efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493317050490 OMB No. 1545-0047 Return of Organization Exempt From Income Tax

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

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

ellie GKA
Form 99(
Department of the Treasury Internal Revenue
A For the

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 C Name of organization
LANG LANG INTERNATIONAL MUSIC D Employer identification number B Check if applicable: ☐ Address change FOUNDATION INC. 26-3589491 \square Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite 215 W 40TH STREET NO 1101 ☐ Amended return □ Application pending (212) 518-7175 City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10018 G Gross receipts \$ 4,085,083 Name and address of principal officer: **H(a)** Is this a group return for LESZEK LUKAS BARWINSKI ☐Yes **☑**No subordinates? 215 W 40TH STREET NO 1101 H(b) Are all subordinates NEW YORK, NY 10018 ☐ Yes ☐No included? Tax-exempt status: 4947(a)(1) or 527 If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW.LANGLANGFOUNDATION.ORG L Year of formation: 2008 M State of legal domicile: DE K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities: THE FOUNDATION INSPIRES AND MOTIVATES THE NEXT GENERATION OF MUSIC LOVERS AND PERFORMERS BY ENCOURAGING MUSIC PERFORMANCE AT ALL LEVELS AS A MEANS OF SOCIAL DEVELOPMENT FOR YOUTH; BUILDING SELF-CONFIDENCE AND A DRIVE FOR EXCELLENCE. THE FOUNDATION BELIEVES THAT MUSIC IS THE UNIVERSAL LANGUAGE THAT CAN OPEN OPPORTUNITIES FOR COMMUNICATION, UNDERSTANDING, AND ACCEPTANCE. BY IGNITING A PASSION FOR MUSIC IN YOUTH, THE FOUNDATION HOPES TO Activities & Governance BRIDGE CULTURAL GAPS AND HELP ÚNITE LOCAL AND GLOBAL COMMUNITIES THROUGH CULTURAL EXCHANGE OPPORTUNITIES THROUGH MUSIC. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of voting members of the governing body (Part VI, line 1a) . 15 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 5 4 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 6 11 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 . **b** Net unrelated business taxable income from Form 990-T, line 39 . **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 2,047,494 694.345 Program service revenue (Part VIII, line 2g) . 425,680 415,135 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 19,168 -140,299 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,352,043 1,171,168 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 425,782 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 446,983 **14** Benefits paid to or for members (Part IX, column (A), line 4) . 0 0 **15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 452,526 518.215 Expenses 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶217,049 727,015 450,920 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,626,524 1,394,917 19 Revenue less expenses. Subtract line 18 from line 12 . 725.519 -223.749 Assets or d Balances End of Year Beginning of Current Year 5,024,666 4,469,518 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 47,313 424,889 4,422,205 Net assets or fund balances. Subtract line 21 from line 20 . 4,599,777 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-11-12 Signature of officer Sign Here ESZEK LUKAS BARWINSKI CEC Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check \square if P00543209 Paid self-employed Firm's name ► PKF O'CONNOR DAVIES LLP Firm's EIN ▶ 27-1728945 Preparer

☑ Yes ☐ No

NEW YORK, NY 10022

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's address ► 665 FIFTH AVENUE

Use Only

Phone no. (212) 286-2600

Form	990 (2019)					Page 2
Pa	rt III Statement	of Program Service	e Accomplis	hments		
	Check if Sche	dule O contains a respo	nse or note to	any line in this Part III .		🗹
1	Briefly describe the o	organization's mission:				
SUPP	ORTING, PROMOTING	, DEVELOPING AND TEA	CHING MUSIC		CHARITABLE AND EDUCAT THER CHILD DEVELOPMEN OR HUMANITARIAN AID.	
2	Did the organization	undertake any significal	nt program ser	vices during the year whi	ich were not listed on	
	the prior Form 990 o	r 990-EZ?				. 🗌 Yes 🗹 No
	If "Yes," describe the	ese new services on Sch	edule O.			
3	Did the organization	cease conducting, or ma	ake significant	changes in how it conduc	cts, any program	
	services?					. 🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedule	e O.			
4	Section $501(c)(3)$ an		ns are required	to report the amount of	argest program services, a grants and allocations to o	
4a	(Code:) (Expenses \$	671,072	including grants of \$	425,782) (Revenue \$)
	See Additional Data					
4b	(Code: See Additional Data) (Expenses \$	153,921	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	122,730	including grants of \$) (Revenue \$)
	See Additional Data					
	(Code:) (Expenses \$	53,751	including grants of \$) (Revenue \$	415,135)
	TO INSPIRE THE NEXT OF LANG. IN 2009 LANG LA PERFORMER COULD CREMUSIC FOUNDATION REMOST INSTITUTIONS AS INTERNATIONAL CITIES	GENERATION OF MUSIC LOVING BROUGHT 100 PIANIST EALONE. THE EVENT W. GEREATES THIS MAGIC IN WESTEAVAGANZAS!" THIS FOR THE SELECON PIANISTS IS WELCON	/ERS AND PERFOI S TOGETHER FOF AS A CELEBRATIO /ONDERFUL VENU PROGRAM HAS B /IED BY ITS HOST	RMERS BY ENGAGING 100 YC A UNIQUE PERFORMANCE T ON OF THE BEAUTY AND SOC JES AROUND THE WORLD AN EEN CONDUCTED IN PARIS, ED COMMUNITIES AS AN EDI	DUNG PIANISTS IN A UNIQUE S HAT PRODUCED SOMETHING O IAL NATURE OF THE PIANO. TH ID THESE EVENTS HAVE BEEN BERLIN, LONDON, HONG KONG JCATIONAL WORKSHOP. THE F	101 PIANISTS PERFORMANCES AIM SOCIAL MUSICAL EVENT WITH LANG SREATER THAN ANY SINGLE HE LANG LANG INTERNATIONAL DESCRIBED BY THE MEDIA AND G, ROME ALONG WITH MANY OTHER PARTICIPANTS CREATE A JOYOUS LITY WHO COMPRISE THE MAJORITY
4d	Other program service	ces (Describe in Schedu	le 0.)			
	(Expenses \$	53,751 inclu	iding grants of	\$) (Revenue \$	415,135)
4e	Total program serv	vice expenses ►	1,001,4	74		
						Form 990 (2019)

Form	990 (2019)			Page 3
Par	Checklist of Required Schedules			
_	7 H		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
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		No
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? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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		No
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? <i>If "Yes," complete Schedule D.</i> Part	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞	11b		No
	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 2	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
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		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No

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

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

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

18

19

20a

20b

21

Yes

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Nο

Nο

Nο

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

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

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

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

18

19

	990 (2019) tiV Checklist of Required Schedules (continued)			Pag
ar	Checklist of Required Schedules (continued)		Yes	No
	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	165	No
	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? <i>If "Yes," complete Schedule J</i>	23	Yes	
	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		No
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		N-
	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? If "Yes," complete Schedule L, Part I	25b		N:
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		N
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		N
	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):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes,"</i> complete Schedule L, Part IV			١.
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		N
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		N
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		N
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		N
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		N
	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		N
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		N
	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		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		N
	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		N
	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	Yes	

1a

1b

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .

