| | | PUB | LIC DISCLOSURE COPY - STATE REGISTRATION | | - |
|---------------------------|-----------------------|----------------------------|--|------------------------------|---------------------------------|
| | 0 | 20 | Return of Organization Exempt From Ir | ncome Tax | OMB No. 1545-0047 |
| Forn | , 9 9 | J U | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exce | ept private foundation | ns) 2021 |
| | | | Do not enter social security numbers on this form as it may be | e made public. | Open to Public |
| Depar Intern | tment of al Revenu | the Treasury ue Service | Go to www.irs.gov/Form990 for instructions and the latest i | information. | Inspection |
| ΑF | or the | 2021 calend | ar year, or tax year beginning JUL 1, 2021 and ending J | UN 30, 2022 | |
| | heck if oplicable: | C Name of | forganization | D Employer identifi | cation number |
| | Address change | CHIN | ESE-AMERICAN PLANNING COUNCIL, INC. | | |
| | Name change | | usiness as | 13-62026 | 92 |
| | Initial | U | | E Telephone numbe | |
| | Final return/ | | ELIZABETH STREET | 212-941- | |
| | termin- ated | | own, state or province, country, and ZIP or foreign postal code | G Gross receipts \$ | 97,381,792. |
| | Amende return | | YORK, NY 10012 | H(a) Is this a group re | |
| | Applica- | | nd address of principal officer: WAYNE HO | for subordinates | |
| L | pending | | LIZABETH STREET, NEW YORK, NY 10012 | H(b) Are all subordinates in | |
| <u>т</u> т | | mpt status: | · · · · · · · · · · · · · · · · · · · | | list. See instructions |
| | | | CPC-NYC.ORG | H(c) Group exemptio | |
| | | | | | I State of legal domicile: NY |
| | | Summary | | | A State of legal dominine. IN I |
| | | | e the organization's mission or most significant activities: CPC'S MISS | | ○○M ○णष्ट |
| ø | | | AND ECONOMIC EMPOWERMENT OF CHINESE AMER | | RANT AND |
| and | - | | | | |
| Governance | | Check this bo | | | |
| Š | | | ting members of the governing body (Part VI, line 1a) | | <u> </u> |
| | | | lependent voting members of the governing body (Part VI, line 1b) | | |
| Activities & | | | of individuals employed in calendar year 2021 (Part V, line 2a) | | 996 |
| ĬŽ | | | of volunteers (estimate if necessary) | | 20 |
| Act | | | d business revenue from Part VIII, column (C), line 12 | | 0. |
| _ | b١ | Net unrelated | business taxable income from Form 990-T, Part I, line 11 | | 0. |
| | | | | Prior Year | Current Year |
| e | 8 (| Contributions | and grants (Part VIII, line 1h) | <u>39,523,310.</u> | 82,553,746. |
| enu | | • | ce revenue (Part VIII, line 2g) | 5,016,190. | 9,430,978. |
| Revenue | | | come (Part VIII, column (A), lines 3, 4, and 7d) | 120,904. | 108,506. |
| " | 11 (| Other revenue | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 5,420,610. | 5,288,562. |
| | 12 T | Total revenue | - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 50,081,014. | 97,381,792. |
| | 13 (| Grants and sir | nilar amounts paid (Part IX, column (A), lines 1-3) | 0. | 0. |
| | 1 4 E | Benefits paid | to or for members (Part IX, column (A), line 4) | 0. | 0. |
| Ś | 15 S | Salaries, othe | r compensation, employee benefits (Part IX, column (A), lines 5-10) | 27,297,147. | 29,822,071. |
| nse | 16 a F | Professional fi | undraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| Expenses | bТ | Fotal fundraisi | ing expenses (Part IX, column (D), line 25) | | |
| ۵ | 17 (| Other expense | | <u>16,057,692.</u> | 17,232,364. |
| | 18 T | Fotal expense | s. Add lines 13-17 (must equal Part IX, column (A), line 25) | 43,354,839. | 47,054,435. |
| | 19 F | Revenue less | expenses. Subtract line 18 from line 12 | 6,726,175. | 50,327,357. |
| or | | | Beç | ginning of Current Year | End of Year |
| t Assets or d Balances | 20 T | Fotal assets (F | Part X, line 16) | 44,040,107. | 87,986,204. |
| Ass 1Ba | 21 T | Total liabilities | | 16,058,639. | 9,681,198. |
| Net | | | | 27,981,468. | 78,305,006. |
| | rt II | Signature | | | |
| Unde | r penalt | ties of perjurv. | I declare that I have examined this return, including accompanying schedules and stateme | nts, and to the best of my | knowledge and belief, it is |
| Unuc | | . , ,, | | | |
| | correct. | , and complete. | . Declaration of preparer (other than officer) is based on all information of which preparer h | | |

