

Return of Organization Exempt From Income Tax

Form **990**

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

2022

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CHINESE MUTUAL AID ASSOCIATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1016 W ARGYLE STREET City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60640	D Employer identification number 36-3139799 E Telephone number 773-784-2900
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 12,847,836.
J Website: WWW.CHINESEMUTUALAID.ORG		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1981 M State of legal domicile: IL
F Name and address of principal officer: DENNIS MONDERO SAME AS C ABOVE		

Part I Summary				
	1	Briefly describe the organization's mission or most significant activities: PROUDLY FOUNDED BY ETHNIC CHINESE REFUGEES, CHINESE MUTUAL AID ASSOCIATION (CMAA) IS LED BY		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	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 2022 (Part V, line 2a)	5 377	
	6	Total number of volunteers (estimate if necessary)	6 100	
	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			Prior Year Current Year
8		Contributions and grants (Part VIII, line 1h)	2,051,870. 2,776,199.	
9		Program service revenue (Part VIII, line 2g)	8,663,701. 9,808,917.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,085. 35,300.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	211,987. 137,942.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,929,643. 12,758,358.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0. 0.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	926,146. 0.
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,232,095. 9,980,038.
		16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
		b	Total fundraising expenses (Part IX, column (D), line 25)	325,729.
		17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,492,013. 2,445,157.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,650,254. 12,425,195.	
	19	Revenue less expenses. Subtract line 18 from line 12	279,389. 333,163.	
Net Assets or Fund Balances			Beginning of Current Year End of Year	
	20	Total assets (Part X, line 16)	5,927,366. 6,028,654.	
	21	Total liabilities (Part X, line 26)	1,153,336. 921,461.	
	22	Net assets or fund balances. Subtract line 21 from line 20	4,774,030. 5,107,193.	

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	Signature of officer	Date		
	DENNIS MONDERO, EXECUTIVE DIRECTOR	12/13/23		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	MEGAN ANGLE	MEGAN ANGLE	12/13/23	P00850733
	Firm's name	Firm's EIN	Phone no.	
	PORTE BROWN LLC	36-2663358	847-956-1040	
	Firm's address			
	845 OAKTON STREET ELK GROVE VILLAGE, IL 60007			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's 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

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 [X] 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 [X] 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 \$ 2,109,695. including grants of \$) (Revenue \$ 2,337,365.) CITIZENSHIP EDUCATION AND EMPLOYMENT

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 800 LIMITED ENGLISH PROFICIENT (LEP) IMMIGRANTS AND REFUGEES ACROSS THE CITY OF CHICAGO IN FY23. PARTNERS INCLUDE THE BOSNIAN HERZEGOVINIAN AMERICAN COMMUNITY CENTER, CHINESE AMERICAN SERVICE LEAGUE, ETHIOPIAN COMMUNITY ASSOCIATION OF CHICAGO, ERIE NEIGHBORHOOD HOUSE, HANA CENTER, HANUL FAMILY ALLIANCE, INDO-AMERICAN CENTER, AND TOUCH GIFT FOUNDATION. IN FY23, OUR CONSORTIUM OFFERED ADULT BASIC EDUCATION CLASSES IN ADDITION

4b (Code:) (Expenses \$ 744,067. including grants of \$) (Revenue \$ 809,116.) SOCIAL SERVICES:

CMAA'S SOCIAL SERVICES DEPARTMENT WORKS WITH THE ILLINOIS DEPARTMENT OF HUMAN SERVICES (IDHS), ILLINOIS COALITION FOR IMMIGRANT AND REFUGEE RIGHTS, CEDA, ELGIN TOWNSHIP, AND THE GRANT VICTORIA FOUNDATION TO BREAK DOWN LANGUAGE AND CULTURAL BARRIERS BY HELPING LOW-INCOME CLIENTS AND FAMILIES IDENTIFY AND ACCESS BENEFITS THAT ARE AVAILABLE TO THEM THROUGH LOCAL, STATE AND FEDERAL PROGRAMS. OUR ILLINOIS WELCOMING CENTER (IWC) PROGRAM SERVES MORE THAN 450 ASYLEES, IMMIGRANTS, REFUGEES, AND LIMITED ENGLISH-SPEAKING HOUSEHOLDS WITH VARIOUS NEEDS. WE HAVE 5 FULL-TIME AND 1 PART-TIME STAFF MEMBER PROVIDING DIRECT SERVICES TO THE CLIENTS. OUR DIRECT SERVICE STAFF ANNUALLY ASSISTED

4c (Code:) (Expenses \$ 790,020. including grants of \$) (Revenue \$ 231,580.) YOUTH SERVICES:

CMAA'S YOUTH DEPARTMENT SERVES IMMIGRANT-ORIGIN, REFUGEE, AND BIPOC YOUTH RESIDING IN CHICAGO'S NORTHSIDE NEIGHBORHOODS. CMAA FOUNDED OUR YOUTH DEPARTMENT TO ADDRESS THE LACK OF SUPPORTIVE SERVICES FOR THE IMMIGRANT-ORIGIN YOUNG PEOPLE IN OUR COMMUNITY, WHO ARE OFTEN UNDER-RESOURCED, MARGINALIZED, AND AT HIGH RISK FOR SOCIAL ISOLATION. OUR PROGRAMMING CELEBRATES THE ASSETS OF IMMIGRANT-ORIGIN STUDENTS, DEVELOPS YOUTH LEADERS, AND SUPPORTS THE ACADEMIC AND SOCIAL-EMOTIONAL DEVELOPMENT OF OUR STUDENTS. ACROSS OUR OFFERINGS, CMAA SERVED 200 YOUNG PEOPLE, OFFERING OVER 1,000 HOURS OF PROGRAMMING IN FISCAL YEAR 2023.

4d Other program services (Describe on Schedule O.) (Expenses \$ 7,579,395. including grants of \$) (Revenue \$ 6,458,615.)

4e Total program service expenses 11,223,177.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? 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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>		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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I.</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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		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? <i>If "Yes," complete Schedule I, Parts I and II</i>		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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

Table with 3 main columns: Question/Description, Yes, No. Rows include 2a (employees: 377), 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7 (Organizations that may receive deductible contributions under section 170(c)), 8 (Sponsoring organizations maintaining donor advised funds), 9 (Sponsoring organizations maintaining donor advised funds), 10 (Section 501(c)(7) organizations), 11 (Section 501(c)(12) organizations), 12a (Section 4947(a)(1) non-exempt charitable trusts), 13 (Section 501(c)(29) qualified nonprofit health insurance issuers), 14a, 14b, 15, 16, 17 (Section 501(c)(21) organizations).

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
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	15	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	15	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 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)
- 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.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
RAJAN SHAHI KHADGI - 773-784-2900
1016 W ARGYLE STREET, CHICAGO, IL 60640

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See 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, box 6 of 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 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			
(1) DENNIS MONDERO EXECUTIVE DIRECTOR	40.00			X			112,740.	0.	0.	
(2) BART MOY PRESIDENT	1.00	X		X			0.	0.	0.	
(3) ANDY LAM TREASURER	1.00	X		X			0.	0.	0.	
(4) TIANYI JOE ZHU SECRETARY	1.00	X		X			0.	0.	0.	
(5) MICHAEL CHIN DIRECTOR	1.00	X					0.	0.	0.	
(6) SHARON HWANG DIRECTOR	1.00	X					0.	0.	0.	
(7) DENNY LAU DIRECTOR	1.00	X					0.	0.	0.	
(8) LAURA LEE DIRECTOR	1.00	X					0.	0.	0.	
(9) LUYAN LI DIRECTOR	1.00	X					0.	0.	0.	
(10) LANG NGUYEN DIRECTOR	1.00	X					0.	0.	0.	
(11) AJAY SHAH DIRECTOR	1.00	X					0.	0.	0.	
(12) ANNE TAN DIRECTOR	1.00	X					0.	0.	0.	
(13) JOHN TAO DIRECTOR	1.00	X					0.	0.	0.	
(14) RENA VAN TINE DIRECTOR	1.00	X					0.	0.	0.	
(15) YMAN VIEN DIRECTOR	1.00	X					0.	0.	0.	
(16) ROXANNE VOLKMANN DIRECTOR	1.00	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 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			
1b Subtotal							112,740.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							112,740.	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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such person</i>		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
NONE		

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)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	2,674,377.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	101,822.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 54,639.			
	h	Total. Add lines 1a-1f		2,776,199.			
Program Service Revenue	2 a	CONTRACT FEES AND AWARDS	Business Code				
			900099	9,592,145.	9,592,145.		
	b	MANAGEMENT FEES	900099	144,930.	144,930.		
	c	PROGRAM SERVICE FEES	900099	71,842.	71,842.		
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		9,808,917.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		35,300.		35,300.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
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						
		8a	199,661.				
b	Less: direct expenses	8b	89,478.				
c	Net income or (loss) from fundraising events		110,183.		110,183.		
9 a	Gross income from gaming activities. See Part IV, line 19						
		9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
		10a					
		b	Less: cost of goods sold	10b			
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISCELLANEOUS REVENUE	Business Code				
			900099	27,759.	27,759.		
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d		27,759.				
12	Total revenue. See instructions		12,758,358.	9,836,676.	0.	145,483.	

