

Return of Organization Exempt From Income Tax

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2021** calendar year, or tax year beginning **7/01**, 2021, and ending **6/30**, 2022

| | | |
|--------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| B Check if applicable: | C | D Employer identification number |
| <input type="checkbox"/> Address change | Chinese Mutual Aid Association 1016 W. Argyle St. Chicago, IL 60640 | 36-3139799 |
| <input type="checkbox"/> Name change | | E Telephone number |
| <input type="checkbox"/> Initial return | | 7737842900 |
| <input type="checkbox"/> Final return/terminated | | G Gross receipts \$ 11,076,663. |
| <input type="checkbox"/> Amended return | | |
| <input type="checkbox"/> Application pending | F Name and address of principal officer: Mr. Bart Moy | H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| | Same As C Above | H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. See instructions. |

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ www.chinesemutualaid.org **H(c)** Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1981** **M** State of legal domicile: **IL**

Part I Summary

| | | | | |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------|-------------|
| | 1 Briefly describe the organization's mission or most significant activities: <u>See Schedule O</u> | | | |
| Activities & Governance | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | | 15 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | | 15 |
| | 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) | 5 | | 346 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | | 107 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | | 0. |
| | 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | | 0. |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | 2,520,073. | Prior Year | 2,051,870. |
| | 9 Program service revenue (Part VIII, line 2g) | 7,698,154. | Current Year | 8,663,701. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,509. | | 2,085. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 242,770. | | 211,987. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 10,462,506. | | 10,929,643. |
| | Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 62,500. | |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | | | |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 7,734,083. | | 8,698,657. |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | | | |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 222,640. | | | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 1,857,220. | | 1,951,597. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 9,653,803. | | 10,650,254. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 808,703. | | 279,389. | |
| Not Assets or Fund Balances | 20 Total assets (Part X, line 16) | 5,117,054. | Beginning of Current Year | 5,927,366. |
| | 21 Total liabilities (Part X, line 26) | 622,413. | End of Year | 1,153,336. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 4,494,641. | | 4,774,030. |

Part II 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.

| | | | |
|------------------------------|----------------|--------------------|----------|
| Sign Here | | Date | 12/15/22 |
| | Dennis Mondero | Executive Director | |
| Type or print name and title | | | |

| | | | | | | |
|-------------------------------|----------------------------|-------------------------------------------------|------|-------------------------------------------------|--------------|--------------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN | |
| | Sachin Gandhi | Sachin Gandhi | | | P01424067 | |
| | Firm's name ▶ | BG Advisors CPA, LTD. | | | Firm's EIN ▶ | 82-4176202 |
| | Firm's address ▶ | 1250 E Diehl Rd Ste 406 Naperville, IL 60563 | | | Phone no. | 630-505-1081 |

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

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

▶ **File a separate application for each return.**
 ▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| Type or print | Name of exempt organization or other filer, see instructions. Chinese Mutual Aid Association | Taxpayer identification number (TIN) 36-3139799 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite number. If a P.O. box, see instructions. 1016 W. Argyle St. | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. Chicago, IL 60640 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

| Application Is For | Return Code | Application Is For | Return Code |
|---------------------------------------------|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (section 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |
| Form 990-T (corporation) | 07 | | |

● The books are in the care of ▶ Rajan Shahi Khadgi

Telephone No. ▶ 773-784-2900 Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. If it is for part of the group, check this box ... and attach a list with the names and TINs of all members the extension is for.

- 1** I request an automatic 6-month extension of time until 5/15, 20 23, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ calendar year 20 ____ or
 - ▶ tax year beginning 7/01, 20 21, and ending 6/30, 20 22.
- 2** If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------|
| 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions | 3a | \$ 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit | 3b | \$ 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions | 3c | \$ 0. |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2022)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 6,866,409. including grants of \$) (Revenue \$)

See Schedule O

4b (Code:) (Expenses \$ 1,924,227. including grants of \$) (Revenue \$)

See Schedule O

4c (Code:) (Expenses \$ 544,915. including grants of \$) (Revenue \$)

See Schedule O

4d Other program services (Describe on Schedule O.) See Schedule O

(Expenses \$ 502,646. including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 9,838,197.

Part IV Checklist of Required Schedules

| | 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. | X | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II. | | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III. | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I. | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II. | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III. | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV. | | X |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V. | | X |
| 11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI. | X | |
| b 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. | | X |
| c 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. | | X |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX. | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. | | X |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X. | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII. | X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional. | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV. | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV. | | X |
| 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. | | X |
| 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. | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II. | X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III. | | X |
| 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H. | | X |
| b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II. | | X |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III..... | 22 | X |
| 23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J..... | 23 | X |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a..... | 24a | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... | 24b | |
| c 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 | |
| d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... | 24d | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I..... | 25a | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior 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 | X |
| 26 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 | X |
| 27 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? If 'Yes,' complete Schedule L, Part III..... | 27 | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV..... | 28a | X |
| b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV..... | 28b | X |
| c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 'Yes,' complete Schedule L, Part IV..... | 28c | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M..... | 29 | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M..... | 30 | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I..... | 31 | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II..... | 32 | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I..... | 33 | X |
| 34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1..... | 34 | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?..... | 35a | X |
| b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2..... | 35b | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2..... | 36 | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI..... | 37 | X |
| 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O..... | 38 | X |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable..... | 1 a | 24 |
| b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable..... | 1 b | 0 |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?..... | 1 c | X |

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | Yes | No |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 346 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b | X | |
| <i>Note:</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a | | X |
| b | If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on 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, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a | | X |
| b | If 'Yes,' enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b | | X |
| c | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a | | X |
| b | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a | | X |
| b | If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c | | X |
| d | If 'Yes,' indicate the number of Forms 8282 filed during the year. 7d | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g | | |
| 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. | | |
| a | 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: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12. 10a | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders. 11a | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a | | |
| b | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12b | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? 13a | | |
| <i>Note:</i> See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b | | |
| c | Enter the amount of reserves on hand. 13c | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? 14a | | X |
| b | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on 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 excess parachute payment(s) during the year? 15 | | X |
| If 'Yes,' see the instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 | | X |
| If 'Yes,' complete Form 4720, Schedule O. | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17 | | |
| If 'Yes,' complete Form 6069. | | | |

Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

| | | Yes | No |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 a | Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 15 | | |
| 1 b | Enter the number of voting members included on line 1a, above, who are independent. 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 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? 5 | | X |
| 6 | Did the organization have members or stockholders? 6 | | X |
| 7 a | 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? 7 a | | X |
| 7 b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| 8 a | The governing body? 8 a | X | |
| 8 b | Each committee with authority to act on behalf of the governing body? 8 b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O. 9 | | X |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | | Yes | No |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 10 a | Did the organization have local chapters, branches, or affiliates? 10 a | | X |
| 10 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? 10 b | | |
| 11 a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a | X | |
| 12 a | Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O. 12 a | X | |
| 12 b | Did the organization have a written conflict of interest policy? If 'No,' go to line 13. 12 b | X | |
| 12 c | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 c | X | |
| 13 | Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done. See Schedule O. 13 | X | |
| 14 | Did the organization have a written whistleblower policy? 14 | X | |
| 15 | Did the organization have a written document retention and destruction policy? 15 | | |
| 15 a | 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? 15 a | X | |
| 15 b | The organization's CEO, Executive Director, or top management official. See Schedule O. 15 b | X | |
| 15 c | Other officers or key employees of the organization. See Schedule O. 15 c | X | |
| 16 a | If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. 16 a | | |
| 16 a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a | | X |
| 16 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? 16 b | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **IL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O) See Sch. O
- 19** Describe on 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. See Schedule O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **Rajan Shahi Khadqi 1016 W. Argyle St. Chicago IL 60640 773-784-2900**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | | | |
| (1) Mr. Dennis Mondero Executive Dir. | 40 0 | X | | | | | 110,989. | 0. | 0. |
| (2) Mr. Michael Chin Director | 1 0 | X | | | | | 0. | 0. | 0. |
| (3) Mr. Bart Moy President | 2 0 | X | | X | | | 0. | 0. | 0. |
| (4) Ms. Laura Lee Director | 1 0 | X | | | | | 0. | 0. | 0. |
| (5) Ms. Jenny Han Director | 1 0 | X | | | | | 0. | 0. | 0. |
| (6) Ms. Sharon Hwang Director | 1 0 | X | | | | | 0. | 0. | 0. |
| (7) Mr. Andy Lam Treasurer | 2 0 | X | | X | | | 0. | 0. | 0. |
| (8) Mr. Denny Lau Director | 1 0 | X | | | | | 0. | 0. | 0. |
| (9) Mr. Joseph Mak Director | 1 0 | X | | | | | 0. | 0. | 0. |
| (10) Mr. Lang Nguyen Director | 1 0 | X | | | | | 0. | 0. | 0. |
| (11) Ms. Anne Tan Director | 1 0 | X | | | | | 0. | 0. | 0. |
| (12) Hon. Rena Van Tine Director | 1 0 | X | | | | | 0. | 0. | 0. |
| (13) Ms. Yman Vien Director | 1 0 | X | | | | | 0. | 0. | 0. |
| (14) Ms. Roxanne Volkmann Director | 1 0 | X | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (15) Ms. Tianyi Joe Zhu Secretary | 2 0 | X | | X | | | | 0. | 0. | 0. |
| (16) ----- | | | | | | | | | | |
| (17) ----- | | | | | | | | | | |
| (18) ----- | | | | | | | | | | |
| (19) ----- | | | | | | | | | | |
| (20) ----- | | | | | | | | | | |
| (21) ----- | | | | | | | | | | |
| (22) ----- | | | | | | | | | | |
| (23) ----- | | | | | | | | | | |
| (24) ----- | | | | | | | | | | |
| (25) ----- | | | | | | | | | | |
| 1 b Subtotal | | | | | | | | 110,989. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 110,989. | 0. | 0. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1

| | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual. | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual. | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person. | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