| Sign | | Signature of | officer | | | | | | | Date | | | |
|-------------|------|-----------------|------------|------------|---------|--------|----------------------|----------------|-------|---------------|--------|----------|--------|
| Here | | WAYNE | HO, | PRESI | DENT | & C | CEO | | | | | | |
| | | Type or prin | t name an | d title | | | | | | | | | |
| | Prir | nt/Type prepare | er's name | | | | Preparer's signature | | Date | Check | | PTIN | |
| Paid | MA | GDALENA | A CZE | RNIAWS | SKI | | MAGDALENA | CZERNIAWSK | 05/15 | /23 self-em | ployed | P0053509 | 99 |
| Preparer | Firr | n's name 🕒 | CBIZ | MARK | 5 PA | NETH | I LLC | | | Firm's EIN | 87 | -370716 | 7 |
| Use Only | Firr | n's address 🕨 | 685 | THIRD | AVE | NUE | | | | | | | |
| | | • | NEW | YORK, | NY | 1001 | L7 | | | Phone no. 2 | 12- | 503-8800 |) |
| May the I | RS d | iscuss this re | eturn with | the prepar | er show | n abov | ve? See instruction | s | | | | X Yes | No |
| 100001 10 0 | 0.01 | | Donorw | ork Boduo | ion Ao | Notio | a and the concret | o instructions | | | | Earm 990 | (2021) |

13200112-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.SEESCHEDULEOFORORGANIZATIONMISSIONSTATEMENTCONTINUATION

Form **990** (2021)

| | 2 |
|-----|--|
| | <u>990 (2021)</u> CHINESE-AMERICAN PLANNING COUNCIL, INC. 13-6202692 Page 2 t III Statement of Program Service Accomplishments |
| Fai | |
| 1 | Check if Schedule O contains a response or note to any line in this Part III X Briefly describe the organization's mission: |
| | CPC'S MISSION IS TO PROMOTE SOCIAL AND ECONOMIC EMPOWERMENT OF CHINESE |
| | AMERICAN, IMMIGRANT AND LOW-INCOME COMMUNITIES. |
| | |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| | 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? |
| _ | 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 |
| 4.0 | revenue, if any, for each program service reported. (Code:) (Expenses \$ 20,371,639. including grants of \$) (Revenue \$ 3,190,666.) |
| 4a | (Code:) (Expenses \$ 20,3/1,639. including grants of \$) (Revenue \$ 3,190,666.) COMMUNITY SERVICES - CPC OFFERS A BROAD RANGE OF COMMUNITY SERVICES |
| | DESIGNED TO PROMOTE ECONOMIC SELF-SUFFICIENCY AND THE WELL-BEING OF |
| | INDIVIDUALS, CHILDREN AND FAMILIES, AND WHICH HELP THEM SUCCESSFULLY |
| | ACCESS SERVICES AND ADAPT TO THE AMERICAN WELFARE SYSTEM. CPC PROVIDES |
| | ASSISTANCE WITH BENEFIT ENTITLEMENT APPLICATIONS, IMMIGRATION-RELATED |
| | NEEDS, LEGAL SERVICES, SPECIAL NEEDS AND EARYLY INTERVENTION SERVICES, |
| | SUPPORTIVE/REHABILITATIVE SERVICES FOR ASIAN CHILDREN UNDER 18 AND |
| | THEIR FAMILIES, HIV, AIDS SUPPORT, SENIOR EMPLOYMENT, CHILDCARE |
| | RESOURCES AND REFERRAL, HEALTH CARE CONSULTING, AS WELL AS TRAINING AND |
| | TECHNICAL ASSISTANCE FOR CHILD CARE PROVIDERS. |
| | |
| | 0.201.662 |
| 4b | (Code:) (Expenses \$ 9,301,663. including grants of \$) (Revenue \$ 702,828.) CHILD CARE SERVICES / SCHOOL-AGE SERVICES - CPC PROVIDES EARLY |
| | CHILDHOOD SERVICES WHICH INCLUDE A UNIVERSAL PRE-KINDERGARTEN PROGRAM |
| | FOR PRE-SCHOOLERS AS YOUNG AS 6 MONTHS OLD, AS WELL AS A FOOD SERVICES |
| | PROGRAM. CPC ALSO PROVIDES SCHOOL-AGE CHILD CARE WHICH OFFERS ACADEMIC |
| | ASSISTANCE AND ENRICHMENT ACTIVITIES. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4c | (Code:) (Expenses \$ 6,614,635. including grants of \$) (Revenue \$ 439,410.) |
| | <u>SENIOR SERVICES - CPC SERVES THOUSANDS OF ELDERLY MEMBERS THROUGH ITS</u> THREE SENIOR CENTERS (MANHATTAN AND QUEENS) AND A SENIOR SERVICES |
| | PROGRAM IN BROOKLYN. MEMBERS MAY ENJOY CONGREGATE MEALS, |
| | MEALS-ON-WHEELS, A WIDE-RANGE OF SOCIAL AND RECREATIONAL ACTIVITIES, |
| | FIELD TRIPS, EXERCISE CLASSES, EDUCATIONAL AND ESL WORKSHOPS, HOUSING |
| | ASSISTANCE, CITIZENSHIP CLASSES, AND OTHER ACTIVITIES THAT FOSTER THEIR |
| | WELL-BEING. |
| | |
| | |
| | |
| | |
| | |
| | |
| 4d | Other program services (Describe on Schedule O.) |
| 4d | (Expenses \$ 4,372,737. including grants of \$) (Revenue \$ 6,476,515.) |
| | |