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	112,740.	103,347.	6,896.	2,497.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	8,179,519.	7,498,075.	500,304.	181,140.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	1,049,514.	992,137.	39,621.	17,756.
10 Payroll taxes	638,265.	597,703.	24,603.	15,959.
11 Fees for services (nonemployees):				
a Management				
b Legal	260,752.	224,358.	26,509.	9,885.
c Accounting	47,400.		47,400.	
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 Sch O.)	142,109.	100,546.	36,708.	4,855.
12 Advertising and promotion	30,755.	22,965.	5,680.	2,110.
13 Office expenses	29,550.	5,409.	22,396.	1,745.
14 Information technology				
15 Royalties				
16 Occupancy	183,512.	150,958.	29,241.	3,313.
17 Travel	84,607.	77,186.	6,258.	1,163.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	29,719.	7,325.	19,178.	3,216.
20 Interest	2,979.	254.	1,267.	1,458.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	104,460.		104,460.	
23 Insurance	24,886.	20,134.	3,694.	1,058.
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 OUTSIDE SERVICES	865,063.	865,063.		
b PROGRAM SUPPORT	219,238.	238,131.	-19,109.	216.
c DUES AND SUBSCRIPTIONS	101,648.	60,150.	40,773.	725.
d COMMUNITY, SOCIAL, AND	96,523.	7,860.	11,058.	77,605.
e All other expenses	221,956.	251,576.	-30,648.	1,028.
25 Total functional expenses. Add lines 1 through 24e	12,425,195.	11,223,177.	876,289.	325,729.
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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,395,649.	1	417,779.
	2 Savings and temporary cash investments		2	3,112,563.
	3 Pledges and grants receivable, net	785,024.	3	848,704.
	4 Accounts receivable, net	456,573.	4	955,356.
	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	37,359.	9	61,711.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 961,267.		
	b Less: accumulated depreciation	10b 683,052.	245,760.	10c 278,215.
	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	7,001.	15	354,326.
16 Total assets. Add lines 1 through 15 (must equal line 33)	5,927,366.	16	6,028,654.	
Liabilities	17 Accounts payable and accrued expenses	1,153,336.	17	573,171.
	18 Grants payable		18	
	19 Deferred revenue		19	41,556.
	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	0.	25	306,734.
	26 Total liabilities. Add lines 17 through 25	1,153,336.	26	921,461.
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	4,774,030.	27	5,002,286.
	28 Net assets with donor restrictions		28	104,907.
	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	4,774,030.	32	5,107,193.
	33 Total liabilities and net assets/fund balances	5,927,366.	33	6,028,654.

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	12,758,358.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,425,195.
3	Revenue less expenses. Subtract line 2 from line 1	3	333,163.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,774,030.
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	5,107,193.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2022)

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

2022

Open to Public Inspection

Name of the organization CHINESE MUTUAL AID ASSOCIATION	Employer identification number 36-3139799
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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		
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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1771609.	2043115.	2652995.	2122259.	2776199.	11366177.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1771609.	2043115.	2652995.	2122259.	2776199.	11366177.
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)						833,757.
6 Public support. Subtract line 5 from line 4.						10532420.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	1771609.	2043115.	2652995.	2122259.	2776199.	11366177.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,752.	741.	1,509.	2,085.	35,300.	45,387.
9 Net income from unrelated business activities, whether or not the business is regularly carried on					110,183.	110,183.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					27,759.	27,759.
11 Total support. Add lines 7 through 10						11549506.
12 Gross receipts from related activities, etc. (see instructions)					12	38,523,359.
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 2022 (line 6, column (f), divided by line 11, column (f))	14	91.19	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	99.81	%
16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. 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 - 2021. 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of 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?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
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? <i>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.</i>		
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? <i>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.</i>		
1		
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)? <i>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).</i>		
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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
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? <i>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.</i>			
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? <i>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.</i>			
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? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
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).		

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 2022 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-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

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.)

Multiple horizontal lines for supplemental information.

Schedule A

Identification of Excess Contributions
Included on Part II, Line 5

2022

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
ILLINOIS COMMUNITY COLLEGE BOARD	1,064,747.	833,757.
Total Excess Contributions to Schedule A, Part II, Line 5	833,757.	

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

2022

Name of the organization

CHINESE MUTUAL AID ASSOCIATION

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
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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	NORTHWESTERN MEMORIAL HEALTHCARE 251 E HURON ST CHICAGO , IL 60611	\$ 69,560.	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 EAST CAPITAL AVE SPRINGFIELD , IL 60271	\$ 1,064,747.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY 500 E MONROE ST SPRINGFIELD , IL 60271	\$ 86,000.	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.)
_____	_____ _____ _____	\$ _____	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
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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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

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 info. once.) \$ _____
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
(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

2022

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	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.