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

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------|-----------------------------------------|------------------------------------------------------------------|--|
| Contributions, Gifts, Grants, and Other Similar Amounts | 1 a Federated campaigns | 1 a | | | | |
| | b Membership dues | 1 b | | | | |
| | c Fundraising events | 1 c | | | | |
| | d Related organizations | 1 d | | | | |
| | e Government grants (contributions) | 1 e | 1,717,192. | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1 f | 334,678. | | | |
| | g Noncash contributions included in lines 1a-1f | 1 g | | | | |
| | h Total. Add lines 1a-1f | | 2,051,870. | | | |
| Program Service Revenue | Business Code | | | | | |
| | 2 a Contract fees and awards | | 8,619,989. | 8,619,989. | | |
| | b Program service fees | | 43,712. | 43,712. | | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| g Total. Add lines 2a-2f | | 8,663,701. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 2,085. | 2,085. | | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | 6 a Gross rents | (i) Real | | | | |
| | | (ii) Personal | | | | |
| | | 6 a | | | | |
| | b Less: rental expenses | 6 b | | | | |
| | c Rental income or (loss) | 6 c | | | | |
| | d Net rental income or (loss) | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | (ii) Other | | | | |
| | | 7 a | | | | |
| | | b Less: cost or other basis and sales expenses | 7 b | | | |
| | c Gain or (loss) | 7 c | | | | |
| d Net gain or (loss) | | | | | | |
| 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | 8 a | 217,409. | | | | |
| b Less: direct expenses | 8 b | 147,020. | | | | |
| c Net income or (loss) from fundraising events | | 70,389. | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9 a | | | | | |
| b Less: direct expenses | 9 b | | | | | |
| c Net income or (loss) from gaming activities | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10 a | | | | | |
| b Less: cost of goods sold | 10 b | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | Business Code | | | | | |
| | 11 a Management fees | | 127,494. | 127,494. | | |
| | b Other | | 14,104. | 14,104. | | |
| | c | | | | | |
| | d All other revenue | | | | | |
| e Total. Add lines 11a-11d | | 141,598. | | | | |
| 12 Total revenue. See instructions | | 10,929,643. | 8,807,384. | 0. | 0. | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-----------------------------------------------|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. | | | | |
| 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. | 110,989. | 101,000. | 6,659. | 3,330. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). | 0. | 0. | 0. | 0. |
| 7 Other salaries and wages. | 7,121,106. | 6,743,277. | 265,568. | 112,261. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). | | | | |
| 9 Other employee benefits. | 926,146. | 875,413. | 41,639. | 9,094. |
| 10 Payroll taxes. | 540,416. | 511,585. | 19,399. | 9,432. |
| 11 Fees for services (nonemployees): | | | | |
| a Management. | | | | |
| b Legal. | | | | |
| c Accounting. | | | | |
| d Lobbying. | | | | |
| e Professional fundraising services. See Part IV, line 17. | | | | |
| f Investment management fees. | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) | 309,770. | 216,749. | 47,582. | 45,439. |
| 12 Advertising and promotion. | 23,996. | 14,891. | 5,514. | 3,591. |
| 13 Office expenses. | 19,125. | 4,696. | 14,348. | 81. |
| 14 Information technology. | 30,035. | 28,838. | 798. | 399. |
| 15 Royalties. | | | | |
| 16 Occupancy. | 180,792. | 140,121. | 36,669. | 4,002. |
| 17 Travel. | 56,563. | 54,883. | 1,087. | 593. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 Conferences, conventions, and meetings. | 12,359. | 1,078. | 10,467. | 814. |
| 20 Interest. | 2,365. | 515. | 1,626. | 224. |
| 21 Payments to affiliates. | | | | |
| 22 Depreciation, depletion, and amortization. | 81,820. | | 81,820. | |
| 23 Insurance. | 22,072. | 20,086. | 1,324. | 662. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a <u>Subcontracts</u> | 814,413. | 814,413. | | |
| b <u>Dues and subscriptions</u> | 185,319. | 124,011. | 32,902. | 28,406. |
| c <u>Program expenditures</u> | 125,370. | 124,971. | 399. | |
| d <u>In kind consulting</u> | 28,288. | 28,288. | | |
| e All other expenses. | 59,310. | 33,382. | 21,616. | 4,312. |
| 25 Total functional expenses. Add lines 1 through 24e. | 10,650,254. | 9,838,197. | 589,417. | 222,640. |
| 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance Sheet

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

| | | (A) | | (B) |
|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------|--------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash – non-interest-bearing..... | 3,108,765. | 1 | 4,395,649. |
| | 2 Savings and temporary cash investments..... | | 2 | |
| | 3 Pledges and grants receivable, net..... | 918,643. | 3 | 785,024. |
| | 4 Accounts receivable, net..... | 802,887. | 4 | 456,573. |
| | 5 Loans and other receivables from 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..... | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)..... | | 6 | |
| | 7 Notes and loans receivable, net..... | | 7 | |
| | 8 Inventories for sale or use..... | | 8 | |
| | 9 Prepaid expenses and deferred charges..... | 54,263. | 9 | 37,359. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... | 10a 824,353. | | |
| | b Less: accumulated depreciation..... | 10b 578,593. | 225,496. | 10c 245,760. |
| | 11 Investments – publicly traded securities..... | | 11 | |
| | 12 Investments – other securities. See Part IV, line 11..... | | 12 | |
| | 13 Investments – program-related. See Part IV, line 11..... | | 13 | |
| | 14 Intangible assets..... | | 14 | |
| | 15 Other assets. See Part IV, line 11..... | 7,000. | 15 | 7,001. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33)..... | 5,117,054. | 16 | 5,927,366. | |
| Liabilities | 17 Accounts payable and accrued expenses..... | 599,556. | 17 | 1,153,336. |
| | 18 Grants payable..... | | 18 | |
| | 19 Deferred revenue..... | 22,857. | 19 | |
| | 20 Tax-exempt bond liabilities..... | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D..... | | 21 | |
| | 22 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..... | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties..... | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties..... | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D..... | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25..... | 622,413. | 26 | 1,153,336. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions..... | 4,494,641. | 27 | 4,774,030. |
| | 28 Net assets with donor restrictions..... | | 28 | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds..... | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund..... | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds..... | | 31 | |
| 32 Total net assets or fund balances. | 4,494,641. | 32 | 4,774,030. | |
| 33 Total liabilities and net assets/fund balances. | 5,117,054. | 33 | 5,927,366. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|----|----------------------------------------------------------------------------------------------------------------|----|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 10,929,643. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 10,650,254. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 279,389. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 4,494,641. |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 4,774,030. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other | | |
| If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O. | | | |
| 2 a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: | | | |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| 2 b | Were the organization's financial statements audited by an independent accountant? | X | |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: | | | |
| <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| 2 c | If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X | |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | | |
| 3 a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | X | |
| 3 b | If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | X | |

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

| | |
|-------------------------------------------------------------------|-----------------------------------------------------|
| Name of the organization Chinese Mutual Aid Association | Employer identification number 36-3139799 |
|-------------------------------------------------------------------|-----------------------------------------------------|

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

| | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|--------------|------------------------------------|----------|-------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
| | | | | Yes | No | | |
| (A) | | | | | | | |
| (B) | | | | | | | |
| (C) | | | | | | | |
| (D) | | | | | | | |
| (E) | | | | | | | |
| Total | | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.) | 1,570,705. | 1,771,609. | 2,043,115. | 2,652,995. | 2,122,259. | 10,160,683. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. | | | | | | 0. |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| 4 Total. Add lines 1 through 3 | 1,570,705. | 1,771,609. | 2,043,115. | 2,652,995. | 2,122,259. | 10,160,683. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 0. |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 10,160,683. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|-------------|
| 7 Amounts from line 4 | 1,570,705. | 1,771,609. | 2,043,115. | 2,652,995. | 2,122,259. | 10,160,683. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 9,692. | 5,752. | 741. | 1,509. | 2,085. | 19,779. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | 0. |
| 11 Total support. Add lines 7 through 10 | | | | | | 10,180,462. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 34,468,143. |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|
| 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) | 14 | 99.81 % |
| 15 Public support percentage from 2020 Schedule A, Part II, line 14 | 15 | 99.38 % |
| 16a 33-1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/> | | |
| b 33-1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test—2021. 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 organization. ▶ <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test—2020. 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 supported organization. ▶ <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/> | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (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. | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge. | | | | | | |
| 6 Total. Add lines 1 through 5. | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons. | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | |
| c Add lines 7a and 7b. | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (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 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

| | | |
|----------------------------------------------------------------------------------------------------|-----------|---|
| 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)). | 15 | % |
| 16 Public support percentage from 2020 Schedule A, Part III, line 15. | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---------------------------------------------------------------------------------------------------------|-----------|---|
| 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)). | 17 | % |
| 18 Investment income percentage from 2020 Schedule A, Part III, line 17. | 18 | % |

19a 33-1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33-1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer lines 3b and 3c below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c 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)? <i>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.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If 'Yes,' provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If 'Yes,' answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | | Yes | No |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | |
| a | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? | 11a | |
| b | A family member of a person described on line 11a above? | 11b | |
| c | A 35% controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI . | 11c | |

Section B. Type I Supporting Organizations

| | | Yes | No |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | 2 | |

Section C. Type II Supporting Organizations

| | | Yes | No |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | |

Section D. All Type III Supporting Organizations

| | | 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? | 1 | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | |
| 3 | By reason of the relationship described on line 2, above, 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 | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | |
| 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 | |
| b | Did the activities described on line 2a, above, 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 lines 3a and 3b 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? If 'Yes' or 'No,' provide details in Part VI . | 3a | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard. | 3b | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A – Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 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 Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| 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 0.015 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 0.035. | 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 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D – Distributions | | Current Year |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required – provide details in Part VI) | 5 |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2021 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E – Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2021 | (iii) Distributable Amount for 2021 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------|----------------------------------------------------|
| 1 Distributable amount for 2021 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required – explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2021 | | | |
| a From 2016 | | | |
| b From 2017 | | | |
| c From 2018 | | | |
| d From 2019 | | | |
| e From 2020 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2021 distributable amount | | | |
| i Carryover from 2016 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2021 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2021 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2022. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2017 | | | |
| b Excess from 2018 | | | |
| c Excess from 2019 | | | |
| d Excess from 2020 | | | |
| e Excess from 2021 | | | |