 ${f b}$ Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

10

0

1c

Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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	4		
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	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 over, financial account in a foreign country (such as a bank account, securities account, or other financial account)?	a 4a		No
b	If "Yes," enter the name of the foreign country:			
5.5	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b				No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a		No No
	solicit any contributions that were not tax deductible as charitable contributions?			
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?	ces 7a		No
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 required to fill Form 8282?	e 7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
£	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		No No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	/ '		NO
9	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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:			
	Initiation fees and capital contributions included on Part VIII, line 12			
ь 11	Section 501(c)(12) organizations. Enter:			
 а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	_		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
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? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
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			
	Enter the amount of reserves on hand	_		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or exces parachute payment(s) during the year?	s 15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

orm	990 (2019)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" respo	onse to i	ines
Se	ction A. Governing Body and Management			
1.	Enter the number of voting members of the governing body at the end of the tax year 1a 15	\vdash	Yes	No
14	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
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	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Cod€	⊋.)	_
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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		
<u>Se</u> 17	ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed▶			
-/	NY , NJ , MD , CA , MA , IL , DC			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website 🗹 Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: LESZEK BARWINSKI 215 W 40TH STREET SUITE 1101 NEW YORK, NY 10018 (212) 518-7175			

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII 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, or 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.

See instructions for the order in which to list the	•									
Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) (B) (C) (D) (E) (F) Name and title Average Position (do not check more Reportable Reportable Estimated										
Name and title	Average hours per week (list any hours for related	than o	one bo	ox, u an of tor/t	unles fficer trust	ss pers r and a :ee)	son a	compensation from the organization (W-2/1099-	Reportable compensation from related organizations (W-2/1099-	Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC) MISC)		related organizations
(1) LESZEK BARWINSKI CEO/SECRETARY/TREASURER	60.00			x				259,671	0	49,296
(2) LANG LANG ACTING CHAIRMAN AS OF 11/6/19 & PRESIDENT	2.00	х		х				0	0	0
(3) SANFORD I WEILL CHAIRMAN THRU 11/6/19	0.50	X		х				0	0	0
(4) HUDA ALKHAMIS-KANOO DIRECTOR	0.50	×						0	0	0
(5) ALEC BALDWIN DIRECTOR	0.50	×						0	0	0
(6) CHRIS BURCH DIRECTOR	0.50	X						0	0	0
(7) DAVID M HRYCK DIRECTOR	0.50	X						0	0	0
(8) CHRISTY CRESSEY DIRECTOR	0.50	X						0	0	0
(9) IRWIN JACOBS DIRECTOR	0.50	X						0	0	0
(10) JOAN JACOBS DIRECTOR	0.50	X						0	0	0
(11) ELIZABETH SEGERSTROM DIRECTOR	0.50	X						0	0	0
(12) JOAN WEILL DIRECTOR	0.50	X						0	0	0
(13) BRUNO WANG DIRECTOR	0.50	X						0	0	0
(14) KYLE WOOL DIRECTOR	0.50	X						0	0	0
(15) SHIRLEY YOUNG DIRECTOR	0.50	X						0	0	0
(16) TAMSEN ANN ZIFF DIRECTOR	0.50	X						0	0	0
										Form 900 (2019)

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F)

Form **990** (2019)

Page 8

	(A) Name and title	(B) Average hours per week (list any hours for related	than c	ne b	ox, ι n of	t ch unle: ficer	and a	son	Repo compo fro orgal	(D) ortable ensation m the nization 2/1099-	(E) Reportable compensation from related organizations	eportable Estimat appensation amount of m related compensa		
		organizations below dotted line)	Individual trustee or director	Institutional Trustée	Officer	Key employee	Highest compensated employee	Former		(71099- ISC)	MISC)		relat organiza	ed
								_						
c ·	Total from continuation sheets to P	art VII, Section			•		*	I		259,671	(49,296
2	Total number of individuals (including of reportable compensation from the			e liste	ed a	bov	e) who	rec	eived mo	re than \$1	00,000			
	or reportable compensation from the	organization •											Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> .	·		ee, k	еу е •	mpl	oyee,	or hi	ghest cor	mpensated	employee on	3	1.63	No
4	For any individual listed on line 1a, is organization and related organization individual										n the	4	Yes	
5	Did any person listed on line 1a recei services rendered to the organization											5		No
	ection B. Independent Contract										·			
1	Complete this table for your five high from the organization. Report compe											npens	ation	
	Name :	(A) and business addre	ess							Desc	(B) ription of services		(C Comper	

compensation from the organization \blacktriangleright 0

Name and business address

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

orm 9 Part		(2019) Statement	of F	Revenue						Page 9
	-vill				respo	nse or note to any	/ line in this Part VIII	<u></u> .	<u></u> .	🗆
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
, v	1	a Federated campa	aigns		1a			revenue		312 - 314
Contributions, Gifts, Grants and Other Similar Amounts		b Membership due:	s.		1 b					
, Gr		c Fundraising even		L.	1c					
ifts ar /		d Related organiza		Ŀ	1d					
imil		e Government grantsf All other contribution		Ļ	1e					
ition er S		and similar amounts			1f	694,345				
ribu d		g Noncash contribution	ons in	cluded in	.					
Sont		h Total. Add lines	1a-1	f	1g	•				
		Totali / Ida III es				Business Code	694,345			<u> </u>
	2a	a 101 PIANO EVENT				711130	415,135	415,135		
E e						711130				
Program Service Revenue	Ŀ	•								
Ce H										
žer vi										
an S	C	i 								
rogu	€	•								
Δ.	f	· All other program	serv	rice revenue.	1					
	g	Total. Add lines 2	2a-2	f	. •	415,135				
	3	Investment income similar amounts) .	(inc	luding divide		nterest, and other		5		63,075
	ı	Income from invest								
	5	Royalties	_				•			
				(i) Rea	al .	(ii) Personal				
	l	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6 c							
	١,	d Net rental income	e or	(loss)		•	_			
		(i) Securities			(ii) Other					
	7a	Gross amount from sales of assets other		912,528	, ,					
		than inventory								
	b	Less: cost or other basis and	7b	2,9	913,915					
		sales expenses								
		Gain or (loss) d Net gain or (loss)	7c		-1,387	<u> </u>	-1,387	7		-1,387
a s		Gross income from fu				· · · •				
Other Revenue		(not including \$ contributions reporte								
}eve		See Part IV, line 18			8a					
erF	ı	b Less: direct expen c Net income or (los			8b ing eve	ents 🕨				
	9a	Gross income from See Part IV, line 19	gam •	ing activities. • •	9a					
	ı	b Less: direct expen	ises		9b					
	٠	c Net income or (los	ss) fr	om gaming	activiti	es >				
	10	aGross sales of inve	ento	ry, less						
		returns and allowa			10a 10b					
	l	b Less: cost of good c Net income or (los				ory >				
		Miscellaneo				Business Code				
	11	la								
		h								
		b								
	,									1
	,	d All other revenue	•							
		e Total. Add lines 1								
	12	2 Total revenue. S	ee ir	nstructions		• • • •	1,171,168	415,135		0 61,688

Pa	art IX Statement of Functional Expenses				
	Section $501(c)(3)$ and $501(c)(4)$ organizations must	•	-	·	olumn (A).
	Check if Schedule O contains a response or note to a	ny line in this Part IX			<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	425,782	425,782		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	308,967	195,830	45,538	67,599
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	154,819	98,291	22,495	34,033
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits	23,430	14,689	3,774	4,967
10	Payroll taxes	30,999	20,908	4,576	5,515
11	Fees for services (non-employees):				
a	a Management	11,457	8,021	1,832	1,604
b	b Legal				
c	c Accounting	75,600		75,600	
d	d Lobbying				
e	e Professional fundraising services. See Part IV, line 17				
f	f Investment management fees	2,356	2,356		
g	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	64,634	19,434		45,200
12	Advertising and promotion	37,441	18,644		18,797
13	Office expenses	47,996	34,944	6,659	6,393
14	Information technology	13,371	9,360	2,139	1,872
15	Royalties				
16	Occupancy	80,489	59,361	11,671	9,457
17	Travel	109,883	89,408		20,475
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	1,695		1,695	
	Insurance				
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 LICENSE FEE	4,955	3,716	248	991
	a license i li	1,7555	3,713	2.10	
	b TRASH REMOVAL	1,043	730	167	146
	<u>c</u>				
	d				
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,394,917	1,001,474	176,394	217,049
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).				