1a 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:

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

Schedule D (Form 990) 2022

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.

- 1a 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 | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a 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
1a 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%.
- 3a 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
1a Land				
b Buildings				
c Leasehold improvements		470,988.	416,991.	53,997.
d Equipment		422,397.	264,364.	158,033.
e Other		67,882.	1,697.	66,185.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				278,215.

Part VII Investments - Other Securities.

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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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) DEPOSITS	7,000.
(2) RIGHT OF USE ASSET	304,467.
(3) UNEMPLOYMENT ESCROW	42,859.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	354,326.

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) LEASE LIABILITY	306,734.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	306,734.

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 ...

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	12,758,358.
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	0.
3	Subtract line 2e from line 1		3	12,758,358.
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	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	12,758,358.

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	12,425,195.
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	0.
3	Subtract line 2e from line 1		3	12,425,195.
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	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	12,425,195.

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 X, LINE 2:

THE ORGANIZATION HAS ADOPTED THE PROVISION OF ASC TOPIC 740, INCOME TAXES, RELATING TO THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE ORGANIZATION FILES INFORMATION RETURNS IN THE U.S. FEDERAL JURISDICTION AND THE STATE OF ILLINOIS. MANAGEMENT IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS.

**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

2022

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.
 - a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a 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 col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

- 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.
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____

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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		ANNUAL DINNER (event type)	5K DIM SUM & THEN SOME (event type)	2 (total number)		
Revenue	1	Gross receipts	112,426.	61,979.	25,256.	199,661.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	112,426.	61,979.	25,256.	199,661.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	62,359.		27,119.	89,478.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				89,478.
11	Net income summary. Subtract line 10 from line 3, column (d)				110,183.	

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 col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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	13a	%
b An outside facility	13b	%
- 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.

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization **CHINESE MUTUAL AID ASSOCIATION** Employer identification number **36-3139799**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X		20,039.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (FURNITURE)	X	0	34,600.	FMV
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

**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

2022

Open to Public
Inspection

Name of the organization

CHINESE MUTUAL AID ASSOCIATION

Employer identification number

36-3139799

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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, AND
EDUCATIONAL PROGRAMMING, AND ASSISTANCE FOR YOUTH, ADULTS, THE ELDERLY,
AND SMALL BUSINESSES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND REFUGEE COMMUNITIES ACROSS METROPOLITAN CHICAGO THROUGH SOCIAL
SERVICES, ADVOCACY, AND EDUCATIONAL PROGRAMMING, AND ASSISTANCE FOR
YOUTH, ADULTS, THE ELDERLY, AND SMALL BUSINESSES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TO ESL CLASSES TO HELP CLIENTS WITH HIGHER-LEVEL ENGLISH IMPROVE THEIR
READING AND MATH SKILLS. WE ALSO PROVIDED BRIDGE AND INTEGRATED
EDUCATION 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 AND ADMINISTRATIVE TECHNOLOGY OFFERING IN FY23.
HEPP AS WELL AS ESL AND ABE CLASSES, ARE ALSO OFFERED AT CMAA'S
SATELLITE OFFICE IN ELGIN, IL, AGAIN PRIMARILY THROUGH ICCB FUNDING. OF
COURSE, PREPARING STUDENTS TO PARTICIPATE FULLY IN THEIR COMMUNITIES IS

A GOAL OF ALL OUR ADULT EDUCATION CLASSES, WITH SPECIFIC COMPETENCIES

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

Name of the organization CHINESE MUTUAL AID ASSOCIATION	Employer identification number 36-3139799
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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, HOWEVER, IN ADDITION TO ICCB, IL SECRETARY OF STATE FUNDS CMAA'S TUTORING PROGRAM AS AN ALTERNATIVE OR SUPPLEMENT TO OUR ESL CLASS OPTIONS. IL SECRETARY OF STATE ALSO FUNDS OUR FAMILY LITERACY PROGRAMMING, WHERE PARENTS OF CMAA'S YOUTH PROGRAM PARTICIPATE IN CMAA'S ESL CLASSES. 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).