| Form 990 (2 | | PLANNING | COUNCIL, | IN |
|-------------|---------------------------------|----------|----------|----|
| Part IV | Checklist of Required Schedules | | | |

| | | | Yes | No |
|-----------|---|-------------|----------|-----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | Х | |
| 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? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, " complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | Х | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | 37 | |
| | Part VI | 11a | Х | <u> </u> |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | v |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | 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 | | v | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | X X | |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | <u> </u> | |
| T | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 446 | х | |
| 10- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i> | 11f | <u> </u> | |
| IZa | | 12a | х | |
| h | Schedule D, Parts XI and XII | Iza | <u></u> | |
| u | Was the organization included in consolidated, independent audited financial statements for the tax year? | 12h | х | |
| 13 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 12b 13 | | x |
| 13 14a | | 14a | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | <u>1-ta</u> | | _ <u></u> |
| U. | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | 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 | | | <u> </u> |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | x |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | x |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | x |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| • | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | x |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | x |
| 20a | | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX. column (A). line 1? If "Yes " complete Schedule I. Parts I and II | 21 | | x |

| Form 990 (2 | | CHINESE-AM | | | COUNCIL, | INC. |
|-------------|------------------|--------------|--------------------------|-----|----------|------|
| Part IV | Checklist of Rec | uired Schedu | les _{(continue} | ed) | | |

4

| | | | Yes | No | |
|--------|---|------|-----|----------|--|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete | | | | |
| | Schedule J | 23 | Х | | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | | |
| | Schedule K. If "No," go to line 25a | 24a | | X | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | | |
| | any tax-exempt bonds? | 24c | | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | 0.5% | | x | |
| ~ | Schedule L, Part I | 25b | | | |
| 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% | 00 | | x | |
| 07 | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | | |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | x | |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | 21 | | - 23 | |
| 20 | instructions for applicable filing thresholds, conditions, and exceptions): | | | | |
| 2 | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | | | | |
| a | "Yes," complete Schedule L, Part IV | 28a | | x | |
| h | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | | | | |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | 28b | | X | |
| • | "Yes," complete Schedule L, Part IV | 28c | | x | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | x | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х | |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | | |
| | Schedule N, Part II | 32 | | X | |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | | |
| | Part V, line 1 | 34 | Х | | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Х | | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | X | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | <u> </u> | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | <u> </u> | |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | 37 | | |
| Pa | Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance | 38 | Х | | |
| ı al | Check if Schedule O contains a response or note to any line in this Part V | | | | |
| | | | V | | |
| 1- | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | Yes | No | |
| | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a551Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0 | | | | |
| u o | Did the organization comply with backup with bolding rules for reportable payments to vendors and reportable gaming | - | | | |

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

| Farm | 990 (2021) CHINESE-AMERICAN PLANNING COUNCIL, INC. 13-6202 | 692 | 5 | _{age} 5 |
|--------|---|-----------|-----|------------------|
| Par | | 052 | P | age 🛡 |
| | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 996 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions. | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| с | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | L |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | <u>6a</u> | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | <u> </u> |
| с | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | <u> </u> |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | <u> </u> |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | <u> </u> |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| 10 | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| a ⊾ | | - | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b] | - | | |
| 11 | Section 501(c)(12) organizations. Enter: Gross income from members or shareholders | | | |
| a h | | - | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b | | | |
| 122 | amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 120 | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 1 | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| u | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| ~ | organization is licensed to issue qualified health plans | | | |
| с | Enter the amount of reserves on hand | 1 | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| | If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation on Schedule O</i> | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | (|
| | excess parachute payment(s) during the year? | 15 | | x |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | х |
| | If "Yes," complete Form 4720, Schedule O. | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any | | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | |
| | If "Yes," complete Form 6069. | | | |

| Form | 990 (2021) CHINESE-AMERICAN PLANNING COUNCIL, INC. 13-6202 | | Р | age 6 |
|------------|---|-----------|---------|--------------|
| Pa | t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a | "No" r | espon | se |
| | 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 | | | X |
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 17 | <u>'</u> | | |
| | 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. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 17 | <u>'</u> | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | x |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | X X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | 37 | |
| a | The governing body? | <u>8a</u> | X | |
| - | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | x |
| <u>Sec</u> | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | А |
| 000 | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | Yes | No |
| 10-2 | Did the organization have local chapters, branches, or affiliates? | 10a | 162 | X |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| D | | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | х | |
| | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | х | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe | | | |
| | on Schedule O how this was done | 12c | х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Х | |
| b | Other officers or key employees of the organization | 15b | Х | |
| | 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? | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed \blacktriangleright NY | | | <u> </u> |
| 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) | availal | ole |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website Another's website X 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, an | a finano | cial | |
| 00 | 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 ► ANTHONY FULLINGTON, CFO - 212-941-0920 | | | |
| | 150 ELIZABETH STREET, NEW YORK, NY 10012 | | | |