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Schedule A (Form 990) 2021

Part VI

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

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Table with 2 columns: Name of the organization (Chinese Mutual Aid Association) and Employer identification number (36-3139799)

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)(3) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. > \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

| | |
|---------------------------------------------------------------|-----------------------------------------------------|
| Name of organization Chinese Mutual Aid Association | Employer identification number 36-3139799 |
|---------------------------------------------------------------|-----------------------------------------------------|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Julian Grace Foundation 1700 Green Bay Road #202 Highland Park, IL 60035 | \$ 77,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | Illinois Community College Board 401 E. Capitol Avenue Springfield, IL 62701-1711 | \$ 1,548,566. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | Illinois Secretary of State Gendolyn Brooks Building Springfield, IL 62701 | \$ 95,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | Illinois State Board of Education 555 W Monroe Street, Suite Chicago, IL 60661 | \$ 41,537. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---------------------------------------------------------------|-----------------------------------------------------|
| Name of organization Chinese Mutual Aid Association | Employer identification number 36-3139799 |
|---------------------------------------------------------------|-----------------------------------------------------|

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---------------------------|----------------------------------------------|-------------------------------------------------|----------------------|
| | N/A | | |
| | ----- | | |
| | ----- | \$ | ----- |
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| | ----- | \$ | ----- |

Name of organization **Chinese Mutual Aid Association** Employer identification number **36-3139799**

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ **N/A**
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | N/A | | |

| (e) Transfer of gift | |
|-----------------------------------------|------------------------------------------|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|-----------------------------------------|------------------------------------------|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|-----------------------------------------|------------------------------------------|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|-----------------------------------------|------------------------------------------|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Chinese Mutual Aid Association

Employer identification number

36-3139799

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 1 column: Held at the End of the Tax Year. Rows 2a, 2b, 2c, 2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in 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's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a 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:

| | Amount |
|---------------------------------|--------|
| c Beginning balance | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

Part V 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 years back |
|--------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1 a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| 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 | | | | | |

2 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 ▶ _____ %
- c Term endowment ▶ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | Yes | No |
|--------------------------------------------------------------------------------------------|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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 (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1 a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 475,158. | 410,878. | 64,280. |
| d Equipment | | | | |
| e Other | | 349,195. | 167,715. | 181,480. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 245,760. |

BAA

Part VII Investments – Other Securities.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|----------------------------------------------------------------------------------|----------------|-----------------------------------------------------------|
| (1) Financial derivatives..... | | |
| (2) Closely held equity interests..... | | |
| (3) Other | | |
| (A) ----- | | |
| (B) ----- | | |
| (C) ----- | | |
| (D) ----- | | |
| (E) ----- | | |
| (F) ----- | | |
| (G) ----- | | |
| (H) ----- | | |
| (I) ----- | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) .. ▶ | | |

Part VIII Investments – Program Related.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|----------------------------------------------------------------------------------|----------------|-----------------------------------------------------------|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) .. ▶ | | |

Part IX Other Assets.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|----------------------------------------------------------------------------------|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 15.) .. ▶ | |

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|----------------------------------------------------------------------------------|----------------|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) .. ▶ | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. See Part XIII.

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.

| | | | | |
|---|---------------------------------------------------------------------------------|----|----|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 10,929,643. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| | a Net unrealized gains (losses) on investments | 2a | | |
| | b Donated services and use of facilities | 2b | | |
| | c Recoveries of prior year grants | 2c | | |
| | d Other (Describe in Part XIII.) | 2d | | |
| | e Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | 10,929,643. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| | a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| | b Other (Describe in Part XIII.) | 4b | | |
| | c Add lines 4a and 4b | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | 10,929,643. |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

| | | | | |
|---|----------------------------------------------------------------------------------|----|----|-------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 10,650,254. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| | a Donated services and use of facilities | 2a | | |
| | b Prior year adjustments | 2b | | |
| | c Other losses | 2c | | |
| | d Other (Describe in Part XIII.) | 2d | | |
| | e Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | 10,650,254. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| | a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| | b Other (Describe in Part XIII.) | 4b | | |
| | c Add lines 4a and 4b | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | 10,650,254. |

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part IV, Line 2b - Explanation Of Escrow Account Liability

During the fiscal years ended June 30, 2021 and June 30, 2020 CMAA was the fiscal custodian for the annual World Refugee Event. The annual World Refugee Event is not a program activity of CMAA and is funded by sources outside of CMAA. Accordingly, revenues and expenses related to the annual World Refugee Event are not included in CMAA's statement of activities and net assets.

Part XIII Supplemental Information *(continued)*

Part X - FASB ASC 740 Footnote

CMAA's management has determined that FASB ASC 740-10, which addresses accounting for uncertainty in income taxes, has no effect on its financial statements due to CMAA's tax-exempt status.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

| | |
|-------------------------------------------------------------------|-----------------------------------------------------|
| Name of the organization Chinese Mutual Aid Association | Employer identification number 36-3139799 |
|-------------------------------------------------------------------|-----------------------------------------------------|

Part I Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>a <input type="checkbox"/> Mail solicitations</p> <p>b <input type="checkbox"/> Internet and email solicitations</p> <p>c <input type="checkbox"/> Phone solicitations</p> <p>d <input type="checkbox"/> In-person solicitations</p> | <p>e <input checked="" type="checkbox"/> Solicitation of non-government grants</p> <p>f <input checked="" type="checkbox"/> Solicitation of government grants</p> <p>g <input checked="" type="checkbox"/> Special fundraising events</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in column (i) | (vi) Amount paid to (or retained by) organization |
|-----------------------------------------------------------|---------------|----------------------------------------------------------------|----|-----------------------------------|---------------------------------------------------------------------|---------------------------------------------------|
| | | Yes | No | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | | | 0. |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

IL

Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 Fundraising Ev (event type) | (b) Event #2 (event type) | (c) Other events None (total number) | (d) Total events (add column (a) through column (c)) | |
|-----------------|--------------------------------------------------------------|-------------------------------------------------------------|------------------------------|--------------------------------------------|------------------------------------------------------------|----------|
| Revenue | 1 | Gross receipts | 217,409. | | 217,409. | |
| | 2 | Less: Contributions | | | | |
| | 3 | Gross income (line 1 minus line 2) | 217,409. | | 217,409. | |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | | | | |
| | 7 | Food and beverages | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 147,020. | | | 147,020. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | 147,020. |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | 70,389. | |

Part III Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add column (a) through column (c)) | |
|-----------------|---|--------------------------------------------------------------------|-----------------------------------------------------|-------------------|------------------------------------------------------------|--|
| Revenue | 1 | Gross revenue | | | | |
| Direct Expenses | 2 | Cash prizes | | | | |
| | 3 | Noncash prizes | | | | |
| | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | Yes _____ % No | Yes _____ % No | Yes _____ % No | |
| | 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| | 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If 'No,' explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If 'Yes,' explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

| | | |
|-------------------------------|------|---|
| a The organization's facility | 13 a | % |
| b An outside facility | 13 b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If 'Yes,' enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

Chinese Mutual Aid Association

Employer identification number

36-3139799

Form 990, Part I, Line 1 - Organization Mission or Significant Activities

Proudly founded by ethnic Chinese refugees, Chinese Mutual Aid Association (CMAA) is led by many prominent individuals from the Asian American community. Our purpose is to serve the needs, promote the interests, and enhance the well-being of low-income, diverse immigrant and refugee communities across Metropolitan Chicago through social services, advocacy, educational programming, and assistance for youth, adults, the elderly, and small businesses.

Form 990, Part III, Line 1 - Organization Mission

Proudly founded by ethnic Chinese refugees, Chinese Mutual Aid Association (CMAA) is led by many prominent individuals from the Asian American community. Our purpose is to serve the needs, promote the interests, and enhance the well-being of low-income, diverse immigrant and refugee communities across Metropolitan Chicago through social services, advocacy, educational programming, and assistance for youth, adults, the elderly, and small businesses.

Form 990, Part III, Line 4a - Program Service Accomplishments

Senior Services:

In Home Services:

CMAA contracted with the Illinois Department on Aging's Community Care Program (CCP) and partnered with Managed Care Organizations (MCOs), including Blue Cross Blue Shield, Aetna Better Health, Aetna Better Health of Illinois, Meridian Health, Meridian Complete, Molina, CountyCare, and Humana in providing vital services for older adults living in Chicago and the suburbs. The CCP, In-home Services aims to facilitate and support older adults living in their own homes while aging in place.

As a provider of In-Home Services, we also work with Care Coordination Units (CCU)

| | |
|------------------------------------------------------------|----------------------------------------------|
| Name of the organization Chinese Mutual Aid Association | Employer identification number 36-3139799 |
|------------------------------------------------------------|----------------------------------------------|

Form 990, Part III, Line 4a - Program Service Accomplishments

i.e., the Catholic Charities in providing person-centered assessments and designing plans of care for participants. Our dedicated team of over 264 home care aides and staff provides quality care to a diverse older adult population, over 378 seniors, speaking languages that include Cantonese, Mandarin, Croatian, Bosnian, Serbian, Vietnamese, Tagalog, Burmese, Nepalese, Laos, Bosnian, Khmer, Taishanese, and Hindi. Our caregiving team comprises of more than 254 experienced home care aides and 10 staff members.

CMAA is a member of the Illinois Association of the Community Care Program Homecare Providers (IACCPHP) and a member of the IDoA's Community Care Program Advisory Committee (CCPAC). Our Director of the Elderly Care and Social Services serves on the CCPAC and IACCPHP Board to advocate for the older adults served, home care aides, and providers. Together as an organization, our Executive Director and program staff members consistently engage in evaluating and providing recommendations to enhance the quality of the Community Care Program state-wide through advocacy.

We are currently in the process of developing and rolling out In-Home Services for older adults who are not eligible for Medicaid benefits. The Retirement Research Foundation has been funding this joint venture for CMAA and the Hanul Family Alliance to develop the Private Pay program for older adult clients who are not covered by Medicaid and can pay for the services via out-of-pocket or insurance. Older adults who need assistance in their homes but have incomes exceeding the low-income guidelines can request services through our Private Pay program. Contracted with the Illinois Department of Public Health (IDPH), our home care aides also provide in-home services to assist clients with medical visits and outings, bathing and grooming, walking and transfers, meal preparation, grocery shopping, housekeeping, and laundry.