EMPLOYMENT: THROUGH LAYERED FUNDING MECHANISMS, INCLUDING A GRANT FROM THE CITY OF CHICAGO'S DEPARTMENT OF FAMILY SUPPORT SERVICE'S COMMUNITY BLOCK DEVELOPMENT GRANT FOR THEIR EMPLOYMENT PREPARATION PROGRAM AND OTHER PRIVATE AND CORPORATE FUNDING SOURCES, CMAA CAREER COACHES PROVIDE INDIVIDUALIZED EMPLOYMENT PREPARATION, REFERRALS, AND JOB PLACEMENT ASSISTANCE TO UNEMPLOYED OR UNDEREMPLOYED COMMUNITY MEMBERS. OUR 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 RESIDENTS WHO NEED ASSISTANCE WITH JOB READINESS TRAINING, RESUME WRITING, AND DIGITAL LITERACY. IN FY23, 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

Name of the organization CHINESE MUTUAL AID ASSOCIATION	Employer identification number 36-3139799
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PLAN. OUR REPUTATION OVER THE YEARS AS A PROVIDER OF QUALITY STAFFING HAS CREATED A NETWORK OF EMPLOYER PARTNERS SUCH AS WEISS MEMORIAL HOSPITAL, MARIANO'S/KROGER, O'HARE INTERNATIONAL AIRPORT, AND THE PENINSULA 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 FY23, CMAA ASSISTED OVER 400 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 NATURALIZATION EXAM, AND PROVIDING COUNSEL OR REFERRAL FOR A HOST OF OTHER IMMIGRATION-RELATED ISSUES. IN FY23, CMAA SUBMITTED APPLICATIONS FOR CITIZENSHIP ON BEHALF OF 179 CLIENTS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: OVER 2,000 FAMILIES IN APPLYING FOR LIHEAP, ALL KIDS, SNAP, MEDICAID APPLICATION, TANF, IFRP, IWC, AND OTHER PUBLIC BENEFITS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: CMAA'S FLAGSHIP YOUTH PROGRAM, DIVERSE YOUNG LEADERS (DYL) IS AN OUT-OF-SCHOOL TIME (OST) ACADEMIC ENRICHMENT PROGRAM THAT SERVES IMMIGRANT ORIGIN, REFUGEE, AND BIPOC IN KINDERGARTEN-8TH GRADE STUDENTS

Name of the organization CHINESE MUTUAL AID ASSOCIATION	Employer identification number 36-3139799
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RESIDING IN CHICAGO'S NORTHSIDE NEIGHBORHOODS. FOCUSING ON HOLISTIC YOUTH DEVELOPMENT, OUR STUDENTS BUILD CRITICAL ACADEMIC SKILLS AND SOCIAL-EMOTIONAL COMPETENCIES. TOGETHER, THESE SKILLS AND COMPETENCIES CARRY STUDENTS THROUGH ELEMENTARY SCHOOL, HIGH SCHOOL, AND HIGHER EDUCATION. DURING THE SUMMER MONTHS, DYL TRANSITIONS TO OFFER SIX WEEKS OF FULL-DAY SUMMER CAMP.

FOR DYL STUDENTS, DAILY TUTORING IS BENEFICIAL BECAUSE, FOR A MAJORITY OF OUR STUDENTS, THEIR PARENT(S) OR CAREGIVER(S) ARE NOT AVAILABLE TO PROVIDE REGULAR ACADEMIC SUPPORT. ACCORDING TO END-OF-YEAR SURVEY RESULTS, 86% OF STUDENTS FELT THAT CMAA HELPED THEM ACADEMICALLY, AND A HANDFUL OF STUDENTS EVEN INDICATED THEY ENROLLED IN CMAA'S DYL PROGRAM FOR TUTORING AND ACADEMIC SUPPORT. AT THE END OF THE 2022-2023 ACADEMIC YEAR, 67% OF STUDENTS SAW GRADE INCREASES IN CORE SCHOOL SUBJECTS OVER THE YEAR, AND 76% OF DYL STUDENTS HAD A CUMULATIVE GPA IN CORE SUBJECT CLASSES GREATER OR EQUAL TO A 3.0. SAFE AND HEALTHY ADULT RELATIONSHIPS CONTINUE TO BE A CORNERSTONE OF OUR PROGRAM, AND IN FY23, CMAA MADE KEY PROGRAM ENHANCEMENTS TO SUPPORT THE SOCIAL-EMOTIONAL DEVELOPMENT OF OUR STUDENTS. SPECIFICALLY, WE IMPLEMENTED RESTORATIVE JUSTICE INTO OUR PROGRAM'S CURRICULUM, FOSTERED OPPORTUNITIES FOR CULTURAL CONNECTION THROUGH OUR DANCE PROGRAMS, AND CONNECTED STUDENTS TO RESOURCES BEYOND CMAA'S PROGRAMS THROUGH PARTNER WORKSHOPS HOSTED ON-SITE AND OFF. AT THE END OF THE ACADEMIC YEAR, 93% OF DYL STUDENTS INDICATED THEY FELT THEY HAD A POSITIVE RELATIONSHIP WITH DYL STAFF, INDICATING CMAA INSTRUCTORS WERE HELPFUL, SAFE TO TALK TO, OR ENJOYABLE TO WORK WITH. FURTHERMORE, 79% OF DYL STUDENTS REPORTED FEELINGS OF SAFETY AND BELONGINGNESS AT CMAA.