6

13-6202692

| | | Check if Schedule O o | contai | ns a respo | onse | or note to any line | e in this Part VIII | | | |
|---------|------|-----------------------------------|----------|---------------|----------|---------------------|----------------------|--|--------------------------------------|--|
| | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excl from tax un sections 512 |
| n | 1 a | Federated campaigns | | 1a | | 116,800. | | | | |
| unc | b | Membership dues | | 1b | | | | | | |
| | с | Fundraising events | | 1c | | | | | | |
| | d | Related organizations | | 1d | | 40,223,453. | | | | |
| | е | Government grants (contri | ibutio | ns) 1e | | 37,634,885. | | | | |
| 5 | f | All other contributions, gifts, | grants | , and | | | | | | |
| חיב | | similar amounts not included | above | | | 4,578,608. | | | | |
| 5 | g | Noncash contributions included in | lines 1a | -1f 1g | \$ | | | | | |
| 0 | h | Total. Add lines 1a-1f | | | | > | 82,553,746. | | | |
| | | | | | | Business Code | | | | |
| | 2 a | RENT INCOME | | | | 900099 | 5,055,324. | | | |
| D | b | PROGRAM SERVICE FEE | | | | 900099 | 3,966,793. | | | |
| | С | CULTURAL PARENT FEES | | D 717000 | | 900099 | 158,368. | · · · · | | |
| מ | d | | LPATE | D INCOM | E | 900099 | 110,512. | 110,512. | | |
| | e | FEES | | | | 900099 | 100,941. | 100,941. | | |
| | f | All other program service | | | | 900099 | 39,040. | 39,040. | | |
| | g | Total. Add lines 2a-2f | | | | | 9,430,978. | | | |
| | 3 | Investment income (includ | • | | | | 108,168. | | | 108, |
| | 4 | other similar amounts) | | | | | 100,100. | | | 100, |
| | 4 | Income from investment o | | • | | · · · | 3,910,121. | | | 3910 |
| | 5 | Royalties | | (i) Rea | | (ii) Personal | 5,510,121. | | | 5510 |
| | 6 a | Gross rents | 6a | () 1100 | | | | | | |
| | | Gross rents | 6b | | | | | | | |
| | | Rental income or (loss) | 6c | | | | | | | |
| | | Net rental income or (loss) | · · · | | | | | | | |
| | | Gross amount from sales of | | (i) Securi | ties | (ii) Other | | | | |
| | | assets other than inventory | 7a | | 338. | | | | | |
| | b | Less: cost or other basis | | | | | | | | |
| | | and sales expenses | 7b | | Ο. | | | | | |
| | с | Gain or (loss) | 7c | | 338. | | | | | |
| | | Net gain or (loss) | | | <u>.</u> | | 338. | | | |
| | | Gross income from fundraisir | | | | | | | | |
| | | including \$ | | of | | | | | | |
| | | contributions reported on | line 1 | c). See | | | | | | |
| | | Part IV, line 18 | | | 8a | | | | | |
| | b | Less: direct expenses | | | 8b | | | | | |
| | с | Net income or (loss) from | fundra | aising eve | nts | > | | | | |
| | 9 a | Gross income from gamin | | |) | | | | | |
| 1 | | Part IV, line 19 | | | 9a | | | | | |
| | | Less: direct expenses | | | 9b | | | | | |
| | | Net income or (loss) from | | | s | ▶ | | | | |
| 1 | 10 a | Gross sales of inventory, I | | | | | | | | |
| | | and allowances | | | 10a | | | | | |
| | | Less: cost of goods sold | | | 10b | | | | | |
| ╞ | С | Net income or (loss) from | sales | of invento | ry | > | | | | |
| 1 | | | | | | Business Code | 050.005 | 050.005 | | |
| b | 11 a | CENTRAL INCOME | (T) | | | 900099 | 853,895. | | | |
| D | b | MANAGEMENT FEE INCOM | чE | | | 900099 | 524,004. | | | |
| Develue | C | MISCELLANEOUS | | | | 900099 | 542. | 542. | | |
| 1 | | All other revenue | | | | L | 1 200 113 | | | |
| | 6 | Total. Add lines 11a-11d | | | | | 1,378,441. | | | |

