

Form **990EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
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.
 ▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
 FREDERICK CHOPIN SINGING SOCIETY
 OF BUFFALO INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
 57 NORWOOD

City or town, state or province, country, and ZIP or foreign postal code
 BUFFALO, NY 14222

D Employer identification number
 16-0381860

E Telephone number
 (716) 685-9466

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(4) ◀ (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 55,547

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1		18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2		19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
3	Membership dues and assessments	3		20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4		21	Net assets or fund balances at end of year Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a			
5b	Less cost or other basis and sales expenses	5b			
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
6	Gaming and fundraising events				
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	8,807		
6c	Less direct expenses from gaming and fundraising events	6c	6,336		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
7a	Gross sales of inventory, less returns and allowances	7a			
7b	Less cost of goods sold	7b			
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
8	Other revenue (describe in Schedule O)	8			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9			
10	Grants and similar amounts paid (list in Schedule O)	10			
11	Benefits paid to or for members	11			
12	Salaries, other compensation, and employee benefits	12			
13	Professional fees and other payments to independent contractors	13			1,100
14	Occupancy, rent, utilities, and maintenance	14			1,026
15	Printing, publications, postage, and shipping	15			1,645
16	Other expenses (describe in Schedule O)	16			31,838
17	Total expenses. Add lines 10 through 16 ▶	17			35,609
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18			13,602
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19			186,012
20	Other changes in net assets or fund balances (explain in Schedule O)	20			0
21	Net assets or fund balances at end of year Combine lines 18 through 20	21			199,614

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	144,402	22	127,693
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	86,581	24	105,556
25 Total assets	230,983	25	233,249
26 Total liabilities (describe in Schedule O).	44,971	26	33,635
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	186,012	27	199,614

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?

CULTURAL AND MUSICAL ENRICHMENT

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	
29		29a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
30		30a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a)		32	21,142

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
GARY BIENKOWSKI PRESIDENT	2 00	0	0	0
MARLENE MCLOUGHLIN DIRECTOR	1 00	0	0	0
JOANNA BROWN SECRETARY	2 00	0	0	0
FRANCES CIRBUS FINANCIAL SEC	5 00	0	0	0
THOMAS PAWLAK DIRECTOR	1 00	0	0	0
ROBERT CIESIELSKI DIRECTOR	1 00	0	0	0
JAMES MROZEK DIRECTOR	1 00	0	0	0
GERALDINE SZEMRAJ DIRECTOR	1 00	0	0	0
THOMAS BRUCZ DIRECTOR	1 00	0	0	0
ADRIANNE KUSMIERCZYK DIRECTOR	1 00	0	0	0
MARY LOU WYROBEK DIRECTOR	1 00	0	0	0
DAVID MCELROY DIRECTOR	1 00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of FRAN CIRBUS Telephone no (716) 633-1755 Located at 57 NORWOOD AVE BUFFALO, NY ZIP + 4 14222

Table with columns for question number, question text, and Yes/No columns. Rows include 42b and 42c.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with columns for question number, question text, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, and 45b.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	No

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. ▶ _____

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

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.

Sign Here Signature of officer GARY BIENKOWSKI PRESIDENT Type or print name and title	2019-05-13 Date
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Paid Preparer Use Only	Print/Type preparer's name JOHN F GUIDO CPA	Preparer's signature	Date 2019-05-10	Check <input type="checkbox"/> if self-employed	PTIN P00441394
	Firm's name ▶ AMATO FOX & CO CPA PC			Firm's EIN ▶ 16-1250636	
	Firm's address ▶ 36 NIAGARA STREET TONAWANDA, NY 14150			Phone no (716) 694-0336	

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Additional Data

Software ID:

Software Version:

EIN: 16-0381860

Name: FREDERICK CHOPIN SINGING SOCIETY
OF BUFFALO INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 THE ORGANIZATION PROVIDES CULTURAL AND MUSICAL ENRICHMENT PROGRAMS AND PERFORMANCES TO THE COMMUNITY (Grants \$ 0)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	21,142

**TY 2018 Transfers Personal Benefits
Contracts Declaration**

Name: FREDERICK CHOPIN SINGING SOCIETY
OF BUFFALO INC

EIN: 16-0381860

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

FREDERICK CHOPIN SINGING SOCIETY
OF BUFFALO INC

Employer identification number

16-0381860

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION DIVIDENDS AMOUNT 5,666

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION REIMBURSED EXPENSES AMOUNT 2,071 DESCRIPTION OTHER INCOME AMOUNT 1,875 TOTAL TO FORM 990-EZ, LINE 8 3,946

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION OFFICE SUPPLIES AMOUNT 126 DESCRIPTION ADVERTISING AMOUNT 954 DESCRIPTION CONCERTS AMOUNT 1,083 DESCRIPTION DUES & SUBSCRIPTIONS AMOUNT 614 DESCRIPTION INSURANCE AMOUNT 324 DESCRIPTION MISCELLANEOUS AMOUNT 5,388 DESCRIPTION PROGRAM SERVICES AMOUNT 21,142 DESCRIPTION SICK/VIGIL AMOUNT 115 DESCRIPTION TAXES OTHER AMOUNT 100 DESCRIPTION WEBSITE AMOUNT 325 DESCRIPTION CONFERENCES AMOUNT 52 DESCRIPTION CONTRIBUTIONS AMOUNT 1,615 TOTAL TO FORM 990-EZ, LINE 16 31,838

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 86,581 END OF YEAR AMOUNT 105,556

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 17,164 END OF YEAR AMOUNT 17,164 DESCRIPTION ACCUMULATED UNREALIZED GAIN/(LOSS) ON INVESTMENTS BEG OF YEAR AMOUNT 27,807 END OF YEAR AMOUNT 16,471