IN FY23, CMAA ENHANCED OUR EFFORTS TO SUPPORT FULL-FAMILY DEVELOPMENT THROUGH OUR FAMILY LITERACY PROGRAM, CONNECTING OUR PARENTS/CAREGIVERS

Name of the organization CHINESE MUTUAL AID ASSOCIATION	Employer identification number 36-3139799
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WITH CMAA'S ENGLISH AS A SECOND LANGUAGE COURSES AND FAMILY WORKSHOPS AND ACTIVITIES, PROMOTING HEALTHY, FUN, AND POSITIVE FAMILY INTERACTIONS. WE SERVED 15 FAMILIES THROUGH THE FAMILY LITERACY PROGRAM IN FY23, OFFERING 290 HOURS OF ADULT EDUCATION SERVICES, 31 HOURS OF LIBRARY SERVICES, 30 HOURS OF PARENT EDUCATION SERVICES, AND 36 HOURS OF PARENT AND CHILD TOGETHER (PACT) ACTIVITIES. ALL PARTICIPATING FAMILIES RECEIVED LIBRARY CARDS AND ENGAGED IN MONTHLY LITERACY-THEMED ACTIVITIES WITH CMAA'S LOCAL CHICAGO PUBLIC LIBRARY BRANCH, BEZAZIAN. CMAA'S COHORT-BASED MENTORING PROGRAMS, YOUNG WOMEN WARRIORS (YWW) AND YOUNG MEN MAKING MOVES (YMMM) SERVE IMMIGRANT-ORIGIN MENTEES AGES 12-22. DUE TO LANGUAGE, CULTURE, AND TECHNOLOGY BARRIERS, THEY OFTEN NAVIGATE ECONOMIC, EDUCATIONAL, AND SOCIAL SYSTEMS ALONE, INCLUDING HIGH SCHOOL, HIGHER EDUCATION, AND THE PROFESSIONAL WORKPLACE. YWW AND YMMM CONNECT ADOLESCENT MENTEES WITH A SUPPORTIVE NETWORK OF ADULTS AND FACILITATE PROGRAM ACTIVITIES THAT BUILD LEADERSHIP SKILLS, SUPPORT COLLEGE ACCESS, AND PROVIDE CAREER PATHWAY EXPLORATION TO GUIDE MENTEES THROUGH THE TRANSITIONAL STAGES OF ADOLESCENCE AND BEYOND. TO ACHIEVE THIS, CMAA FACILITATES REGULAR BIMONTHLY PROGRAM OFFERINGS. FIRST, MENTORS AND MENTEES JOIN TOGETHER FOR A SKILL DEVELOPMENT WORKSHOP (SDW), WHICH SUPPORTS MENTEE CAREER EXPLORATION. EACH SDW FOCUSES ON EXPOSURE TO CAREER FIELDS, INTERESTS, AND HOBBIES. PREVIOUS TOPICS INCLUDE POLITICAL ENGAGEMENT, FINANCIAL LITERACY, AND MENTAL HEALTH. FOR THE SECOND MEETING, MENTORS AND MENTEES ENJOY A RECREATIONAL ACTIVITY (RA). RAS PROVIDE EXPOSURE TO NEW ACTIVITIES AND A SPACE FOR MENTEES AND MENTORS TO BUILD RELATIONSHIPS AND EXPERIENCE JOY TOGETHER. PAST ACTIVITIES INCLUDE ROLLER SKATING, COOKING, AND JEWELRY-MAKING. AT THE END OF FY23, 93% OF MENTEES REPORTED SAFE AND POSITIVE RELATIONSHIPS WITH PROGRAM MENTORS, AND 85% REPORTED HAVING POSITIVE

Name of the organization CHINESE MUTUAL AID ASSOCIATION	Employer identification number 36-3139799
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PEER CONNECTIONS WITH OTHER MENTEES. SKILL DEVELOPMENT WORKSHOPS CONTRIBUTED TO THE GROWTH OF OUR MENTEES, WITH 85% OF MENTEES EXPRESSING CONFIDENCE IN THE PRACTICALITY OF THESE SKILLS FOR THEIR FUTURE.