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18 19

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32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 6 7

10c

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12 13

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16

17

18

19

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21

22

23

24 25

26

27

28

29

30

31

32

33

6,623

6,705

18,383

64,889

360.000

424.889

4,359,777

4,599,777

5,024,666

240.000

5,024,666

1,196,576

Page 11

201,674 2,115,089 325,510

54,372

5,010

1,749,846

18,017

47,313

47.313

4.422,205

4,422,205

4,469,518

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4,469,518

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

	(A) Beginning of year		(B) End of year
Cash-non-interest-bearing	1,188,384	1	
Savings and temporary cash investments	1,915,995	2	2,

11,867

6,857

	Cash-non-interest-bearing	1,100,004		
2	Savings and temporary cash investments	1,915,995	2	
3	Pledges and grants receivable, net	692,000	3	
4	Accounts receivable, net		4	
5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled		5	

10a

10b

- 1		· ' '	
	3	Pledges and grants receivable, net	Ī
	4	Accounts receivable, net	
	5 6	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	
ړ	7	Notes and loans receivable, net	_
ssets	8	Inventories for sale or use	_
Š	9	Prepaid expenses and deferred charges	_

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Investments—other securities. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here ▶

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

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Investments-program-related. See Part IV, line 11

or family member of any of these persons . . .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

basis. Complete Part VI of Schedule D

Other assets. See Part IV, line 11 .

Accounts payable and accrued expenses

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

3h

Form 990 (2019)

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Additional Data

Software ID: Software Version:

EIN: 26-3589491

Name: LANG LANG INTERNATIONAL MUSIC

FOUNDATION INC

Form 990, Part III, Line 4a:

Form 990 (2019)

KEYS OF INSPIRATION: KEYS OF INSPIRATION IS A THREE-YEAR PUBLIC SCHOOL PARTNERSHIP PROGRAM THAT HAS ESTABLISHED A REPLICABLE PATHWAY INTO THE WORLD OF MUSIC FOR GRADES 2-5, AND SERVES AS A MODEL FOR URBAN PUBLIC SCHOOL MUSIC PROGRAMS ACROSS THE COUNTRY. KEYS OF INSPIRATION ENCOURAGES PIANO PERFORMANCE AT ALL LEVELS AS A MEANS OF SOCIAL DEVELOPMENT FOR YOUTH BY PROVIDING STUDENTS WITH A SAFE, CREATIVE OUTLET IN SCHOOL. SELECTED SCHOOLS RECEIVE A FULLY EQUIPPED PIANO LAB, TEACHING MATERIALS AND WORKBOOKS, AND A FINANCIAL GRANT. IN THE KEYS OF INSPIRATION PIANO LAB STUDENTS BUILD SELF-CONFIDENCE, DEVELOP A DRIVE FOR EXCELLENCE AND A SENSE OF ACHIEVEMENT.

YOUNG SCHOLARS: THE YOUNG SCHOLARS PROGRAM IS A UNIQUE MUSIC EDUCATION INITIATIVE DESIGNED TO IDENTIFY AND SUPPORT EXTRAORDINARILY TALENTED YOUNG PIANISTS IN THEIR PROFESSIONAL AND SOCIAL DEVELOPMENT. EVERY TWO YEARS, THE FOUNDATION WELCOMES A NEW CLASS OF YOUNG SCHOLARS TO THE LLIMF FAMILY, IN PLACE SINCE 2008. THE YOUNG SCHOLARS PROGRAM IS THE LONGEST RUNNING INITIATIVE OF THE FOUNDATION. STUDENTS ARE SELECTED BY LANG

LANG AND GARY GRAFFMAN TO RECEIVE FINANCIAL SUPPORT, EXCITING PERFORMANCE OPPORTUNITIES, MASTERCLASSES WITH WORLD-RENOWNED TEACHERS, AND

Form 990, Part III, Line 4b:

MENTORSHIP.

Form 990, Part III, Line 4c: UNIQUE MUSIC EVENTS: UNIQUE MUSIC EVENT PROGRAM IS A PART OF OUR FOUNDATION PROGRAM, WHERE WE PROVIDE YOUNG PIANISTS THE CHANCE TO PERFORM AND EXPLORE. WE INVITE YOUNG PIANISTS TO ATTEND AND GET THE CHANCE TO PARTICIPATE IN FUN AND ENGAGING MUSIC PERFORMANCE OPPORTUNITIES, SUCH AS

ORGANIZATIONS, WHICH ALLOW US TO ORGANIZE UNIQUE PERFORMANCE OPPORTUNITIES. DURING THESE EVENTS, OUR YOUNG SCHOLARS AND/OR PARTICIPANTS WILL GET THE CHANCE TO PERFORM IN FRONT OF MANY DIFFERENT AUDIENCE GROUPS. THIS PROGRAM ALLOWS OUR YOUNG SCHOLARS AND PARTICIPANTS TO LEARN

PERFORMING ALONGSIDE WITH LANG LANG ON SPECIAL EVENTS AND RECORDING SESSIONS. OUR FOUNDATION HAS PARTNERSHIPS WITH MANY OTHER

MANY MORE

AND ADOPT TO DIFFERENT PERFORMANCE NEEDS AND GROW AS A PERFORMER. SOME OF THE EVENTS WE HAVE DONE IN THE PAST ARE: ANDERMATT SWISS ALPS CLASSICS EVENT WITH LANG LANG, NYC LUNAR NEW YEAR-STUDENT'S DAY AT LINCOLN CENTER, HANGZHOU HIGH 5 EVENT AT NYC GRAND CENTRAL STATION, AND

efile GRAPHIC print - DO NOT			it - DO NOT PROCES	SS As Filed Data	-		DLN: 9	3493317050490
SCHEDULE A			Dubli	c Charity Statu	is and Dul	blic Supp	ort	OMB No. 1545-0047
(Form 990 or 990EZ) Con			Complete if the	e organization is a sec 4947(a)(1) nonex Attach to Form	tion 501(c)(3) empt charitable 990 or Form 99	organization of trust. 90-EZ.	r a section	2019
		f the Treasury	► Go to <u>www</u>	<u>.irs.gov/Form990</u> for i	instructions and	d the latest info	ormation.	Open to Public Inspection
Nam LANG	e of th LANG I	he organiza NTERNATIONA					Employer identific	ation number
	DATION rt I		for Public Charity St	ratus (All organization	ne muet comple	to this part \	26-3589491	
			a private foundation beca				see mstructions.	-
1	_	A church, c	onvention of churches, o	r association of churches	described in sec	tion 170(b)(1)	(A)(i).	
2	$\overline{\Box}$	A school de	scribed in section 170(I	b)(1)(A)(ii). (Attach So	chedule E (Form 9	990 or 990-EZ).)		
3		A hospital o	or a cooperative hospital :	service organization desc	cribed in section	170(b)(1)(A)(iii).	
4		·	esearch organization ope	_			•	nter the hospital's
5			ation operated for the ber (iv). (Complete Part II.)	nefit of a college or unive	ersity owned or o	perated by a gov	ernmental unit descri	bed in section 170
6		A federal, s	tate, or local governmen	t or governmental unit d	escribed in secti	on 170(b)(1)(<i>t</i>	۸)(v).	
7	✓		ation that normally receiv (0(b)(1)(A)(vi). (Comp		its support from a	a governmental ı	ınit or from the gener	al public described in
8		A communi	ty trust described in sect	tion 170(b)(1)(A)(vi).	(Complete Part I	II.)		
9			ural research organization rant college of agriculture					ege or university or a
10		from activit investment	ation that normally receivation that normally receivates related to its exempt income and unrelated busines section 509(a)(2).	functions—subject to ce usiness taxable income (rtain exceptions,	and (2) no more	than 331/3% of its su	upport from gross
11		An organiza	ation organized and opera	ated exclusively to test for	or public safety. S	See section 509	(a)(4).	
12		more public	ation organized and opera ly supported organization through 12d that descril	ns described in section !	509(a)(1) or se	ction 509(a)(2). See section 509(a	
а		organizatio	supporting organization on n(s) the power to regular Part IV, Sections A and	ly appoint or elect a maj				
b		manageme	supporting organization and of the supporting organizations	nization vested in the sa				
С		Type III f	unctionally integrated. organization(s) (see instr	A supporting organization				ited with, its
d		Type III n	on-functionally integra integrated. The organiza i). You must complete	ated. A supporting organation generally must satis	nization operated sfy a distribution	in connection wi	th its supported organ	
e		Check this	box if the organization re or Type III non-function	ceived a written determi	ination from the I		pe I, Type II, Type II	I functionally
f	Enter	r the number	of supported organizatio	ns			<u> </u>	_
g	Provi	ide the follow	ing information about the	supported organization				
	(i) N	Name of supp organizatior		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
			I					
Tota			tion Act Notice, see the	<u> </u>	Cat. No. 1128	<u> </u>	 Schedule A (Form 9	