Name of the organization

Chinese Mutual Aid Association

Employer identification number

36-3139799

Form 990, Part III, Line 4a - Program Service Accomplishments

We housed and partnered on the CCP and the Private Pay program with the Bosnian Herzegovinian American Community Center (BHACC). CMAA provides, in-home services in both the Chicago and Elgin office.

Golden Age Club:

CMAA has a Golden Age Club for active older adults to engage in social activities i.e., dancing, singing, calligraphy sessions, field trips, and social/educational events. Each year, CMAA hosts a grandparent's luncheon in June and a winter holidays luncheon in December for our members. Currently, CMAA's Golden Age Club has 130-150 active members. CMAA also endeavors to coach our immigrant older adults on the importance of becoming more civically involved and annually brings a group of seniors to Chicago's City Hall and to the Illinois State Capitol in Springfield.

Form 990, Part III, Line 4b - Program Service Accomplishments**Education, Employment, & Citizenship:****Adult Education:**

Through a grant from the Illinois Community College Board (ICCB), CMAA and its partner agencies - the largest and most diverse consortium in the State of Illinois - offered English as a Second Language (ESL) and Civics classes to over 600 limited English Proficient (LEP) immigrants and refugees across the City of Chicago in FY22. Partners include the Bosnian Herzegovinian American Community Center, Chinese

Name of the organization

Employer identification number

Chinese Mutual Aid Association

36-3139799

Form 990, Part III, Line 4b - Program Service Accomplishments

American Service League, Ethiopian Community Association of Chicago, Erie Neighborhood House, HANA Center, Hanul Family Alliance, Indo-American Center, and Touch Gift Foundation. In FY22 our consortium offered Adult Basic Education classes in addition to ESL classes to help clients with higher level English improve their reading and math skills, as well as bridge and integrated English and training classes for clients seeking to transition from education to employment. CMAA specifically continued to offer our Healthcare Employment Preparation Program (HEPP) that couples contextualized Healthcare Literacy classes and holistic case management toward pursuing a career in healthcare, and laid the foundation for making a similar Office Technology offering in FY23. HEPP as well as ESL is also offered at CMAA's satellite office in Elgin, IL, again primarily through ICCB funding. However, in addition to ICCB, IL Secretary of State funds supported both our Family Literacy classes at local Chicago Public Schools for parents and a robust volunteer tutoring program as an alternative or supplement to our ESL class options. Finally, CMAA also supported Citizenship Education students looking to gain US Citizenship with funding from the Illinois Coalition on Immigrant and Refugee Rights (ICIRR) New Americans Initiative (NAI). Of course, preparing students to participate fully in their communities is a goal of all our adult education classes, with specific competencies required for certain ICCB-funded courses, which cover such topics as: the rights of immigrants and U.S. citizens, U.S. history and governance, accessing community resources, consumer economics, and workforce readiness skills.

Employment:

CMAA career coaches provide individualized employment preparation, referrals, and job placement assistance to unemployed or underemployed community members. Our

Name of the organization

Chinese Mutual Aid Association

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36-3139799

Form 990, Part III, Line 4b - Program Service Accomplishments

clients represent diverse professional backgrounds, such as healthcare, hospitality, and industrial work, and have various levels of education. Although CMAA primarily serves immigrants and refugees, our Workforce Development Program also attracts U.S.-born Americans who need assistance with job readiness training, resume writing workshops, and digital literacy. In FY22 CMAA served over 100 unique clients through both workshops and one-on-one case management. Our career coaches meet individually with all clients to address barriers and challenges to employment, conduct career skills assessments, and support their creation of and acting on an Individualized Employment or Education Plan. Our reputation over the years as a provider of quality staffing has created a network of employer partners such as Weiss Memorial Hospital, O'Hare International Airport, and the Viceroy Chicago.

Citizenship:

Since 1997, CMAA has offered citizenship and immigration legal services to low-income immigrants and refugees seeking to apply for U.S. citizenship and other benefits. Our Department of Justice (DOJ) accredited staff offered individualized legal counsel and case assistance at a low cost to clients and, often, in their native languages of Vietnamese, Cantonese, or Mandarin. In FY22 CMAA assisted over 300 clients with a variety of services: obtaining or renewing their green card, petitioning to reunite families by sponsoring members living abroad to immigrate to the US, applying for work authorization, applying for citizenship and preparing for the naturalization exam, and providing counsel or referral for a host of other immigration-related issues. In FY22 CMAA submitted applications for citizenship on behalf of 196 clients.

Name of the organization

Chinese Mutual Aid Association

Employer identification number

36-3139799

Form 990, Part III, Line 4c - Program Service Accomplishments

Social Services:

CMAA's social services department works with the Illinois Department of Human Services (IDHS) to break down language and cultural barriers to help low-income clients and families identify and access benefits that are available to them through local, state and federal programs. In the fiscal year 2022, as of today our direct service staff assisted over 1,000 families in applying for LIHEAP, All Kids, SNAP, Medicaid, TANF and other public benefits. The Illinois Coalition of Immigrant and Refugee (ICIRR) provides grants to CMAA in assisting low-income families for translation and interpretation. We served 1,500 families in FY22 and we aim to exceed last year's outcomes by serving 2,000 families in FY23.

Since July 1, 2022 our Welcoming Center Program has served more than 170 asylee, immigrant, refugee, and limited English-speaking households with various needs. We served 286 households in FY22. We aim to exceed our FY22 outcomes by serving 450 households in FY23. Our Resiliency 2.0 initiative aims to outreach hard-to-reach communities to inform individuals who did not receive the stimulus funds and are qualified to apply for this one-time cash assistance. This initiative begins on November 1, 2022 and ends on December 9, 2023. Our goal is to reach and inform 2,000 individuals by December 9, 2023 of the cash assistance available for distribution. Furthermore, our housing services assisted clients with finding affordable and subsidized housing, providing assistance in understanding leases and foreclosures, and helping resolve tenant-landlord conflicts.

Form 990, Part III, Line 4d - Other Program Services Description

Youth Services:

| | |
|------------------------------------------------------------|----------------------------------------------|
| Name of the organization Chinese Mutual Aid Association | Employer identification number 36-3139799 |
|------------------------------------------------------------|----------------------------------------------|

Form 990, Part III, Line 4d - Other Program Services Description

CMAA's Youth Department serves immigrant origin, refugee, and BIPOC youth residing in Chicago's northside neighborhoods. CMAA founded our Youth Department after identifying a shortage of supportive services for immigrant origin youth in our community, who are often under-resourced, marginalized, and at high risk for social isolation. Our programming celebrates the assets of immigrant origin youth, and develops youth leaders by supporting the academic and professional development of our participants. Our programming promotes academic enrichment, facilitates exposure activities, builds extracurricular interests, and provides mentorship, all within a culturally relevant environment. Across our programs, CMAA provided over 700 hours of youth and family programming, and served over 175 young people in fiscal year 2022.

CMAA's flagship program, Diverse Young Leaders, provides after school academic enrichment, career exposure, and recreational activities for youth from kindergarten to 8th grade. Programming includes homework help, specialized tutoring, recreational activities, service learning, and social emotional development. In fiscal year 2022, CMAA's after school staff worked tirelessly to support the academic and social emotional needs of students as they returned to full-time in-person learning while continuing to navigate the pandemic. At the conclusion of the fiscal year, 93% of students enrolled in CMAA's after school program indicated our programming fostered skill development that supported them in academic achievement, and 74% of our students earned a 3.0 GPA or higher. Just as important, 97% of after school students developed a positive relationship with an instructor, and 90% of students were reporting more prosocial behaviors. In fiscal year 2023, CMAA's after school program will expand our social emotional offering integrating new mental health supports for students, and new parent learning offerings.

Name of the organization

Chinese Mutual Aid Association

Employer identification number

36-3139799

Form 990, Part III, Line 4d - Other Program Services Description

When school is not in session, our after school programming transitions into CMAA's popular Youth Summer Camp program, which meets weekdays for six weeks across July and August from 9AM to 3PM. CMAA's summer programming focuses on promoting academic learning in the summer months, service learning, and social emotional development through recreational activities and play. Activities include weekly academic lessons to aid in grade transition, daily recreational instruction to enhance mental and physical health, and exciting field trips.

CMAA's adolescent programs support youth employment, promote college and career readiness, and provide mentorship for youth ages 12 to 22. In fiscal year 2022, our agency served 37 teens through paid employment and training opportunities. CMAA's teen interns develop job readiness skills by supporting after school and summer camp instruction, providing tutoring, and facilitating recreation activities.

CMAA's adolescent mentoring programs, Young Women Warriors (YWW), and Young Men Making Moves (YMMM), pair immigrant origin youth with a network of professional adults to support skill development, promote college readiness, explore career pathways, and build an active and supportive community for adolescent youth to lean on as they transition to high school, college, and beyond. Both programs meet twice a month, once to focus on developing new skills, and a second time for a more casual recreational activity designed to promote social emotional learning and promote relationship building amongst mentors and mentees. Past skill development workshop topics include public speaking, college scholarships, interviewing, financial literacy, and civic engagement, and recreational activities include roller skating, thrifting, woodworking, cooking, and jewelry making. In fiscal year 2022, 96% of mentees reported they have positive feelings about or a positive relationship with

Name of the organization

Chinese Mutual Aid Association

Employer identification number

36-3139799

Form 990, Part III, Line 4d - Other Program Services Description

the adult mentors in the program, and 100% mentees graduated high school and enrolled in a 4-year college or university.

Finally, CMAA's youth department currently oversees Tiger Tutor, our agency's first social enterprise initiative. A test prep and tutoring program, Tiger Tutor focuses on individualized, high quality instruction to help students achieve their academic and collegiate goals, and currently provides small group tutoring, and one-on-one instruction. Tiger Tutor helps students while successfully helping CMAA diversify its revenue streams, ensuring our agency is able to continue to provide vital social services to our community.