IN FY23, CMAA EXPANDED OUR INSTITUTIONAL SUPPORT OF MENTEES, DESIGNING AND LAUNCHING OUR "PIVOTAL TRANSITIONS" CURRICULUM TO SUPPORT MENTEES DURING KEY STAGES OF ADOLESCENCE. IN OUR FIRST YEAR OF THE CURRICULUM, CMAA OFFERED SUPPORT TO 8TH GRADERS, INCLUDING TUTORING FOR THE CPS HSAT AND HIGH SCHOOL PREPARATION WORKSHOPS. CMAA SUPPORTED HIGH SCHOOL STUDENTS PREPARING FOR COLLEGE, OFFERING SAT TUTORING, SCHOLARSHIP RESOURCES, AND APPLICATION SUPPORT. FINALLY, CMAA ASSISTED MENTEES IN PREPARING FOR THEIR CAREERS BY INTRODUCING INTERNSHIP STIPENDS DESIGNED TO ALLOW MENTEES TO SEEK AND SECURE UNPAID INTERNSHIP EXPERIENCES IN THEIR FIELDS OF INTEREST WITH FUNDING PROVIDED BY CMAA. THESE STIPENDS PROVIDE MENTEES WITH CAREER EXPOSURE EXPERIENCES WITHOUT THE FINANCIAL BURDEN OF ENGAGING IN UNPAID LABOR DURING THE SCHOOL YEAR OR SUMMER. FINALLY, CMAA'S YOUTH DEPARTMENT OVERSEES TIGER TUTOR, OUR AGENCY'S FIRST SOCIAL ENTERPRISE INITIATIVE. A TEST PREPARATION 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 CAN CONTINUE TO PROVIDE VITAL SOCIAL SERVICES TO OUR COMMUNITY.

SMALL BUSINESS DEVELOPMENT CENTER AT CMAA:

THE SBDC PROGRAM IS THE LARGEST FEDERALLY DESIGNATED TECHNICAL

Name of the organization CHINESE MUTUAL AID ASSOCIATION	Employer identification number 36-3139799
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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.

SO FAR, IN FY23, THE SBDC AT CMAA ADVISED 199 SMALL BUSINESS CLIENTS, OF WHOM 73% 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 5 EDUCATIONAL WEBINARS COVERING TOPICS SUCH AS INFORMATIONAL SEMINARS ON FUNDING OPPORTUNITIES SUCH AS DCEO BACK-TO-BUSINESS GRANTS, HOW TO START A BUSINESS WORKSHOPS AND A NAVIGATING AI FOR SMALL BUSINESS CONFERENCE. SBDC BUSINESS ADVISORS ASSISTED CLIENTS IN WHOLE OR IN PART OF OBTAINING \$2.7 MILLION IN LOANS AND AN ADDITIONAL \$1.9 MILLION IN GRANT AND OTHER NON-DEBT FUNDING SUCH AS EMPLOYEE RETENTION CREDITS. 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, WEST RIDGE CHAMBER OF COMMERCE, OAK PARK LIBRARY, SKOKIE LIBRARY, BANKS, LAW FIRMS AND OTHER ECONOMIC DEVELOPMENT ORGANIZATIONS.

IN FY23, CMAA EXPANDED ITS BUSINESS DEVELOPMENT SERVICES BY OBTAINING A CONTRACT FROM THE CITY OF CHICAGO TO ESTABLISH A NEIGHBORHOOD BUSINESS

Name of the organization CHINESE MUTUAL AID ASSOCIATION	Employer identification number 36-3139799
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DEVELOPMENT CENTER (NBDC). OUR NBDC, DESIGNATED AS A PLACE-BASED GENERALIST CENTER, SPECIALIZES IN OFFERING STANDARD BUSINESS DEVELOPMENT ASSISTANCE TO LOCAL BUSINESSES AND ENTREPRENEURS. THIS ASSISTANCE COVERS A WIDE RANGE OF NEEDS, INCLUDING HELP WITH OBTAINING BUSINESS LICENSES AND PERMITS, NAVIGATING LOCAL GOVERNMENT PROCESSES, CREATING BUSINESS PLANS, MARKETING STRATEGIES, CONTRACT NEGOTIATIONS, PRODUCT/SERVICE DEVELOPMENT, WORKFORCE TRAINING, AND ACCESSING RESOURCES. WE ALSO PROVIDE GUIDANCE ON COVID-RELATED BUSINESS SUPPORT AND REOPENING GUIDELINES, ALL TAILORED TO THE SPECIFIC NEEDS OF OUR LOCAL COMMUNITY.