	melade any anasaan grante / t						
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	787,855	2,612,408	878,322	2,047,494	694,345	7,020,424
4	Total. Add lines 1 through 3	/6/,033	2,012,400	0/0,322	2,047,494	694,343	7,020,424
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						2,601,754
	line 1 that exceeds 2% of the						_,,.
	amount shown on line 11, column (f)						
	• •						
6	Public support. Subtract line 5 from						4,418,670
	line 4.						+,+10,070
S	ection B. Total Support						
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	(or fiscal year beginning in)		` '	` ,	. ,	` '	
7	Amounts from line 4	787,855	2,612,408	878,322	2,047,494	694,345	7,020,424
8	Gross income from interest,						
	dividends, payments received on	9,299	7,707	10,092	19,168	63,075	109,341
	securities loans, rents, royalties and	'	,	,	•	<i>'</i>	,
9	income from similar sources						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	7,180	90	2,695	749		10,714
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through						7,140,479
	10						
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	2,361,718
13	First five years. If the Form 990 is fo	or the organization	's first, second, thi	rd, fourth, or fifth	tax year as a sec	tion 501(c)(3) org	anization,
	check this box and stop here						7
_	CHECK this box and stop here ! . !						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage for 2018 Schedule A, Part II, line 14

Schedule A (Form 990 or 990-EZ) 2019

61.880 %

57.460 %

14

15

- 16a 33 1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box
 - h 33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

h 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

P	art IIII Support Schedule for								
	(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.)								
		qualify under	tne tests listed t	pelow, please co	mpiete Part II.)			
	ection A. Public Support Calendar year		I	Ī					
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
_	include any "unusual grants.") .								
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								
3	Gross receipts from activities that are								
	not an unrelated trade or business								
	under section 513 Tax revenues levied for the								
4	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								
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons								
b									
	received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line								
	13 for the year.								
	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from line 6.)								
Se	ection B. Total Support					l			
	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010				
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
9	Amounts from line 6								
10a	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties and income from similar sources.								
b	Unrelated business taxable income								
_	(less section 511 taxes) from								
	businesses acquired after June 30,								
	1975.								
C	Add lines 10a and 10b.								
11	Add lines 10a and 10b. Net income from unrelated business								
	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b,								
	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is								
	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or								
11	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets								
11	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).								
11	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c,								
11	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	r the organization	's first, second, th	nird, fourth, or fift	h tax year as a se	ction 501(c)(3) or	ganization,		
11 12 13	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for	-			•	` , , ,	- <u>-</u>		
11 12 13 14	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.).				•	` , , ,	- <u>-</u>		
11 12 13 14	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for check this box and stop here	Support Perce	entage	<u> </u>	<u> </u>	` , , ,	- <u>-</u>		
11 12 13 14	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is fo check this box and stop here.	Support Perce e 8, column (f) d	entage ivided by line 13,	column (f))			- <u>-</u>		
11 12 13 14 Se 15 16	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is fo check this box and stop here. Public support percentage for 2019 (lin Public support percentage from 2018 S	Support Perce e 8, column (f) d chedule A, Part I	entage ivided by line 13,	column (f))		15	- <u>-</u>		
11 12 13 14 Se 15 16 Se	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is fo check this box and stop here. Public support percentage for 2019 (lin Public support percentage from 2018 Section D. Computation of Investi	Support Perce e 8, column (f) d chedule A, Part I ment Income	entage ivided by line 13, II, line 15 Percentage	column (f))		15 16	- <u>-</u>		
11 12 13 14 Se 15 16 Se 17	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for check this box and stop here. Public support percentage for 2019 (line Public support percentage from 2018 Section D. Computation of Investing Investment income percentage for 2019.	Support Perce e 8, column (f) d chedule A, Part I ment Income 19 (line 10c, colu	entage ivided by line 13, II, line 15 Percentage mn (f) divided by	column (f))		15 16	- <u>-</u>		
11 12 13 14 Se 15 16 Se 17 18	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for check this box and stop here. Public support percentage for 2019 (line Public support percentage from 2018 Section D. Computation of Investment income percentage from 2018 Investment Income Percentage Investment Income Percen	Support Perce e 8, column (f) d chedule A, Part I ment Income 19 (line 10c, colu 018 Schedule A,	entage ivided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 .	column (f))))	15 16 17 18			
11 12 13 14 See 15 16 See 17 18 19a	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for check this box and stop here. Public support percentage for 2019 (line Public support percentage from 2018 Section D. Computation of Investing Investment income percentage for 2019.	Support Perce e 8, column (f) d ichedule A, Part I ment Income 19 (line 10c, colu 018 Schedule A, organization did i	entage ivided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box	column (f))))	15 16 17 18 133 1/3%, and line	▶ □		

not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization \blacktriangleright **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ □ 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

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 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). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a 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 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 supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 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 5a amendment to the organizing document).

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

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

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Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
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than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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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.
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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,"

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

	edule A (101111 330 01 330 E2) 2013			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
S	ection B. Type I Supporting Organizations			
			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	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
S	ection 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	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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?			
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		
S	ection 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 instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
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 the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ı	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.			
•	a 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? <i>Provide details in Part VI</i> .	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.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported 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	
7	Total annual distributions. Add lines 1 through 6.	

5	Qualified set-aside amounts (prior IRS approval require			
6	Other distributions (describe in Part VI). See instruction			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whe details in Part VI). See instructions	nich the organization is respon	sive (provide	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable

other distributions (describe in Fare V2). See instructions					
7 Total annual distributions. Add lines 1 through 6.					
Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions					
10 Line 8 amount divided by Line 9 amount					
(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
	Underdistributions	Distributable			

Schedule A (Form 990 or 990-EZ) (2019)

3 Excess distributions carryover, if any, to 2019:

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines

a Excess from 2015. **b** Excess from 2016. c Excess from 2017. **d** Excess from 2018. e Excess from 2019.

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a From 2014. **b** From 2015. c From 2016. **d** From 2017. e From 2018. f Total of lines 3a through e

instructions)

See instructions.

3j and 4c. 8 Breakdown of line 7:

\$

schedule A (Fo	orm 990 or 990-EZ) 2	019	Page 8				
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part 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, 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. (Section B)							
		Facts And Circumstances Test					
200 Sahadu	le A, Supplement	tal Tufaumation					
390 Scheuu	ie A, Supplemen	tai information					
Retur	Return Reference Explanation						
	CHEDULE A, PART II, LINE 10, VENDOR REFUND - 2015 AMOUNT: \$ 5,680. 2016 AMOUNT: \$ 90. 2017 AMOUNT: \$ 2,695. OTHER - 2015						

EXPLANATION OF OTHER AMOUNT: \$ 1,500. 2018 AMOUNT: \$ 749.