Illinois Small Business Development Center at CMAA:

The SBDC program is the largest federally designated technical assistance program focused on supporting startups and growing small businesses in all fifty states and U.S. territories. The primary purpose is to provide information, training, and guidance to assist and accelerate the growth potential of viable, long-term, entrepreneurial ventures, small businesses and start-up businesses to create and retain jobs in Illinois. The vision of the Illinois SBDC program is to be recognized as the leading resource for business growth, advancing the Illinois economy.

During FY22, the SBDC at CMAA advised 188 small business clients of whom 77% are minority clients. SBDC Business Advisors provided one-on-one counseling and assistance with developing business plans, applying for funding opportunities, devising marketing strategies and addressing other specific business needs. Our center hosted 18 educational webinars covering topics such as Google Ads, Government

Name of the organization

Chinese Mutual Aid Association

Employer identification number

36-3139799

Form 990, Part III, Line 4d - Other Program Services Description

Contracting, Ecommerce, Access to Capital and more. SBDC Business Advisors assisted clients in obtaining \$2.59 million in loans and an additional \$163,000 in grant funding. SBDC has established multiple community partners with the goal of reaching Pan-Asian and underserved business communities across Chicagoland. These organizations include the Chinatown Chamber of Commerce, South Asian Chamber of Commerce, Oak Park Library, Banks, Law Firms and other Economic Development Organizations.

Form 990, Part VI, Line 11b - Form 990 Review Process

Form 990 is reviewed by the Board and selected key employees before submittal to the IRS.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

On annual basis, Board members are required to submit a written statement as to whether or not the Board member has a conflict of interest.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Compensation for the Executive Director is reviewed annually by the Board of Directors.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

The annual budget is reviewed and approved by the Board. The annual budget includes compensation for all of the staff.

Form 990, Part VI, Line 18 - Explanation of Other Means Forms Available For Public Inspection

A complete copy of form 990 and the general purpose audit report is included with the annual form AG990IL filed with the Illinois Attorney General Charitable Trust Bureau.

The complete AG990IL filing (including form 990 and the general purpose audit report)

Name of the organization

Employer identification number

Chinese Mutual Aid Association

36-3139799

Form 990, Part VI, Line 18 - Explanation of Other Means Forms Available For Public Inspection (continued)

is posted on the web-site of the Illinois Attorney General, which is open to the general public.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Disclosure of governing documents, policies, and financial statements is granted to the general public upon written request.

CHINESE MUTUAL AID ASSOCIATION
FINANCIAL STATEMENTS
FOR THE FISCAL YEAR ENDED
JUNE 30, 2022
(With summarized comparative information for the
fiscal year ended June 30, 2021)



CERTIFIED PUBLIC ACCOUNTANTS

1250 E Diehl Rd, Suite 406
Naperville, IL 60563

CHINESE MUTUAL AID ASSOCIATION
 FINANCIAL STATEMENTS
 FOR THE FISCAL YEAR ENDED
 JUNE 30, 2022
 (With summarized comparative information
 for the fiscal year ended June 30, 2021)

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Independent Auditor's Report

The Board of Directors
Chinese Mutual Aid Association
1016 W Argyle Street
Chicago, IL 60640

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of **Chinese Mutual Aid Association** ("CMAA"), which comprise the statement of financial position as of June 30, 2022, and the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of CMAA as of June 30, 2022, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of CMAA and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about CMAA's ability to continue as a going concern for one year after the date that the financial statements are issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of CMAA's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of CMAA's internal control. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying supplementary information such as the schedule of expenditures of federal awards, as required by Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the accompanying schedule of expenditures of federal awards is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with Government Auditing Standards, we have also issued our report dated December 5, 2022, on our consideration of CMAA's internal control over financial reporting and on our tests of

its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of CMAA's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards in considering CMAA's internal control over financial reporting and compliance.

BG Advisors CPA, Ltd

BG Advisors CPA, Ltd
Naperville, IL
Date: December 5, 2022

CHINESE MUTUAL AID ASSOCIATION
STATEMENT OF THE FINANCIAL POSITION
AS OF JUNE 30,2022
(With summarized comparative totals as of June 30,2021)

| | <u>June 30,2022</u> | | | Summarized Comparative Totals, Fiscal Year Ended June 30,2021 |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|---------------------|---------------------------------------------------------------------------|
| | Without Donor Restrictions | With Donor Restrictions | Total | |
| <u>ASSETS</u> | | | | |
| Current assets: | | | | |
| Cash (Note 5) | \$ 4,296,582 | \$ 99,067 | \$ 4,395,649 | \$ 3,108,765 |
| Grant and contract fees receivable | 785,024 | - | 785,024 | 918,643 |
| Managed care organization receivables, net of allowance for uncollectible receivables of \$0 as of June 30, 2022 and 2021, respectively | 456,573 | - | 456,573 | 802,887 |
| Prepaid expenses and other | 37,359 | - | 37,359 | 54,263 |
| Total current assets | 5,575,538 | 99,067 | 5,674,605 | 4,884,558 |
| Leasehold improvements and office equipment, net of depreciation (Note 6) | 245,761 | - | 245,761 | 225,496 |
| Other assets: | | | | |
| Office lease security deposits | 7,000 | - | 7,000 | 7,000 |
| Total assets | \$ 5,828,299 | \$ 99,067 | \$ 5,927,366 | \$ 5,117,054 |
| <u>LIABILITIES AND NET ASSETS</u> | | | | |
| Current liabilities: | | | | |
| Accounts payable | \$ 391,691 | \$ - | \$ 391,691 | \$ 498,135 |
| Accrued expenses | 761,645 | - | 761,645 | 101,421 |
| Deferred revenue | - | - | - | 22,857 |
| Total liabilities | 1,153,336 | - | 1,153,336 | 622,413 |
| Net assets (Note 4) | 4,674,963 | 99,067 | 4,774,030 | 4,494,641 |
| Total liabilities and net assets | \$ 5,828,299 | \$ 99,067 | \$ 5,927,366 | \$ 5,117,054 |

The accompanying notes are an integral part of these financial statements

CHINESE MUTUAL AID ASSOCIATION
STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS
FOR THE FISCAL YEAR ENED JUNE 30,2022
(With summarized comparative totals for the fiscal year ended June 30,2021)

| | Fiscal Year Ended June 30,2022 | | | Summarized Comparative Totals, Fiscal Year Ended June 30,2021 |
|------------------------------------------------------------------------------------|---------------------------------------|----------------------------|---------------------|------------------------------------------------------------------------|
| | Without Donor Restrictions | With Donor Restrictions | Total | |
| Public support and revenue: | | | | |
| Public support: | | | | |
| Grants, contributions, and sponsorship (Note 9) | \$ 1,711,689 | \$ 286,894 | \$ 1,998,583 | \$ 2,462,061 |
| Contributions, in-kind (Note 10) | 28,288 | - | 28,288 | 7,000 |
| Fundraising events, net of direct expenses (Note 11) | 70,389 | - | 70,389 | 125,922 |
| United Way grants and allocations | 24,999 | - | 24,999 | 58,012 |
| Total public support | <u>1,835,365</u> | <u>286,894</u> | <u>2,122,259</u> | <u>2,652,995</u> |
| Net assets released from restrictions upon satisfaction of program requirements | <u>328,752</u> | <u>(328,752)</u> | <u>-</u> | <u>-</u> |
| Revenue: | | | | |
| Contract fees and awards (Note 12) | 8,619,989 | - | 8,619,989 | 7,666,577 |
| Program service fees | 43,712 | - | 43,712 | 31,577 |
| Interest | 2,085 | - | 2,085 | 1,509 |
| Management fee (Note 13) | 127,494 | - | 127,494 | 113,805 |
| Other | 14,104 | - | 14,104 | 3,043 |
| Total revenues | <u>8,807,384</u> | <u>-</u> | <u>8,807,384</u> | <u>7,816,511</u> |
| Total public support and revenue | <u>10,971,501</u> | <u>(41,858)</u> | <u>10,929,643</u> | <u>10,469,506</u> |
| Program and supporting services expense: | | | | |
| Program services: | | | | |
| Senior services | 6,866,409 | - | 6,866,409 | 6,159,950 |
| Citizenship, education, and payment | 1,924,227 | - | 1,924,227 | 1,845,397 |
| Social services | 544,915 | - | 544,915 | 297,921 |
| Small business development center | 183,197 | - | 183,197 | 192,023 |
| Youth services | 319,449 | - | 319,449 | 296,214 |
| Total program services expenses | <u>9,838,197</u> | <u>-</u> | <u>9,838,197</u> | <u>8,791,505</u> |
| Supporting services: | | | | |
| General management and administration | 589,416 | - | 589,416 | 699,341 |
| Resource development | 222,641 | - | 222,641 | 169,957 |
| Total supporting service expenses | <u>812,057</u> | <u>-</u> | <u>812,057</u> | <u>869,298</u> |
| Total expenses | <u>10,650,254</u> | <u>-</u> | <u>10,650,254</u> | <u>9,660,803</u> |
| Net operating revenue (expenses) | <u>321,247</u> | <u>(41,858)</u> | <u>279,389</u> | <u>808,703</u> |
| Forgiveness of debt, SBA Payroll Protection Program loan | - | - | - | 1,264,445 |
| Net increase (decrease) in net assets | <u>321,247</u> | <u>(41,858)</u> | <u>279,389</u> | <u>2,073,148</u> |
| Net assets: | | | | |
| Beginning of the year | 4,353,716 | 140,925 | 4,494,641 | 2,421,493 |
| End of the year | <u>\$ 4,674,963</u> | <u>\$ 99,067</u> | <u>\$ 4,774,030</u> | <u>\$ 4,494,641</u> |