ADDITIONALLY, CMAA ENTERED INTO A CONTRACT WITH THE COOK COUNTY SMALL BUSINESS SOURCE AS A REFERRAL PARTNER. IN THIS ROLE, WE CONNECT SMALL BUSINESS CLIENTS IN OUR GROWING NETWORK WITH THE SUPPORT AND RESOURCES OFFERED BY THE COOK COUNTY SMALL BUSINESS SOURCE. THROUGH THIS PARTNERSHIP, WE PROMOTE COUNTY INITIATIVES LIKE THE SOURC

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

GOLDEN AGE CLUB:

CMAA HOSTS THE GOLDEN AGE CLUB IN OUR CHICAGO AND ELGIN OFFICES. THE GOAL OF THE GOLDEN AGE CLUB IS TO PROVIDE OLDER ADULTS WITH A SAFE ENVIRONMENT TO GATHER TOGETHER FOR SOCIAL ACTIVITIES SUCH AS KARAOKE, DANCING, AND BINGO TO COMBAT SOCIAL ISOLATION. THE EXPANSION OF THE GOLDEN AGE CLUB INTO ELGIN BEGAN IN SEPTEMBER OF 2022 WITH THE FUNDING OF THE LEGISLATIVE ADD-ON PROVIDED BY THE ILLINOIS DEPARTMENT OF HUMAN SERVICES. EACH YEAR, CMAA HOSTS A PARENT'S DAY EVENT IN JUNE AND A WINTER HOLIDAYS LUNCHEON IN DECEMBER FOR OUR MEMBERS. CURRENTLY, CMAA'S

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GOLDEN AGE CLUB HAS 130-150 ACTIVE MEMBERS FOR BOTH THE CHICAGO AND ELGIN LOCATIONS. 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.

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) I.E., THE CATHOLIC CHARITIES, PREMIER HEALTH, AND CCSI IN PROVIDING PERSON-CENTERED ASSESSMENTS AND DESIGNING PLANS OF CARE FOR PARTICIPANTS. OUR DEDICATED TEAM OF OVER 300 HOME CARE AIDES AND ADMIN STAFF PROVIDES QUALITY CARE TO A DIVERSE OLDER ADULT POPULATION, OVER 395 SENIORS, SPEAKING LANGUAGES THAT INCLUDE CANTONESE, MANDARIN, TAISHANESE, VIETNAMESE, BURMESE, BOSNIAN, SERBIAN, CROATIAN, LAO, THAI, NEPALESE, SPANISH, TAGALOG, KHMER, ROMANIAN, TIBETAN, TEOCHEW, TIGRINYA, HINDI, AND KOREAN. OUR CAREGIVING TEAM COMPRISES MORE THAN 290 EXPERIENCED HOME CARE AIDES AND 10 STAFF MEMBERS.

CMAA IS A MEMBER OF THE ILLINOIS ASSOCIATION OF THE COMMUNITY CARE

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PROGRAM HOMECARE PROVIDERS (IACCPHP) AND A MEMBER OF THE ILLINOIS DEPARTMENT ON AGING'S (IDOA) COMMUNITY CARE PROGRAM ADVISORY COMMITTEE (CCPAC). OUR DIRECTOR OF 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 DIRECTOR OF ELDERLY CARE AND SOCIAL SERVICES AND THE CCP STAFF CONSISTENTLY ENGAGE IN EVALUATING AND PROVIDING RECOMMENDATIONS TO ENHANCE THE QUALITY OF THE COMMUNITY CARE PROGRAM STATE-WIDE THROUGH ADVOCACY.

WE PARTNERED AND HOUSED THE BOSNIAN HERZEGOVINIAN AMERICAN COMMUNITY CENTER (BHACC) ON THE GOLDEN AGE CLUB, SOCIAL SERVICES, AND CCP. EXPENSES \$ 7,579,395. INCLUDING GRANTS OF \$ 0. REVENUE \$ 6,458,615.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY THE BOARD AND SELECTED KEY EMPLOYEES BEFORE SUBMITTAL TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ON AN 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, SECTION B, LINE 15:

COMPENSATION FOR THE EXECUTIVE DIRECTOR IS REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS. THE ANNUAL BUDGET IS REVIEWED AND APPROVED BY THE BOARD. THE ANNUAL BUDGET INCLUDES COMPENSATION OF ALL STAFF.

FORM 990, PART VI, SECTION C, LINE 18:

A COMPLETE COPY OF FORM 990 AND THE GENERAL PURPOSE AUDIT REPORT IS

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INCLUDED WITH THE ANNUAL FORM AG990-IL FILED WITH THE ILLINOIS ATTORNEY GENERAL CHARTIABLE TRUST BUREAU. THE COMPLETE FILING IS POSTED ON THE WEBSITE OF THE ILLINOIS ATTORNEY GENERAL, WHICH IS OPEN TO THE GENERAL PUBLIC.

FORM 990, PART VI, SECTION C, LINE 19:
DISCLOSURES OF GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS IS GRANTED TO THE GENERAL PUBLIC UPON WRITTEN REQUEST.

FORM 990, PART XII, LINE 2C:
NO CHANGES IN THE PROCESS