| Sect | ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon | | | | |
|----------|---|-----------------------|------------------------------------|---|--------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | general expenses | |
| | 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 | 738,364. | | 738,364. | |
| 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 | 23,683,031. | 21,345,673. | 1,858,493. | 478,865. |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 3,228,064. | 2,832,987. | 301,318. | <u>93,759</u> . 62,020. |
| 10 | Payroll taxes | 2,172,612. | 1,873,976. | 236,616. | 62,020. |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| | Legal | 33,498. | | 33,498. | |
| | Accounting | 121,909. | 47,161. | 74,748. | |
| | Lobbying | 7,876. | | 7,876. | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | (° | | | - 44 - 500 | |
| | column (A), amount, list line 11g expenses on Sch 0.) | 657,069. | 55,721. | 541,589. | <u>59,759.</u> 120. |
| 12 | Advertising and promotion | 188,511. | 167,722. | 20,669. | 120. |
| 13 | Office expenses | 655,427. 44,171. | 528,676. | 92,985. | 33,766. |
| 14 | Information technology | 44,1/1. | 35,629. | 6,266. | 2,276. |
| 15 | Royalties | 4,511,627. | 2 000 420 | 571,118. | 21 070 |
| 16 | | 4,511,02/. | 3,909,439. | 5/1,110. | 31,070. |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 68,667. | 40,395. | 28,072. | 200. |
| 19 00 | Conferences, conventions, and meetings | 56,284. | <u>40,395</u> 549. | 55,735. | 200. |
| 20 | Interest | 50,204. | 549. | | |
| 21 | Payments to affiliates | 49,323. | 7,340. | 41,983. | |
| 22 | Depreciation, depletion, and amortization | 772,387. | 285,081. | 487,306. | |
| 23 24 | Insurance Other expenses. Itemize expenses not covered | 112,301. | 205,001. | ±07,300. | |
| 24 | above. (List miscellaneous 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 0.) | | | | |
| а | | 5,054,607. | 5,054,607. | | |
| b | TOOD | 1,116,888. | 1,089,671. | 15,283. | 11,934. |
| c | OTHER PROGRAM SUPPLIES | 1,015,832. | 1,015,832. | | , |
| d | | 990,494. | 836,246. | 142,925. | 11,323. |
| | All other expenses | 1,887,794. | 1,533,969. | 329,005. | 24,820. |
| 25 | Total functional expenses. Add lines 1 through 24e | 47,054,435. | 40,660,674. | 5,583,849. | 809,912. |
| 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 Figure if following SOP 98-2 (ASC 958-720) | | | | |

Form 990 (2021) CHINESE-AMERICAN PLANNING COUNCIL, INC.
Part IX Statement of Functional Expenses

11

13-6202692 Page 10

| 000 (| 2021) CHINESE-AMERICA | ΔΝΙ Ι | TANNTNG | COLINC | ידד. ד | NC. | |
|-------|---|----------|---------------------|--------|--|--------------|-------------|
| : X | Balance Sheet | | | coone | , <u>, ,</u> , , , , , , , , , , , , , , , , | 110. | |
| | Check if Schedule O contains a response or note | e to an | / line in this Part | х | | | |
| | | | | | | (A) | |
| | | | | | Begini | ning of ye | ear |
| 1 | Cash - non-interest-bearing | | | | | 482,4 | |
| 2 | Savings and temporary cash investments | | | | 5,2 | 252,9 | 986. |
| 3 | Pledges and grants receivable, net | | | | | 593,4 | .33. |
| 4 | Accounts receivable, net | | | | | 562,7 | <u>′91.</u> |
| 5 | Loans and other receivables from any current or | former | officer, director, | | | | |
| | trustee, key employee, creator or founder, substa | antial c | ontributor, or 35 | % | | | |
| | controlled entity or family member of any of these | e perso | ons | | | | |
| 6 | Loans and other receivables from other disqualifi | ed per | sons (as defined | | | | |
| | under section 4958(f)(1)), and persons described | | | 1 | | | |
| 7 | Notes and loans receivable, net | | | | - | <u>510,0</u> | |
| 8 | Inventories for sale or use | | | | | 40,8 | |
| 9 | | | | | | 594,2 | 205. |
| 10a | Land, buildings, and equipment: cost or other | | | | | | |
| | basis. Complete Part VI of Schedule D | 10a | 7,380 | ,576. | | | |
| b | | | | | 7, | 368,9 2,1 | 93. |
| 11 | Investments - publicly traded securities | | | 1 | | 2,1 | .13. |
| 12 | Investments - other securities. See Part IV, line 1 | | | | | | |
| 13 | Investments - program-related. See Part IV, line 1 | | | | | | |
| 14 | Intangible assets | | | | 10 | | |
| 15 | Other assets. See Part IV, line 11 | | | | 12,0 | 632,2 | <u> 88.</u> |
| 16 | Total assets. Add lines 1 through 15 (must equa | | | | | 040,1 | |
| 17 | Accounts payable and accrued expenses | | | | 6, | 936,0 |)45. |
| 18 | Grants payable | | | | | 221 0 | 000 |
| 19 | Deferred revenue | | | | ۷,۰ | 331,9 | 198. |
| 20 | Tax-exempt bond liabilities | | | | | | |
| 21 | Escrow or custodial account liability. Complete P | | | | | | |
| 22 | Loans and other payables to any current or forme | er offic | er, director, | | | | |

trustee, key employee, creator or founder, substantial contributor, or 35%

Unsecured notes and loans payable to unrelated third parties

Net assets without donor restrictions

Net assets with donor restrictions

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Organizations that do not follow FASB ASC 958, check here

controlled entity or family member of any of these persons

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Secured mortgages and notes payable to unrelated third parties

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X

Organizations that follow FASB ASC 958, check here 🕨 🔀

12

(B) End of year 6,399,250.