INCOME:

SCHEDULE D

DLN: 93493317050490

OMB No. 1545-0047

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.

Department of the Trea Int

(Form 990)

	nal Revenue Service	► Go to <u>www.irs.gov/Form</u>	<u>1990</u> for instruction	is and the latest info	rmation.	Ins	spection
	me of the organ				Employer	identification	number
	NG LANG INTERNATIO UNDATION INC	ONAL MUSIC			26-358949	91	
Pa		zations Maintaining Donor Advi			r Account	s.	
	Comple	te if the organization answered "Ye		·	(1) 5		
1	Total number at	end of year	(a) Donor	advised funds	(b) F(unds and other	accounts
2		of contributions to (during year)					
3		of grants from (during year)					
4		at end of year					
5		ation inform all donors and donor adviso	rs in writing that the	assets held in donor ad	lvised funds :	are the	
•		roperty, subject to the organization's ex					Yes 🗌 No
6	charitable purpo	ation inform all grantees, donors, and do oses and not for the benefit of the donor	or donor advisor, or	for any other purpose of		for	
-							Yes □ No
i e		vation Easements. Ite if the organization answered "Ye	s" on Form 990, P	art IV, line 7.			
1		onservation easements held by the organ					
	☐ Preservation	on of land for public use (e.g., recreation	or education)	Preservation of an	historically i	mportant land a	area
	☐ Protection	of natural habitat		Preservation of a o	certified histo	ric structure	
	Preservation	on of open space					
2		2a through 2d if the organization held a	qualified conservatio	n contribution in the for	rm of a conse	ervation	
_	easement on the	e last day of the tax year.	quamica compartatio			d at the End o	of the Year
а	Total number of	conservation easements			2a		
b	Total acreage re	stricted by conservation easements			2b		
С		ervation easements on a certified histori		` '	2c		
d		ervation easements included in (c) acqui in the National Register	red after 7/25/06, ar	nd not on a historic	2d		
3	Number of constax year ►	ervation easements modified, transferre	d, released, extingui	shed, or terminated by	the organizat	tion during the	
4	Number of state	es where property subject to conservatio	n easement is locate	d ▶			
5		ization have a written policy regarding that of the conservation easements it holds			of violations,	☐ Yes	□ No
6	Staff and volunt	teer hours devoted to monitoring, inspec	ting, handling of viol	ations, and enforcing co	onservation e	asements durir	ng the year
7	Amount of expe	enses incurred in monitoring, inspecting,	handling of violation	s, and enforcing conser	vation easem	nents during the	e year
8		ervation easement reported on line 2(d) 0(h)(4)(B)(ii)?			70(h)(4)(B)(i	i) 🗌 Yes	□ No
9	balance sheet, a	scribe how the organization reports cons and include, if applicable, the text of the	footnote to the orga			nt, and	
Par		n's accounting for conservation easemen zations Maintaining Collections		Treasures or Oth	er Similar	Accete	
Га		te if the organization answered "Ye			ici Sililiai	Assets.	
1a	art, historical tre	ion elected, as permitted under SFAS 11 easures, or other similar assets held for XIII, the text of the footnote to its finan	public exhibition, edi	ucation, or research in f			
b	historical treasu	ion elected, as permitted under SFAS 11 Ires, or other similar assets held for publ nts relating to these items:					
	(i) Revenue includ	ded on Form 990, Part VIII, line 1			▶\$		
(ii)Assets included	in Form 990, Part X					
2	If the organizati	ion received or held works of art, historionts required to be reported under SFAS :	cal treasures, or othe	r similar assets for fina			
а	Revenue include	ed on Form 990, Part VIII, line 1			► \$		
b	Assets included	in Form 990, Part X			• 9	<u> </u>	

Cat. No. 52283D

Schedule D (Form 990) 2019

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X? Yes N b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c d Additions during the year 1d e Distributions during the year 1e f Endling balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes N b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Yes N b If "Wes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Yes N b If "Wes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Yes N b If "Wes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Yes N b If "Wes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Yes N c Endowment Funds.	Part III	Organizations Maintaining Co	ollections of Art, F	Historical 1	reas	ures, or	r Other	Similar As	ssets (cont	inued)
b			on, and other records,	, check any o	f the fo	ollowing t	hat are a	significant u	use of its co	lection
Scholarly research Presevation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures or other similar assests to be sold to raise funds rather than to be maintained as part of the organization's collection?.	a 🗌	Public exhibition		d 🗌	Loar	or excha	ange prog	grams		
Preservation for future generations and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. Part XVI	b П	Scholarly research		e 🗌	Othe	er				
Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization?.	c 🗌	Preservation for future generations								
Part IV Scrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, X, line 21. Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves			ollections and explain	how they fur	ther th	e organiz	ation's e	xempt purpo	se in	
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?									☐ Yes	□ No
b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance. d Additions during the year. e Distributions during the year. 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes N b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII	Part IV	Complete if the organization and		m 990, Par	t IV, I	ine 9, or	r reporte	ed an amou	ınt on Forr	n 990, Part
d Additions during the year									☐ Yes	□ No
d Additions during the year	h If "\	Yes " explain the arrangement in Part XI	II and complete the fo	ollowing table		[A	mount	
d Additions during the year		, ,	·	•		ŀ	1c			
e Distributions during the year	9					ľ	1d			
f Ending balance	, (44	- '				1	1e			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	_	- · ·								
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII										
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year become year balance										⊔ No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance			II. Check here if the ex	xplanation ha	s beer	provided	d in Part :	XIII	Ш	
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year	Part V		ruored "Vee" on Fee	OOO Daw	+ T\/	ino 10				
1a Beginning of year balance		Complete if the organization ans		(b) Prior ve	ear		ears back	(d) Three ve	ars back (e)	Four years bad
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance	1a Begin	nning of year balance	(4)	(-)		(-)		(,	(-,	, ,
d Grants or scholarships	_	• ,								
d Grants or scholarships	c Net in	nvestment earnings, gains, and losses								
e Other expenditures for facilities and programs										
provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ b Permanent endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	e Other	r expenditures for facilities								
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ Permanent endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	f Admi	nistrative expenses								
Board designated or quasi-endowment ▶ Permanent endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	g End o	of year balance								
Board designated or quasi-endowment ▶ Permanent endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	2 Prov	vide the estimated percentage of the cu	rent year end balance	(line 1a, col	umn (a	a)) held a	s:			
b Permanent endowment ► Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	-	rd designated or guasi-endowment >	,		`	,,				
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	h Perr									
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations		apprarily restricted endowment								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations		***************************************	 ould equal 100%.							
(ii) related organizations	3a Are	there endowment funds not in the poss		tion that are	held ar	nd admini	istered fo	r the		Yes No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	(i)	unrelated organizations							3a(i)	
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.	. ,	3								
Part VI Land, Buildings, and Equipment.									3b	
				wment funds	•					
Complete if the examination anguered "Vee" on Form OOC Part IV line 11s. Coe Form OOC Part V line 10	Part VI			000 Day	+ T\/	ina 11a	Coo Fo	000 Da	rt V line 1	^
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value	Desc	ription of property (a) Cost or a	other basis (b) Cost							
1a Land	1a Land					1				
b Buildings						 				
c Leasehold improvements						+				
d Equipment		· ·			11.867	+		6.857		5,
e Other					.,	+		-,00,		
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)			eaual Form 990. Part	X. column (i	3), line	10(c).)		•		5,

