award the grants or assistance? 33146 (a) Name and address of organization 1320 S. DIXIE HIGHWAY or government STATES, (1) UNIVERSITY OF MIAMI CORAL GABLES Department of the Treasury Internal Revenue Service Name of the organization SCHEDULEI (Form 990) Part II Part

<u>@</u>

4

3

9

6

8

6

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2018)

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Grants and Other Assistance to Domestic Individuals. Complete If the organization answered "Yes" on Form 990, Part IV, line 22 Schedule I (Form 990) (2018) CHOPIN FOUNDATION OF THE UNITED Part III Grants and Other Assistance to Domestic Individuals Comple

	Part III can be duplicated if additional space is needed	onal space is needed				
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of noncash assistance
		recipients	cash grant	noncash assistance	FMV, appraisal, other)	
1 MUSIC	1 MUSICAL GRANTS	18	19,200			
2						
ဗ						
4				:		
5						
9						
۲-						
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 rec	quired in Part I, line 2	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.

2018

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization

CHOPIN FOUNDATION OF THE UNITED STATES, INC.

Employer identification number 59-1778404

Form 990, Part III, Line 4d - All Other Accomplishments
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.