45,577,777.

13,833,825.

994,059.

510,000.

624,087.

7,179,819.

12,792,990.

87,986,204.

6,275,374.

2,331,998.

1,073,826.

9,681,198.

53,996,185.

24,308,821.

40,807.

33,590.

78,305,006.

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10c

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1,200,000.

5,590,596.

16,058,639.

20,706,469.

27,981,468.

44,040,107.

7,274,999.

Form 990 Part X

18

19 20

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33

of Schedule D

Liabilities

Net Assets or Fund Balances

Assets

| | CULTURED ANDREAM DI ANDIANO CONDUCTI INC | 1 D C | 1 | | 40 |
|----------|---|------------|-----------|-----|------------------|
| | n 990 (2021) CHINESE-AMERICAN PLANNING COUNCIL, INC. | 13-0 | 202692 | Pa | _{ge} 12 |
| I U | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | Τ | <u></u> | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 97,381 | . 7 | 92. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 47,054 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 50,327 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 27,981 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | 19. |
| 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 | 78,305 | 5,0 | 06. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <u></u> | | X |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | - | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | e O. | | | |
| 2a | | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | l on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | 37 | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Χ | <u> </u> |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | e basis, | | | |
| | consolidated basis, or both: | | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | |
| с | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | | x | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | ~ | |
| 20 | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | | | | |
| 38 | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir | igie Audit | 3a | х | |
| ۲ | Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | rod audit | <u>sa</u> | ~ | |
| a | | | Зb | х | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | JD | A | <u> </u> |

Form **990** (2021)

| (Form 99 | f the Treasury | C | omplete if the organ 494 ► | rity Status an nization is a section 501 47(a)(1) nonexempt cha Attach to Form 990 or F | (c)(3) orga ritable tru Form 990-l | anization (st. E Z . | or a section | | OMB No. 1545-0047 2021 Open to Public Inspection |
|------------|-----------------------------------|----------------------|----------------------------------|--|--|------------------------------------|----------------|-----------------------|--|
| Name of | Name of the organization Employer | | | | | | | identification number | |
| | | | ESE-AMERIC | AN PLANNING (| COUNCI | L. IN | IC. | | 3-6202692 |
| Part I | Reason | | | (All organizations must c | | | | | |
| The organ | | | | For lines 1 through 12, cl | | | | | |
| 1 | | | | on of churches described | | | I)(A)(i). | | |
| 2 | A school des | cribed in sect | tion 170(b)(1)(A)(ii). (| Attach Schedule E (Form | า 990).) | | | | |
| 3 | A hospital or | a cooperative | hospital service orga | anization described in se | ection 170 | (b)(1)(A)(ii | i). | | |
| 4 | A medical res | search organiz | ation operated in co | njunction with a hospital | described | in sectio | n 170(b)(1)(A |)(iii). Enter | the hospital's name, |
| | city, and state | | | | | | | | |
| 5 | | | | llege or university owned | l or operate | ed by a go | vernmental u | nit describe | ed in |
| • | | | Complete Part II.) | e e set e la constitución e a state e al fra | | | () | | |
| 6 🗔 7 X | | - | - | nental unit described in a | | | | | while described in |
| 1 21 | • | | Complete Part II.) | ntial part of its support fr | on a gove | mmenta | | le general p | |
| 8 | - | | | (1)(A)(vi). (Complete Par | ни) | | | | |
| 9 | | | | in section 170(b)(1)(A)(| , | ed in conju | inction with a | land-grant | college |
| | - | - | - | ulture (see instructions). | | - | | - | - |
| | university: | | | | | | | | |
| 10 | An organizati | on that norma | ally receives (1) more | than 33 1/3% of its supp | ort from co | ontributior | ns, membersh | nip fees, and | d gross receipts from |
| | activities relation | ted to its exer | npt functions, subjec | t to certain exceptions; a | and (2) no i | more than | 33 1/3% of it | s support f | rom gross investment |
| | | | | (less section 511 tax) fro | m busines | ses acqui | red by the org | ganization a | fter June 30, 1975. |
| | | | mplete Part III.) | | | / | | | |
| | • | • | - | vely to test for public sat | • | | | | |
| 12 | • | • | - | ively for the benefit of, to | - | | | • | |
| | | | - | d in section 509(a)(1) of supporting organization | | | | | |
| a | - | • | ••• | upervised, or controlled | - | | | - | aivina |
| | | | | gularly appoint or elect a | • • • • | - | | ••••• | |
| | | - | complete Part IV, Se | | | | | | |
| b | Type II. A s | supporting org | anization supervised | l or controlled in connect | ion with its | s supporte | ed organizatio | n(s), by hav | ring |
| | control or n | nanagement o | of the supporting orga | anization vested in the sa | ame persoi | ns that co | ntrol or mana | ge the supp | ported |
| | organizatio | n(s). You mus | st complete Part IV, | Sections A and C. | | | | | |
| c 🗌 | | - | • • | g organization operated | | | | lly integrate | d with, |
| | | • | |). You must complete I | | | | | |
| d | | | | oorting organization oper | | | | • | () |
| | | , | 0 0 | ation generally must sat | , | | • | an attentiv | eness |
| e | - · | - | | nplete Part IV, Sections written determination from | | | | | |
| <u>د</u> | | • | | nally integrated supporti | | | турс і, турс | п, турс п | |
| f Ente | er the number | | | | .9 0.94 | | | | |
| g Prov | vide the followi | ing informatio | n about the supporte | d organization(s). | | | | | |
| (| (i) Name of supp | | (ii) EIN | (iii) Type of organization (described on lines 1-10 | (iv) Is the orga in your governi | nization listed | (v) Amount o | - | (vi) Amount of other |
| | organization | 1 | | above (see instructions)) | Yes | No | support (see i | nstructions) | support (see instructions) |
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Total