Part VII Investments—Other Securities.) + T) / :	11h C F 000	Doub V. Bing 4.2
Complete if the organization answered "Yes" on Form 990, P (a) Description of security or category (including name of security)	(b) Book value	(c) Metho	d of valuation: -year market value
(1) Financial derivatives			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, P (a) Description of investment	art IV, li	ne 11c. See Form 990, (b) Book value	Part X, line 13. (c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		•	
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Pa	art IV, lin	ne 11d. See Form 990, Pai	
(a) Description			(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			•
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Pa	art IV, lin	ne 11e or 11f.See Form	990, Part X, line 25.
 (a) Description of liability (1) Federal income taxes 			(b) Book value
(2)			
(3)			
(4) (5)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Column (h) must equal Form 990, Part Y, col (R) line 25.)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote	e to the or	ganization's financial state	
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check h	ere if the		een provided in Part XIII Schedule D (Form 990) 2019

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2c Recoveries of prior year grants d Other (Describe in Part XIII.) 2d 60,000 240,022 2e

e Subtract line **2e** from line **1** 3 4

Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a

Investment expenses not included on Form 990, Part VIII, line 7b .

b

Add lines **4a** and **4b** C

Donated services and use of facilities

Schedule D (Form 990) 2019

b

1

2

C

d

е 3

b

5

Part XIII

See Additional Data Table

4

5 Part XII

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Subtract line 2e from line 1

Add lines **4a** and **4b**

Supplemental Information

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

Donated services and use of facilities . .

Prior year adjustments

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Return Reference

Total expenses and losses per audited financial statements

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

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

4b

2a

2b

2c

2d

4a 4b

Explanation

2b

193,845

193.845

3

4c

5

2e 3

4c

5

1.394.917 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

Schedule D (Form 990) 2019

Page 4

1,411,190

1,171,168

1,171,168

1,588,762

193,845

1,394,917

0

chedule D (Form 990) 2019			
Part XIII	Supplemental Info	rmation (continued)	
Retur	n Reference	Explanation	

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 26-3589491

Name: LANG LANG INTERNATIONAL MUSIC FOUNDATION INC

OUNDATION INC

Supplemental Information

ppicification and the control of the						
Return Reference	Explanation					
PART X, LINE 2:	THE FOUNDATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE M ORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE FOUNDATION HAS NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. THE FOUNDATION IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR THE PERIODS PRIOR TO 2016.					

ipplemental Information						
Return Reference	Explanation					
PART XI, LINE 2D - OTHER ADJUSTMENTS:	RESCINDED GRANTS 60,000.					

efile GRAPHIC prir	t - DO NOT	PROCESS A	As Filed Data	-	DLI	N: 93493317050490
SCHEDULE F	State	ement of A	Activities	Outside the Uni	ited States	OMB No. 1545-0047
(Form 990)	► Comp	lete if the organiz	ine 14b, 15, or 16.	2019		
Department of the Treasury Internal Revenue Service	,	► Go to <i>www.irs.g</i>	gov/Form990 for i	nstructions and the latest in	nformation.	Open to Public Inspection
Name of the organization					Employer ide	entification number
FOUNDATION INC	MAL MOSIC				26-3589491	
	Information , Part IV, line		Outside the I	Jnited States. Comple	te if the organization	answered "Yes" on
other assistance, to award the gra	the grantees' nts or assistan	eligibility for th	e grants or assi 	substantiate the amount	criteria used	☐ Yes ☐ No
outside the Unite	d States.	-	·	dures for monitoring the	-	other assistance
3 Activites per Region	on. (The followin	ng Part I, line 3 t	able can be dupl	icated if additional space is	needed.)	
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is program service, describe specific type of service(s) in the region	
See Add'l Data				,		
3a Sub-total		0) (42,754
b Total from continua Part I	ation sheets to	0	C			

	uplicated if addit	(c) Number of		(a) Mannay of as -1-	(f) Amount of	(a) Decembring	(h) Math
ype of grant or assistance	(b) Region	recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

Sched	lule F (Form 990) 2019		Page 4
Par	Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		
		☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign		
	Corporations. (see Instructions for Form 5471)	☐Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships		
	(see Instructions for Form 8865)	☐Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form		
	5713; don't file with Form 990)	☐Yes	✓ No

Schedule F (Fo	rm 990) 2019 Page 5
F a r a	Provide the information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
Return Referenc	<u></u>
PART I, LINE	THE ORGANIZATION USES THE ACCRUAL METHOD OF ACCOUNTING TO ACCOUNT FOR ITS FOREIGN EXPENDITURES.

990 Schedule F, Supplemental Information Return Reference Explanation

PART III ACCOUNTING METHOD:

Additional Data

Software ID: Software Version:

EIN: 26-3589491

Name:

LANG LANG INTERNATIONAL MUSIC FOUNDATION INC.

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the in region (by type) (i.e., is a program service,

employees or region agents in fundraising, program region

EUROPE

EAST ASIA AND THE PACIFIC

n

n

services, grants to recipients located in the

0 PROGRAM SERVICES

region) 0 PROGRAM SERVICES

JUNIOR MUSIC CAMP, YOUNG SCHOLARS

INSPIRATION

MASTER CLASS, YOUNG SCHOLARS PERFORMING WITH LANG LANG.

101 PIANISTS, KEYS ON

service(s) in region

describe specific type of

for region

30,987

8,321

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (d) (f) Total expenditures (d) Activities conducted offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of reaion agents in fundraising, program services, grants to service(s) in region reaion recipients located in the reaion) MIDDLE EAST AND NORTH 0 PROGRAM SERVICES 3,446 IYOUNG SCHOLARS AFRICA IMASTER CLASS

Positive Graphic print - DO NOT PROCESS As Filed Data
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

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

OMB No. 1545-0047 **2019**

DLN: 93493317050490

				and individual ation answered "Yes," (-	-			401 7	
Department of the Freasury			Open to Public Inspection							
internal Revenue Service			, do to <u>iiii</u>	<u>w.irs.gov/Form990</u> for	- ine lutest lillor mutic					ı
Name of the organization LANG LANG INTERNATION	ONAL MUS	SIC					' '		ation number	
OUNDATION INC							26-358	39491		_
Part I General	Informa	ation on Grants	and Assistance							_
				the grants or assistance,		for the grants or assistance	e, and		☑ Yes ☐ N	k
_	_	·	-	se of grant funds in the U						
Part III Grants an	d Other A	Assistance to Dom	estic Organizations a	ind Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes'	' on Form 990, P	art IV, line	21, for any recipient	
(a) Name and addr organization or governmen	ess of	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descrip noncash ass		(h) Purpose of grant or assistance	_
(1) See Additional Data	ı									
(2)										
(3)										
(4)										_
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										_
		. , . ,	-					<u> </u>	21	_
				<u> </u>	<u> </u>		· · · ·			_

(3) (4) (5)

(6)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Schedule I (Form 990) 2019

(2)

Part III can be duplicated if additional space is needed

(7) Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV

Return Reference **Explanation**

PART I, LINE 2: THE FOUNDATION SOLICITS RECOMMENDATIONS FROM THE DEPARTMENT OF EDUCATION FOR PUBLIC SCHOOLS AS GRANTEE CANDIDATES FOR THE KEYS OF INSPIRATION PROGRAM. ALL CANDIDATE SCHOOLS MUST HAVE A POPULATION IN WHICH A MINIMUM OF 75% OF STUDENTS PARTICIPATE IN THE FREE LUNCH PROGRAM. THE FOUNDATION INTERVIEWS THE PRINCIPALS OF THE CANDIDATE SCHOOLS PRIOR TO THE FINAL SELECTION PROCESS. AFTER A REVIEW OF DATA GATHERED ABOUT EACH CANDIDATE SCHOOL, THE BOARD MAKES A FINAL SELECTION OF THE GRANTEE SCHOOL(S). ALL GRANTEE SCHOOLS ARE REQUIRED TO PROVIDE BI-ANNUAL REPORTS REGARDING THE STUDENT PROGRESS AND ACCOMPLISHMENTS IN THE PROGRAM. THE FOUNDATION ALSO MAKES REGULAR VISITS TO ALL KEYS TO INSPIRATION PROGRAM SCHOOLS TO ASSURE PROGRAM IMPLEMENTATION IS COMPLIANT WITH THE MISSION OF THE FOUNDATION AND PROGRAM OBJECTIVES. ALL PROGRAM EXPENSES FOR THE KEYS TO INSPIRATION ARE RECORDED IN THE BOOKS AND RECORDS OF THE FOUNDATION ACCORDING TO