The accompanying notes are an integral part of these financial statements

CHINESE MUTUAL AID ASSOCIATION
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE FISCAL YEAR ENDED JUNE 30, 2022
(With Summarized Comparative totals for the fiscal year ended June 30, 2021)

| | PROGRAM SERVICES | | | | | SUPPORTING SERVICES | | | GRAND TOTALS | | |
|-------------------------------------------------------------------------------------------|------------------|-------------------------------------|-----------------|----------------------------|----------------|------------------------|------------------------|----------------------|---------------------------|---------------|--------------|
| | Senior Services | Citizenship, Education & Employment | Social Services | Small Business Dev. Center | Youth Services | Total Program Services | General Mgmt. & Admin. | Resource Development | Total Supporting Services | 2022 | 2021 |
| Salaries | \$ 5,269,856 | \$ 907,060 | \$ 346,304 | \$ 107,471 | \$ 213,586 | \$ 6,844,277 | \$ 272,227 | \$ 115,591 | \$ 387,818 | \$ 7,232,095 | \$ 6,437,805 |
| Other staff benefits | 673,668 | 125,646 | 40,823 | 6,913 | 28,361 | 875,412 | 41,639 | 9,094 | 50,733 | 926,145 | 815,747 |
| Payroll taxes | 393,908 | 67,228 | 26,148 | 8,146 | 16,154 | 511,585 | 19,399 | 9,432 | 28,832 | 540,417 | 480,531 |
| Professional fees, contract services, stipends, and other non-payroll compensation | 63,497 | 63,001 | 37,234 | 36,069 | 16,947 | 216,748 | 47,582 | 45,439 | 93,021 | 309,769 | 285,537 |
| Consulting, in-kind (Note 10) | - | 28,288 | - | - | - | 28,288 | - | - | - | 28,288 | 7,000 |
| Occupancy (Note 14) | 36,508 | 61,365 | 20,906 | 10,671 | 10,671 | 140,121 | 36,669 | 4,002 | 40,670 | 180,791 | 153,147 |
| Office equipment rent, repairs and maintenance (Note 14) | 2,135 | 8,854 | 2,113 | 727 | 4,587 | 18,416 | 8,030 | 941 | 8,971 | 27,387 | 44,092 |
| Office supplies | 2,010 | 635 | 1,777 | 137 | 137 | 4,696 | 14,348 | 81 | 14,430 | 19,126 | 11,242 |
| Educational and instructional and instructional materials, and other program expenditures | 62,711 | 30,453 | 10,212 | 3,243 | 18,351 | 124,971 | 399 | - | 399 | 125,370 | 188,642 |
| Dues and subscriptions | 88,957 | 25,061 | 4,665 | 3,514 | 1,813 | 124,011 | 32,902 | 28,406 | 61,307 | 185,318 | 93,169 |
| Insurance, general liability and officers | 5,298 | 8,167 | 3,090 | 1,766 | 1,766 | 20,086 | 1,324 | 662 | 1,987 | 22,073 | 20,816 |
| Postage | 888 | 2,320 | 229 | 131 | 131 | 3,699 | 387 | 1,001 | 1,388 | 5,087 | 4,786 |
| Printing | 193 | - | - | 37 | - | 230 | 733 | 250 | 984 | 1,214 | - |
| Telecommunications | 17,965 | 6,582 | 1,862 | 1,365 | 1,064 | 28,838 | 798 | 399 | 1,197 | 30,035 | 49,934 |
| Staff development and training | 15 | 1,107 | - | - | - | 1,122 | 165 | 285 | 450 | 1,572 | 18,814 |
| Travel and transportation | 52,434 | - | 304 | 1,773 | 373 | 54,883 | 1,087 | 593 | 1,680 | 56,563 | 47,944 |
| Advertising and public relations | 8,007 | 1,600 | 1,105 | 1,114 | 3,065 | 14,891 | 5,514 | 3,591 | 9,105 | 23,996 | 9,532 |
| Meetings and conferences | 710 | 60 | 23 | 93 | 193 | 1,078 | 10,467 | 814 | 11,281 | 12,359 | 3,584 |
| Community, social, special events | 155 | 407 | 200 | 25 | - | 787 | 4,189 | 826 | 5,015 | 5,802 | 4,390 |
| COVID 19 relief for individuals | - | - | - | - | - | - | - | - | - | - | 62,500 |
| Subcontracts | 180,996 | 585,500 | 47,917 | - | - | 814,413 | - | - | - | 814,413 | 804,902 |
| Amortization and depreciation | - | - | - | - | - | - | 81,820 | - | - | 81,820 | 68,850 |
| Interest and bank charges | 59 | - | - | - | 456 | 515 | 1,626 | 224 | 1,851 | 2,366 | 2,454 |
| Uncollectible receivables | 3,462 | 200 | - | - | 1,163 | 4,824 | 2 | - | 2 | 4,826 | 17,212 |
| Other | 2,977 | 693 | - | - | 632 | 4,302 | 8,110 | 1,008 | 9,118 | 13,420 | 28,173 |
| Total functional expenses | \$ 6,866,409 | \$ 1,924,227 | \$ 544,913 | \$ 183,197 | \$ 319,449 | \$ 9,838,195 | \$ 589,418 | \$ 222,641 | \$ 812,059 | \$ 10,650,254 | \$ 9,660,803 |

The accompanying notes are an integral part of these financial statements

CHINESE MUTUAL AID ASSOCIATION
STATEMENT OF CASH FLOWS
FOR THE FISCAL YEAR ENDED JUNE 30, 2022
(With comparative totals for the fiscal year ended June 30,2021)

| | Fiscal Year Ended | |
|------------------------------------------------------------------------------------------------------|--------------------------|---------------------|
| | June 30,2022 | June 30,2021 |
| CASH FLOWS FROM OPERATING ACTIVITIES | | |
| Net increase in net assets | \$ 279,389 | \$ 2,073,148 |
| Adjustments to reconcile change in net assets to cash provided by (used in) operating activities: | | |
| Amortization and Depreciation | 71,205 | 68,850 |
| Forgiveness of debt, U.S. Small Business Administration Payroll Protection Program Loan | - | (1,264,445) |
| Disposals of equipment | 10,615 | - |
| (Increase) decrease in: | | |
| Contract fees and grant receivable | 133,619 | 114,748 |
| Managed care organization receivables | 346,314 | (349,323) |
| Prepaid expenses | 16,904 | (6,350) |
| Increase (decrease) in liabilities: | | |
| Accounts payable | (106,445) | 1,005 |
| Accrued expenses | 660,224 | 19,906 |
| Funds held as custodian | - | (6,357) |
| Deferred revenues | (22,857) | (215,617) |
| NET CASH PROVIDED BY OPERATING ACTIVITIES | <u>1,388,968</u> | <u>435,565</u> |
| CASH FLOW USED IN INVESTING ACTIVITIES | | |
| Purchases of capitalized leasehold improvements | (40,106) | - |
| Purchase of capitalized office equipment | (61,978) | (196,924) |
| NET CASH USED IN INVESTING ACTIVITIES | <u>(102,084)</u> | <u>(196,924)</u> |
| NET (DECREASE)/INCREASE IN CASH | 1,286,884 | 238,641 |
| CASH, BEGINNING OF THE YEAR | 3,108,765 | 2,870,124 |
| CASH AT END OF YEAR | <u>\$ 4,395,649</u> | <u>\$ 3,108,765</u> |

The accompanying notes are an integral part of these financial statements

CHINESE MUTUAL AID ASSOCIATION
NOTES TO THE FINANCIAL STATEMENTS
FOR THE FISCAL YEAR ENDED JUNE 30,2022

NOTE 1 – HISTORY AND NATURE OF THE ORGANIZATION

The Chinese Mutual Aid Association (CMAA) is a community-based 501(c)3 social services agency. The mission of CMAA is to serve the needs, promote the interests, and enhance the well-being of low-income, diverse immigrant and refugee communities across metropolitan Chicago through social services, advocacy, educational programming and assistance for youths, adults, the elderly, and small businesses.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting and presentation

The financial statements are prepared on the accrual basis of accounting.

Financial statement presentation follows the Financial Accounting Standards Board Accounting Standards Codification (ASC) No. 958-605 and No. 958-205.

Under ASC No. 958-605 contributions are recognized in the period received, or in the period in which an unconditional promise to give is made.

Under ASC 958-205, CMAA is required to report information regarding its financial position according to two classes of net assets: net assets without donor restrictions, and net assets with donor restrictions. The classification of net assets is based on the absence or existence of donor-imposed restrictions.

Donor-imposed restrictions

All contributions are considered to be without donor restrictions use unless specifically restricted by the donor. Amounts received that are designated for future periods or restricted by the donor for specific purposes are reported as donor-restricted support which increases that net asset class. However, donor-restricted support that is received and fulfilled within the same fiscal year is reported as support without donor restrictions.

Income taxes

CMAA is exempt from federal taxes under Section 501(c)3 of the Internal Revenue Code. Contributions to CMAA qualify as charitable contributions under Section 170(b)(1)(A). CMAA is classified as an organization that is not a private foundation under Section 509(a)(2). CMAA's management has determined that FASB ASC 740-10, which addresses accounting for uncertainty in income taxes, has no effect on its financial statements due to CMAA's tax-exempt status.

Use of estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, revenues, and expenditures. Actual results could differ from those estimates.

CHINESE MUTUAL AID ASSOCIATION
NOTES TO THE FINANCIAL STATEMENTS
FOR THE FISCAL YEAR ENDED JUNE 30,2022

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Expense allocation

The cost of providing various programs and other activities have been summarized on a functional basis in the Statement of Activities and in the Statement of Functional Expenses. Expenses specifically identifiable as program, general management & administrative, or resource development are fully allocated to those respective categories. Staff salaries, payroll taxes, and benefits are allocated on the basis of estimated time and effort. General overhead expenses such as office rent and other such expenses are allocated on the same basis as staff salaries, or on the basis square footage of office space utilized.

Donated Services

A substantial number of volunteers have donated a significant amount of their time to CMAA. These donated services are not reported as contributions in the financial statements because they do not meet the criteria of skilled services required to be reported under FASB ASC 958-605-25-16.

Certain in-kind services are required to be reported as contributions in the financial statements because they do meet the criteria of skilled services required to be reported under FASB ASC 958-605-25-16. Note 12 describes the nature and value of in-kind services required to be reported under FASB ASC 958-605-25-16.

Subsequent Events

CMAA has evaluated subsequent events through December 05, 2022, the date financial statements were available to be issued.

NOTE 3 – PRIOR YEAR SUMMARIZED INFORMATION

The financial statements include certain prior year summarized information presented for comparative purposes. Such comparative information is in total but not by net asset class, and therefore, does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with CMAA's financial statements for the fiscal year ended June 30, 2021, from which the summarized information was derived.