14

| Schedule A (Form 990) 2021 | CHINESE-AMERICAN | PLANNING | COUNCIL, | INC. | 13-6202692 |
|------------------------------|---------------------------|----------------|------------------|-------|-----------------|
| Part II Support Schedule for | or Organizations Describe | ed in Sections | 170(b)(1)(A)(iv) | and 1 | 70(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.)

| Calendar year (or fical year beginning in) ► (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 Gitts, gartas, contributions, and membership fees received. (Do not include any 'unusual grants.') 24134698.25747443.27879828.39523310.82553746.199839025 2 Tax revenues levide for the organization without charge 24134698.25747443.27879828.39523310.82553746.199839025 3 The value of services or facilities 24134698.25747443.27879828.39523310.82553746.199839025 5 The portion of total contributions by seah person (other thm a) government lunit to the organization without charge 199839025 6 Public support. Summer two rom ret. 24134698.25747443.27879828.39523310.82553746.199839025 5 The portion of total contributions by seah person (other thm a) government lunit to the organization without on policity supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 199839025 6 Public support. Summer two rom ret. 24134698.25747443.27879828.39523310.82553746.199839025 8 Gross income from interset, divided and income from interset, divided spin line line 11, column (f) 19839025 9 Net income from interset, divided and income from interset, divided spin line line 11, column (f) 12 16, 025, 913. 11 Total support. Add line 7 through 10 738, 901.669, 546.870, 827.1584575.1378441.5242290. 224166076 12 Cross recells in Part VI) </th <th>Sec</th> <th>tion A. Public Support</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> | Sec | tion A. Public Support | | | | | | |
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| membership fees received. (Do not include any 'unusual grants.') 24134698.25747443.27879828.39523310.82553746.199839025 2 Tax revenues levide for the organization's benefit and ether pad to or expended on its behalt 24134698.25747443.27879828.39523310.82553746.199839025 3 The value of services or facilities furnished by agovernmental unit to the organization without charge a total contributions by each person (6ther than a governmental unit or publicly supported organization) included on lise 1 that exceeds 2% of the amount shown on line 11, column (f) 24134698.25747443.27879828.39523310.82553746.199839025 3 The value of services or facilities furnished by apport. Senseties if no in 4 24134698.25747443.27879828.39523310.82553746.199839025 3 Editary set of finate sceeds 2% of the amount shown on line 11, column (f) 24134698.25747443.27879828.39523310.82553746.199839025 3 Gross income from iterest, dividends, payments received on securities loans, rents, royaties, and income from similar sources. 3330097.3768871.4010660.3956844.4018289.19084761. 9 Net income from similar sources. 3330097.3768871.4010660.3956844.4018289.19084761. 11 Total support. Add lines 7 through 10. 738.901.669,546.870,827.1584575.1378441.5242290. 11 Total support becratage for 2021 (m 6c, column (f), divided by line 11, column (f). 14 14 Public support percentage for 2021 (m 6c, column (f), divided by line 11, column (f). 14 15 Public support percentage for 2021 (fm 6c, column f), divided by line 11, column (f). 14< | Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
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| icition's benefit and either paid to or expended on its behalf | | include any "unusual grants.") | 24134698. | 25747443. | 27879828. | 39523310. | 82553746. | 199839025 |
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| 15 Public support percentage from 2020 Schedule A, Part II, line 14 15 85.94 % 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test. 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. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | | | | | | 00 1 E av |
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| b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization 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, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. 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. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | 16a | | | | | | | |
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| 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the | b | | - | | | | | |
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| b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | and if the organization meets the fact | s-and-circumstanc | es test, check this | box and stop he | re. Explain in Part | VI how the organiz | zation |
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| | | more, and if the organization meets the | he facts-and-circun | nstances test, che | ck this box and s t | top here. Explain i | n Part VI how the | |
| 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 | | organization meets the facts-and-circ | umstances test. Th | ne organization qu | alifies as a publicly | supported organiz | zation | |
| | 18 | Private foundation. If the organization | on did not check a | box on line 13, 16 | <u>a, 16b, 17a, or 17b</u> | o, check this box a | nd see instruction | s ► |