Schedule I (Form 990) 2019

Page **2**

Additional Data

ARTS IN MOTION

2230 5TH AVE NEW YORK, NY 10037

PS 197

7415 S EAST END AVE CHICAGO, IL 60649

Software ID: **Software Version:**

72-1612867

13-6400434

EIN: 26-3589491

Name: LANG LANG INTERNATIONAL MUSIC

FOUNDATION INC

40,529

24,676

(a) Name and address of	(b) FIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of Valuation	
organization		if applicable	grant	cash	(book, FMV, appraisal,	
or government				assistance	other)	

organization	, ,	if applicable	grant	cash	(book, FMV, appraisal,
or government				assistance	other)

STATE OF IL

STATE OF NY

orm 990,Schedule 1, Part	11, Grants and	Otner Assistance to	Domestic Organiza	tions and Domest	ic Governments.	
(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	

(g) Description of

non-cash assistance

(h) Purpose of grant

or assistance

SEE PART IV

SEE PART IV

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 56-6000522 STATE OF NC 22.762 SEE PART IV MONTICELLO BROWN ELEMENTARY SCHOOL

5006 NC HWY SUMMIT, NC 27455 ALLEN JAY ELEMENTARY 56-6000522 STATE OF NC 22.762

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

HIGH POINT, NC 27263

SEE PART IV SCHOOL 1311 E SPRINGFIELD RD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 23-6004102 STATE OF PAI 22.762 SEE PART IV THOMAS MIFFLIN ELEMENTARY SCHOOL

3624 CONRAD ST PHILADELPHIA, PA 19129

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

359 13TH AVENUE NEWARK, NJ 07104

MLK JR RENEW SCHOOL 22-6002140 STATE OF NI SEE PART IV

22.732

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government HITCH 36-6005821 STATE OF ILL 20.909 SEE PART IV

5625 N MCVICKER AVE CHICAGO, IL 60646

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MIAMI BEACH, FL 33139

FEINBERG-FISHER K-8 03-0457585 STATE OF FL 20,494 SEE PART IV 1420 WASHINGTON AVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 36-6005821 STATE OF IL 20.035 SEE PART IV MARIANO AZUELA

ELEMENTARY SCHOOL 4707 W MARQUETTE RD CHICAGO, IL 60629

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

JAMAICA PLAIN, MA 02130

JEK ELEMENTARY SCHOOL 46-0013800 STATE OF MAI 19.895 SEE PART IV

7 BOLSTER ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government EDISON K-8 46-0013800 STATE OF MAI 19.895 SEE PART IV 60 GLENMONT RD BRIGHTON, MA 02135 RAFAEL HERNANDEZ SCHOOL 22-6002140 STATE OF N 19.865 ISEE PART IV

OF PERFORMANCE 345 BROADWAY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEWARK, NJ 07104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW YORK, NY 10027

SEE PART IV PSMS 161 69-0210637 STATE OF NYI 19.213 499 W 133RD ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government T IV

SEE PART IV

PARKVIEW ELEMENTARY	56-6000522	STATE OF NC	19,178		SEE PART
SCHOOL					
325 GORDON STREET					
HIGH POINT, NC 27260				1	

19.148

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

STATE OF FL

EDISON PARK K-8

500 NW 67TH STREET MIAMI, FL 33150

59-6000572

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government LINCOLN SCHOOL 22-6002140 STATE OF NI 19.148 SEE PART IV 87 RICHELIEU TERRACE

SEE PART IV

17.652

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

STATE OF NY

NEWARK, NJ 07106
PS 154 HARRIET TUBMAN

250 W 127TH ST NEW YORK, NY 10027 69-0210637

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government DUDIZINI DADIZ 26 6005021 CTATE OF IL 15.564 SEE PART IV

SEE PART IV

8.399

8445 S KOLIN AVE CHICAGO, IL 60652	36-6005821	STATE OF IL	1
PS 92	13-6400434	STATE OF NY	

222 W 134TH ST NEW YORK, NY 10030

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 36-6005821 STATE OF ILL 5.941 SEE PART IV O'KEEFFE SCHOOL OF EXCELLENCE 6940 S MERRILL AVE

CHICAGO, IL 60649

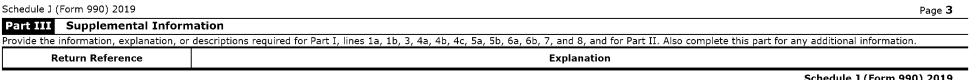
efil	e GRAPHIC pr	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19331	7050	490
Sch	nedule J	C	ompensati	ion Information	40	1B No.	1545-0	0047
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.)
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>	ov/Form990 for	instructions and the latest inform	nation.	pen t	o Pul ectio	
Nar	me of the organiza				Employer identificat			
	G LANG INTERNATION INC	ONAL MUSIC			26-3589491			
Pa	rt I Questi	ons Regarding Compensa	ntion					
							Yes	No
1a				the following to or for a person listed y relevant information regarding thes				
	First-class	s or charter travel		Housing allowance or residence for p	personal use			
	_	companions	님	Payments for business use of persor				
		nification and gross-up payment	_	Health or social club dues or initiatio				
	☐ Discretion	nary spending account		Personal services (e.g., maid, chauff	reur, chef)			
b				follow a written policy regarding payr ve? If "No," complete Part III to expla		1b		
2				or allowing expenses incurred by all	- 1-3	2		
	directors, truste	ees, officers, including the CEO/	executive Director	r, regarding the items checked on Lin	ela?			
3				d to establish the compensation of th	e			
				not check any boxes for methods CEO/Executive Director, but explain in	n Part III.			
		ation committee ent compensation consultant	H	Written employment contract Compensation survey or study				
		of other organizations	☑	Approval by the board or compensat	tion committee			
4		-	990, Part VII, Se	ction A, line 1a, with respect to the fil				
	related orgániza		,	, , ,	3 3			
а	Receive a sever	ance payment or change-of-cor	ntrol payment? .			4a		No
b	Participate in, o	r receive payment from, a supp	lemental nonqual	ified retirement plan?		4b		No
c	•			nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	olicable amounts for each item in Part	III.			
	Only 501(c)(3	s), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9.				
5				the organization pay or accrue any				
	compensation co	ontingent on the revenues of:		,				
а	The organization	n?				5a		No
b						5b		No
	,	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section Contingent on the net earnings o		the organization pay or accrue any				
а	-	n?				6a		No
b						6b		No
_	•	6a or 6b, describe in Part III.						
7	payments not d	escribed in lines 5 and 6? If "Ye	s," describe in Pa	the organization provide any nonfixed rt III		7		No
8	subject to the in	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de		8		No
9	If "Yes" on line	8, did the organization also follo	ow the rebuttable	presumption procedure described in l	Regulations section	9		No_
For F		uction Act Notice, see the Ins			0053T Schedule J		990)	2019