NOTE 4 – NET ASSETS

Net assets without donor restrictions includes a board-designated reserve established for the purpose of acquiring real property for the operation of CMAA's programs and services. Deposits to, and disbursements from, this reserve requires approval of the Board of Directors. The balance of this reserve as of June 30, 2022 and June 30, 2021 was \$1,500,000 and \$500,000 respectively.

CHINESE MUTUAL AID ASSOCIATION
NOTES TO THE FINANCIAL STATEMENTS
FOR THE FISCAL YEAR ENDED JUNE 30, 2022

NOTE 4 – NET ASSETS (continued)

Net assets with temporary donor restrictions as of June 30, 2022 are available for the following programs and services:

| | <u>06/30/2021</u> | <u>06/30/2022</u> |
|-------------------------------------|-------------------|-------------------|
| Youth after-school programs | \$ 17,583 | \$ 7,450 |
| Young Women Warriors | 11,683 | 13,531 |
| Young Men Making Moves | 9,852 | 5,470 |
| Phase 2, Private Pay Initiative | 57,913 | - |
| Workforce Development as Resilience | 43,894 | 283 |
| Innovation Bridge and Transition | - | 72,333 |
| | <u>\$ 140,925</u> | <u>\$ 99,067</u> |

NOTE 5 – CONCENTRATION OF RISK

As of June 30, 2022, the amount of CMAA’s demand deposits in financial institutions exceeded the FDIC insured limit by \$2,343,382. CMAA has not experienced a loss, and believes it is not exposed to any significant risk of loss, on such bank balances.

For the fiscal years ended June 30, 2022 and June 30, 2021, CMAA recognized \$9,560,392 and \$8,978,272 of direct support from the state of Illinois, respectively, which includes revenue recognized from various managed care organizations tied in with CMAA’s contract with the Illinois Department on Aging, Illinois Community College Board and Illinois Department of Human Services. Such direct support from the state of Illinois comprised 87% and 86% of CMAA’s total revenues for the fiscal years ended June 30, 2022, and June 30, 2021, respectively.

NOTE 6 – LEASEHOLD IMPROVEMENTS, AND OFFICE FIXTURES AND EQUIPMENT

Leasehold improvements, and office fixtures and equipment are recorded at cost. Depreciation and amortization are provided on a straight-line basis over the estimated useful life of the asset. The estimated useful lives of the assets listed below range from 5 to 31 years. CMAA’s capitalization policy requires a minimum per-item value of \$1,000 for capitalization. Bulk purchases that include items costing less than \$1,000 are also considered for capitalization.

As of June 30, 2022 and June 30, 2021, leasehold improvements, office fixtures and equipment were as follows:

| | <u>6/30/2022</u> | <u>6/30/2021</u> |
|--------------------------------------------------------------------------|-------------------|-------------------|
| Leasehold improvements | \$ 470,987 | \$ 430,882 |
| Office fixtures and equipment | 353,366 | 302,002 |
| Total cost of property and equipment | 824,353 | 732,884 |
| Less accumulate amortization and depreciation | (578,592) | (507,387) |
| Property and equipment, net of accumulated amortization and depreciation | <u>\$ 245,761</u> | <u>\$ 225,497</u> |

CHINESE MUTUAL AID ASSOCIATION
NOTES TO THE FINANCIAL STATEMENTS
FOR THE FISCAL YEAR ENDED JUNE 30, 2022

NOTE 7 – REVOLVING LINE OF CREDIT

As of June 30, 2022, CMAA maintained a \$1,000,000 revolving line of credit with Old National Bank, Itasca, Illinois that matures on April 26, 2023, bears interest at the prime rate as published in the Wall Street Journal (which was 3.25% as of June 30, 2021), is payable on demand, and is secured by all business assets. Interest on the outstanding balance is payable on a monthly basis. CMAA did not utilize this line of credit during the fiscal years ended June 30, 2022 and June 30, 2021.

NOTE 8 – U.S. SMALL BUSINESS ADMINISTRATION PAYROLL PROTECTION PROGRAM LOAN

In April 2020, CMAA obtained a \$1,264,445 loan from the U.S. Small Business Administration. The loan had a two-year term beginning on the date of disbursement and a fixed interest rate of 1.00 percent. This loan may be forgiven in full or in part if the lender determines that CMAA used the loan proceeds in compliance with the Paycheck Protection Program, including provisions of Section 1106 of the Coronavirus Aid, Relief, and Economic Securities Act. CMAA’s application for forgiveness of the full amount of this loan was approved by the lender in January 2021. CMAA’s management has chosen to report the forgiveness of this loan by the Debt Method under FASB ASC 470.

NOTE 9 – GRANTS AND CONTRIBUTIONS

CMAA recognized grants and contributions from the following benefactors for the fiscal years ended June 30, 2022 and June 30, 2021:

| <u>Grantor/Donor:</u> | <u>06/30/2022</u> | <u>06/30/2021</u> |
|------------------------------------------------------|--------------------------|--------------------------|
| American Family Insurance | \$ 15,000 | \$ - |
| Asian Americans Advancing Justice | 15,000 | - |
| Chinatown Parking Corporation | 10,000 | 5,000 |
| Cathay Bank Foundation | 10,000 | 9,000 |
| Chicago Community Foundation | - | 25,000 |
| Chicago Foundation for Women | 15,000 | 15,000 |
| Community Foundation of the Fox River Valley | - | 13,500 |
| First Midwest Bank | 13,000 | - |
| Grand Victoria Foundation | 12,400 | 20,000 |
| Healthcare Service Corporation | - | 45,000 |
| Illinois Community College Board | 1,548,566 | 1,653,682 |
| Illinois Department of Commerce and Economic Opportu | 32,089 | 78,472 |
| Illinois Secretary of State | 95,000 | 94,840 |
| Illinois State Board of Education | 41,537 | 57,143 |

CHINESE MUTUAL AID ASSOCIATION
NOTES TO THE FINANCIAL STATEMENTS
FOR THE FISCAL YEAR ENDED JUNE 30, 2022

NOTE 9 – GRANTS AND CONTRIBUTIONS (continued)

| <u>Grantor/Donor:</u> | <u>06/30/2022</u> | <u>06/30/2021</u> |
|----------------------------------------------|--------------------------|--------------------------|
| Julian Grace Foundation | 77,000 | 97,000 |
| Retirement Research Foundation | - | 83,864 |
| Rockefeller Philanthropy Advisors | 15,000 | 10,000 |
| T.D. Wang Advertising Group LLC | 20,000 | - |
| Tides Foundation | - | 20,000 |
| U.S. Department of Health and Human Services | - | 100,975 |
| Walder Foundation | - | 50,000 |
| William Everett Group | - | 12,362 |
| Others, under \$10,000 each both years | 78,991 | 71,223 |
| Total grants and contributions | <u>\$ 1,998,583</u> | <u>\$ 2,462,061</u> |

NOTE 10 – CONTRIBUTIONS, IN-KIND

During the fiscal years ended June 30, 2022 CMAA’s Adult education received the benefit of in-kind professional advisory services with an estimated value of \$28,288 and for the fiscal year ended June 30, 2021 Small Business Development Center received in-kind professional advisory services with an estimated value of \$7,000. The estimated value of these in-kind services is shown as revenue and a corresponding expense, resulting in a zero effect in net assets.

NOTE 11- FUNDRAISING EVENTS, net of direct expenses

Revenues and direct expenses related to fundraising events held during the fiscal years ended June 30, 2022 and June 30, 2021 are as follows:

| | <u>06/30/2022</u> | <u>06/30/2021</u> |
|--------------------------------------------|--------------------------|--------------------------|
| <u>Revenues:</u> | | |
| Sponsorship and donations | \$ 183,981 | \$ 117,680 |
| Ticket sales, auctions proceeds, and other | 33,428 | 11,726 |
| Total revenues | <u>217,409</u> | <u>129,406</u> |
| <u>Direct expenses:</u> | | |
| Catering, printing, and other | 147,020 | 3,484 |
| Revenues, net of direct expenses | <u>\$ 70,389</u> | <u>\$ 125,922</u> |

CHINESE MUTUAL AID ASSOCIATION
NOTES TO THE FINANCIAL STATEMENTS
FOR THE FISCAL YEAR ENDED JUNE 30, 2022

NOTE 12 – CONTRACTS FEES AND AWARDS

CMAA recognized contract fees and awards from the following sources for the fiscal years ended June 30, 2022 and June 30, 2021:

| <u>Contract fees and awards:</u> | <u>06/30/2022</u> | <u>06/30/2021</u> |
|---------------------------------------------------------------|--------------------------|--------------------------|
| City of Chicago, Department of Family and Support Services | \$ 148,317 | \$ 149,951 |
| City of Chicago, Department of Housing | 45,112 | 42,487 |
| Community and Economic Development Association of Cook County | 17,073 | 14,138 |
| Illinois Coalition of Immigrant and Refugee Rights | 558,620 | 356,894 |
| Illinois Department on Aging | 3,867,721 | 3,680,973 |
| Various managed care organizations | 3,950,551 | 3,413,162 |
| Others, under \$10,000 each (both years) | 32,594 | 8,972 |
| Total contract fees and awards | <u>\$ 8,619,989</u> | <u>\$ 7,666,577</u> |

NOTE 13- MANAGEMENT FEE

During the fiscal years ended June 30, 2022 and June 30, 2021, CMAA provided management and administrative services to the Bosnian & Herzegovinian American Community Association of Chicago (BHACC), an Illinois 501I(3) not-for-profit organization. BHACC is entirely independent from CMAA. As compensation for services rendered to BHACC, CMAA received a management fee of \$127,494 and \$113,805, during the fiscal years ended June 30, 2022 and June 30, 2021, respectively.

NOTE 14 – OPERATING LEASE COMMITMENTS

CMAA leases its primary facility, located at 1016-18 West Argyle, Chicago, Illinois, under a lease agreement that commenced July 1, 2016, and continues through June 30, 2024, has an initial monthly rent of \$6,419 with a scheduled increase of 3% on each anniversary date, and has five consecutive two-year options to extend the lease. Rent expense for the 1016-18 West Argyle facility was \$89,294 and \$86,693 for the fiscal years ended June 30, 2022 and June 30, 2021, respectively.

CMAA also maintains an office located at 164 Division Street, Elgin, IL. The lease related to this office space commenced October 1, 2017 and continues through September 30, 2022. Rent expense for this office space for the fiscal years ended June 30, 2022, and June 30, 2021, was \$18,234 and \$17,140, respectively.

Total rent expense for CMAA’s primary facility and Elgin, Illinois office space for the fiscal years ended June 30, 2022 and June 30, 2021, was \$107,528 and \$103,833, respectively.

As of June 30, 2021, CMAA had a non-cancelable office equipment lease. The lease is payable in 63 minimum monthly installments of \$1,400, that commenced in May 2017.

CHINESE MUTUAL AID ASSOCIATION
NOTES TO THE FINANCIAL STATEMENTS
FOR THE FISCAL YEAR ENDED JUNE 30, 2022

NOTE 14 – OPERATING LEASE COMMITMENTS (continued)

In addition to the non-cancelable office equipment lease per above, CMAA leased other office equipment under various short-term agreements which do not require a long-term commitment. Office equipment lease expense for the fiscal years ended June 30, 2022 and June 30, 2021, was \$18,745 and \$19,363, respectively.

Future minimum lease obligations as of June 30, 2022 are as follows:

| <u>Fiscal year ended</u> | <u>1016-18 W. Argyle Chicago, IL</u> | <u>164 Division Street Elgin, IL</u> | <u>Office Equipment Lease</u> | <u>Total</u> |
|--------------------------|------------------------------------------|------------------------------------------|-----------------------------------|-------------------|
| June 30, 2023 | \$ 91,973 | \$ 4,635 | \$ 14,400 | \$ 111,008 |
| June 30, 2024 | 94,732 | - | 14,400 | 109,132 |
| June 30, 2025 | - | - | 14,400 | 14,400 |
| June 30, 2026 | - | - | 7,200 | 7,200 |
| Total | <u>\$ 186,705</u> | <u>\$ 4,635</u> | <u>\$ 50,400</u> | <u>\$ 241,740</u> |



Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance
and Other Matters Based on an Audit of Financial Statements Performed in Accordance with
Government Auditing Standards

The Board of Directors
Chinese Mutual Aid Association
1016 W Argyle Street
Chicago, Illinois 60640

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the Chinese Mutual Aid Association (CMAA), an Illinois nonprofit organization, which comprise the statements of financial position as of June 30, 2022 and 2021, the related statements of activities and statement of cash flows for the fiscal years then ended, and their related notes to the financial statements, and have issued our report thereon dated December 5, 2022.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, I considered CMAA's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of CMAA's internal control.

Accordingly, we do not express an opinion on the effectiveness of CMAA's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the CMAA's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the result of that testing, and not to provide an opinion on the effectiveness of the CMAA's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering CMAA's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

BG Advisors CPA, Ltd
BG Advisors CPA, Ltd

Naperville, Illinois
December 5, 2022



**Independent Auditor's Report on Compliance for Each Major Program and on Internal Control
Over Compliance Required by the Uniform Guidance**

The Board of Directors
Chinese Mutual Aid Association
1016 W. Argyle Street
Chicago, Illinois 60640

Report on Compliance for Each Major Federal Program

We have audited the Chinese Mutual Aid Association (CMAA) compliance with the types of compliance requirements identified as subject to audit in the OMB Compliance Supplement that could have a direct and material effect on each of CMAA's major federal programs for the fiscal year ended June 30, 2022. CMAA's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, CMAA complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2022.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*); and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of CMAA and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of CMAA's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules and provisions of contracts or grant agreements applicable to CMAA's federal programs.

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on CMAA's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about CMAA's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding CMAA's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of CMAA's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of CMAA's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control Over Compliance

CMAA's management is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered CMAA's internal control over compliance with the types of requirements that could have a direct and material effect of each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of CMAA's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

BG Advisors CPA, Ltd

BG Advisors CPA, Ltd
Naperville, Illinois
December 5, 2022

CHINESE MUTUAL AID ASSOCIATION
 SCHEDULE OF FINDINGS AND QUESTIONED COSTS
 FOR THE FISCAL YEAR ENDED JUNE 30,2022

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| SECTION I – SUMMARY OF AUDITOR’S RESULTS | |
| <u>Financial Statements</u> | |
| Type of auditor’s report issued: | Unmodified |
| Internal control over financial reporting: | |
| Any material weaknesses identified? | NO |
| Any reportable conditions identified that are not considered to be material weaknesses? | NO |
| Any non-compliance material to financial statements noted? | NO |
| <u>Federal Awards</u> | |
| Internal control over major programs: | |
| Any material weaknesses identified? | NO |
| Any reportable conditions identified that are not considered to be material weaknesses? | NO |
| Type of auditor report issued on compliance for major programs: | Unmodified |
| Any audit findings disclosed that are required to be reported in accordance with Uniform Guidance? | NO |
| <u>Identification of major programs:</u> | |
| Adult Education EL / Civics | CFDA No. 84.002A |
| Adult Education Federal Basic | CFDA No. 84.002A |
| Dollar threshold to distinguish between type A and type B programs: | \$750,000 |
| SECTION II – FINANCIAL STATEMENT FINDINGS | |
| For the fiscal year ended June 30, 2022, there were no reportable conditions, material weaknesses, or instances of non-compliance related to the financial statements that are required to be reported in accordance with the Uniform Guidance. | |
| SECTION III – FEDERAL AWARD FINDINGS AND QUESTIONED COSTS | |
| For the fiscal year ended June 30, 2022, there were no matters required to be reported under Uniform Guidance CFR 200.516(a). | |
| SECTION IV – SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS | |
| For the fiscal year ended June 30, 2021, there were no reportable conditions, material weaknesses, or instances of non-compliance related to the financial statements that are required to be reported in accordance with the Uniform Guidance. | |
| SECTION V – REPORTING REQUIREMENT UNDER UNIFORM GUIDANCE CFR 200.520 | |
| Auditee qualified as a low-risk auditee? | YES |

**CHINESE MUTUAL AID ASSOCIATION
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE FISCAL YEAR ENDED JUNE 30, 2022**

| Grantor / Program | Pass-Through Grantor | CFDA Number | Agency Pass Through Number | Award Expended | |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------|----------------------------------|----------------|--------------|
| | | | | 06/30/2022 | 06/30/2021 |
| <u>U.S. Department of Agriculture</u> | | | | \$ | \$ |
| State Administrative Matching Grants for the Supplemental Nutritional Assistance Program | Illinois Department of Human Services / Illinois Coalition of Immigrant and Refugee Rights | 10.561 | N/A | 45,000 | 44,035 |
| <u>U.S. Department of Housing and Urban Development</u> | | | | | |
| Community Employment Project | The City of Chicago, Department of Family and Support Services | 14.218 | 85780 | 74,337 | 83,547 |
| Housing Assistance | The City of Chicago, Department of Housing | 14.218 | 94144 | 14,625 | 29,250 |
| CHA Programs | The City of Chicago, Department of Family and Support Services | 14.881 | 99400 | 12,000 | 11,405 |
| Total U.S. Department of Housing and Urban Development | | | | 100,962 | 124,202 |
| <u>U.S. Department of the Treasury</u> | | | | | |
| Coronavirus Relief Fund | Illinois Community College Board | 21.019 | N/A | - | 27,800 |
| Emergency Rental Assistance | The City of Chicago, Department of Housing | 21.023 | 155184 | 30,487 | 13,237 |
| Total U.S. Department of the Treasury | | | | 30,487 | 41,037 |
| <u>U.S. Small Business Administration</u> | | | | | |
| Small Business Development Centers | Illinois Department of Commerce and Economic Opportunity | 59.037 | 20-561146 and 21-181146 | 32,088 | 78,472 |
| <u>U.S. Department of Education</u> | | | | | |
| * Adult Education EL / Civics | Illinois Community College Board | 84.002A | 508AY | 546,690 | 613,619 |
| * Adult Education Federal Basic | Illinois Community College Board | 84.002A | 508AY | 270,735 | 354,228 |
| Total, U.S. Department of Education | | | | 817,425 | 967,847 |
| <u>U.S. Department of Health and Human Services</u> | | | | | |
| Provider Relief Fund | Administration | 93.498 | N/A | 5,112 | 100,975 |
| Community Services Block Grant, LIHEAP and Weatherization In-Take Site | Community and Economic Development Association of Cook County, Inc. | 93.710 | EX22-701-23 | 17,073 | 14,138 |
| Total, U.S. Department of Health and Human Services | | | | 22,185 | 115,113 |
| TOTAL EXPENDITURES OF FEDERAL AWARDS | | | | \$ 1,048,147 | \$ 1,370,706 |

CHINESE MUTUAL AID ASSOCIATION
 SCHEDULE OF FINDINGS AND QUESTIONED COSTS
 FOR THE FISCAL YEAR ENDED JUNE 30, 2022

SCHEDULE OF FEDERAL AWARDS PROVIDED TO SUBRECIPIENTS

| Program title | CFDA Number | Fiscal Year Ended | |
|------------------------------------------------|----------------|-------------------|------------|
| | | 06/30/2022 | 06/30/2021 |
| Adult Education EL / Civics | 84.002A | \$ 280,045 | \$ 290,035 |
| Adult Education Federal Basic | 84.002A | 156,731 | 126,007 |
| Total Federal Awards Provided to Subrecipients | | 436,776 | 416,042 |

VALUE OF FEDERAL AWARDS EXPENDED IN THE FORM OF NON-CASH ASSISTANCE, THE AMOUNT OF INSURANCE
 IN EFFECT DURING THE YEAR, AND LOANS OR LOAN GUARANTEES OUTSTANDING AT YEAR END

| Program title | CFDA Number | Fiscal Year Ended | |
|---------------|----------------|-------------------|------------|
| | | 06/30/2022 | 06/30/2021 |
| None | #N/A | \$ - | - |

* - Audited as a major program for the fiscal year ended June 30, 2022

CMAA elected to use the 10% de minimis cost rate under Uniform Guidance for the fiscal years ended June 30, 2022 and June 30, 2021.
 The three schedules presented on this page were prepared on the accrual basis of accounting, which is consistent with the accounting basis used to prepare the general purpose financial statements.