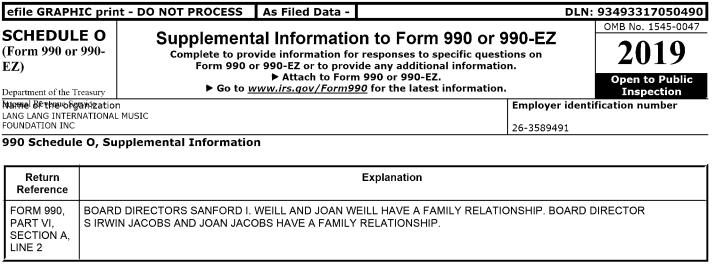
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of column	s (B)	(i)-(iii) for each listed ind	dividual must equal the to	tal amount of Form 990,	Part VII, Section A, line	1a, applicable column (D) and (E) amounts for tha	t individual.	
(A) Name and Title					(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported	
		(i) Base compensation	(ii) Bonus & incentive compensation reportable compensati		compensation	belletts	(5)(1)-(5)	as deferred on prior Form 990	
1 LESZEK BARWINSKI CEO/SECRETARY/TREASURER	(i)	256,767	0	2,904	13,950	35,346	308,967	0	
	(ii)	0	0	0	0	0	0	0	
								_	
	_						Schedule	J (Form 990) 2019	





990 Schedule O, Supplemental Information Return Explanation

Reference

FORM 990,	BEGINNING IN 2018, THE ORGANIZATION BEGAN USING ADP TOTALSOURCE, A PROFESSIONAL EMPLOYER O
PART VI,	RGANIZATION ("PEO"). AS A PROFESSIONAL EMPLOYER ORGANIZATION, TOTALSOURCE PROVIDES PROFESS
SECTION A,	I IONAL EMPLOYER SERVICES TO LANG LANG INTERNATIONAL MUSIC FOUNDATION, INC. (LLIMF). IN THE
LINE 3	PEO RELATIONSHIP, TOTALSOURCE AND LLIMF SHARE CERTAIN RESPONSIBILITIES AND ALLOCATE OTHER
	EMPLOYER RESPONSIBILITIES BETWEEN EACH OTHER. LLIMF REMAINS AN EMPLOYER OF THE WORKSITE EM
	PLOYEES AND TOTALSOURCE IS A CO-EMPLOYER OF LLIMF'S EMPLOYEES. TOTALSOURCE RESERVES THE RI
	GHT OF DIRECTION AND CONTROL OVER EMPLOYEES AS IS NECESSARY TO FULFILL ITS OBLIGATIONS AND
	PROVIDE ITS SERVICES UNDER AN AGREEMENT BETWEEN LLIMF AND TOTALSOURCE. TOTALSOURCE AND LL
	MF HAVE A RIGHT TO HIRE, DISCIPLINE, AND TERMINATE EMPLOYEES AS TO EACH ONE'S EMPLOYMENT
	RELATIONSHIP WITH EMPLOYEES.

Return Explanation

990 Schedule O, Supplemental Information

FORM 990, PART VI, FIRM THAT WAS ENGAGED FOR AUDITING AND TAX COMPLIANCE. A FINAL DRAFT IS CIRCULATED TO THE SECTION B, BOARD OF DIRECTORS ELECTRONICALLY FOR REVIEW PRIOR TO FILING THE FORM 990. WHEN THE BOARD OF DIRECTORS HAS APPROVED THE DRAFT. THE FORM 990 IS FILED WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL MEMBERS, DIRECTORS, OFFICERS OR EMPLOYEES OF THE FOUNDATION (COVERED PERSON) OWE A DUT Y OF LOYALTY TO THE LANG LANG INTERNATIONAL MUSIC FOUNDATION (THE "FOUNDATION") AND MUST A CT IN GOOD FAITH TOWARD THE FOUNDATION AND IN THE FOUNDATION'S BEST INTERESTS, RATHER THAN IN THEIR OWN INTERESTS OR THE INTERESTS OF ANOTHER ENTITY OR PERSON, AND MUST COMPLY WITH APPLICABLE LEGAL REQUIREMENTS. A CONFLICT OF INTEREST ARISES WHENEVER THE INTERESTS OF THE FOUNDATION COME INTO CONFLICT WITH A FINANCIAL OR PERSONAL INTEREST OF A COVERED PERSON, OR OTHERWISE WHENEVER A COVERED PERSON'S PERSONAL OR FINANCIAL INTEREST COULD BE REASONAB LY VIEWED AS AFFECTING HIS OR HER OBJECTIVITY OR INDEPENDENCE IN FULFILLING THEIR DUTIES TO THE FOUNDATION. IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, A COVERED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY OF DISCLOSE ALL MATERIAL FACTS TO THE BOARD. A COVERED PERSON IS REQUIRED TO DISCLOSE IN GOOD FAITH AND IN WRITING TO THE BOARD ALL MATERIAL FACTS RELATED TO CONFLICTS OF INTERES T. DISCLOSURES SHOULD BE MADE IN ADVANCE, BEFORE ANY ACTION IS TAKEN ON THE MATTER. CONFLICT OF INTERES TO THE SIDE OF CAUTION AND DISCLOSE ALL INSTANCES WHERE A CONFLICT OF INTEREST OR THE APPEARANCE OF A CONFLICT EXISTS, EVEN IF HE OR SHE DOES NOT BELIEVE THA THERE IS AN ACTUAL CONFLICT. THE BOARD WILL REVIEW ALL CONFLICTS OF INTEREST AND DETERMINE WHETHER TO APPROVE OR RATIFY ANY SUCH MATTERS.

990 Schedule O, Supplemental Information Explanation Return

Reference	
FORM 990, PART VI, SECTION B, LINE 15A	A SUBCOMMITTEE OF THE BOARD OF DIRECTORS WAS CHARGED WITH THE RESPONSIBILITY OF ESTABLISHING COMPENSATION FOR THE FOUNDATION'S EXECUTIVE DIRECTOR. THE BOARD USED INFORMATION OBTAINED FROM FORM 990'S OF SIMILAR ORGANIZATIONS TO ASSIST IN ESTABLISHING A SALARY RANGE AND RELATED FRINGE BENEFITS. THE BOARD APPROVED THE FINAL COMPENSATION PACKAGE AND DOCUMENTED HE AGREEMENT IN THE EXECUTIVE DIRECTOR'S EMPLOYMENT CONTRACT. THIS AGREEMENT IS REVIEWED IN CONCERT WITH THE FOUNDATION'S OPERATING BUDGET ON AN ANNUAL BASIS. THE PROCESS WAS LAST TIME UNDERTAKEN IN 2019.

S CHARGED WITH THE RESPONSIBILITY OF ESTABLISHI. IVE DIRECTOR THE BOARD USED INFORMATION OBTAIN

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990,	THE FORM 990 IS AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTE
PART VI,	RNAL REVENUE CODE. THE RETURN IS POSTED ON GUIDESTAR.ORG AND OTHER SIMILAR WEBSITES. IN AD
SECTION C,	DITION, FORMS 990 AND 1023, AS WELL AS THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLI
LINE 19	CY, ARTICLES OF INCORPORATION AND BYLAWS ARE AVAILABLE UPON WRITTEN REQUEST OF THE FOUNDAT
	ION AT 215 W. 40TH STREET, SUITE 1101, NEW YORK, NY 10018, OR BY CALLING THE FOUNDATION AT
	212-518-7175.

990 Schedule O, Supplemental Information Return Explanation Reference

FORM 990, PART XI, LINE 9:

990 Schedule O, Supplemental Information

Return

Reference	
FORM 990, PART XII,	THE PROCESS FOLLOWED BY THE FOUNDATION FOR SELECTING AN INDEPENDENT ACCOUNTANT AND FOR OVE RSIGHT OF THE AUDIT HAS NOT CHANGED FROM THE PROCESS EMPLOYED IN THE PRIOR YEAR.
LINE 2C:	

Explanation