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| | | | | | 16 | |
|------------------------------|---------------------------|---------------|----------|------|------------|--------|
| Schedule A (Form 990) 2021 | CHINESE-AMERICAN | PLANNING | COUNCIL, | INC. | 13-6202692 | Page 3 |
| Part III Support Schedule fo | r Organizations Described | in Section 50 |)9(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.)

| Se | ction A. Public Support | | | | | | |
|------|--|---------------------|--------------------|----------------------|---------------------|---------------|-------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 202 | 1 (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 per- formed, 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 bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization'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 | | | | | | |
| 78 | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| t | 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 | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 202 | 1 (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| k | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | o organization's fi | ret eccend third | fourth or fifth to: | I | 01(0)(2) 0=== | nization |
| 14 | First 5 years. If the Form 990 is for the | • | | | • | | · |
| Se | check this box and stop here | c Support Per | centage | | | | |
| | Public support percentage for 2021 (li | | ¥ | clump (f)) | | 15 | % |
| | Public support percentage from 2020 | | - | | | 16 | % |
| | ction D. Computation of Inves | | | | | | 70 |
| | Investment income percentage for 20 | | | ne 13. column (f)) | | 17 | % |
| | Investment income percentage from 2 | - | | | | 18 | % % |
| | a 33 1/3% support tests - 2021. If the | | | | e 15 is more than 3 | · · · · | |
| | more than 33 1/3%, check this box ar | nd stop here. The | organization quali | fies as a publicly s | supported organiza | tion | |
| k | 33 1/3% support tests - 2020. If the | - | | | | | |
| 00 | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organizatio | n ula not check à | box on line 14, 19 | a, or 190, check th | his box and see ins | aructions | P |

Schedule A (Form 990) 2021

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? *If "Yes," provide detail in* **Part VI.**
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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))? If "Yes," provide detail in **Part VI.**
- **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? *If* "Yes," *provide detail in* **Part VI.**
- 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? If "Yes," provide detail in **Part VI.**
- **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)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

17

Yes

1

No

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| IЧ | | _ | |
|-----|--|-----|----|
| | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | |
| | 11c below, the governing body of a supported organization? 11a | | |
| b | A family member of a person described on line 11a above? 11b | | |
| с | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | |
| | detail in Part VI. 11c | | |
| Sec | tion 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</i> Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | |
| | supervised, or controlled the supporting organization. | 2 | |

| Sec | ction C. Type II Supporting Organizations | |
|-----|--|--|
| | | |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | |

| • · · · · · · · · · · · · · · · · · · · | |
|--|--|
| or management of the supporting organization was vested in the same persons that controlled or managed | |
| the supported organization(s) | |

| | Section D | . All T | 「ype III | Supporting | Organizations |
|--|-----------|---------|----------|------------|---------------|
|--|-----------|---------|----------|------------|---------------|

| | | | Yes | No |
|---|--|---|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box next to the method th | hat the organization used to satisfy | , the Integral Part Test durin | a the year (see instructions). |
|---|-------------------------------------|--------------------------------------|--------------------------------|--------------------------------|
| - | | | | |

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

| с | | The organization supported a g | governmental entity. | Describe in Part VI how | vou supported a governmer | tal entity (see instructions). |
|---|--|--------------------------------|----------------------|-------------------------|---------------------------|--------------------------------|
|---|--|--------------------------------|----------------------|-------------------------|---------------------------|--------------------------------|

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

Yes No

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Yes No

| Sche | edule A (Form 990) 2021 CHINESE-AMERICAN PLANNI | NG CO | UNCIL, INC. 1 | 19 19-6202692 Page 6 |
|------|--|---------------|-----------------------------|--------------------------------|
| _ | rt V Type III Non-Functionally Integrated 509(a)(3) Supportin | | | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifyir | | | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations mus | | | , |
| Sect | ion 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 | | |
| Sect | ion 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): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| с | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | 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 | | |
| Sect | ion 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 | Check here if the current year is the organization's first as a non-functiona | Ily integrate | ed Type III supporting orga | inization (see |

instructions).

Schedule A (Form 990) 2021

| HINESE-AMERICAN | PLANNING | COUNCIL, | INC. | 13-6202692 | Pa |
|-----------------|----------|----------|------|------------|----|
|-----------------|----------|----------|------|------------|----|

| V Type III Non-Functionally Integrated 509 | | nizations _{(continu} | (hai | |
|--|--|---|---|--|
| n D - Distributions | <u></u> | | | Current Year |
| | mpt purposes | | 1 | Gurrent rou |
| | | | | |
| | · · · · · · · · · · · · · · · · · · · | | 2 | |
| Administrative expenses paid to accomplish exempt purpose | es of supported organizations | | 3 | |
| | | | 4 | |
| Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| • | | | 6 | |
| Total annual distributions. Add lines 1 through 6. | | | 7 | |
| Distributions to attentive supported organizations to which th | e organization is responsive | | | |
| provide details in Part VI). See instructions. | | | 8 | |
| Distributable amount for 2021 from Section C, line 6 | | | 9 | |
| Line 8 amount divided by line 9 amount | | | 10 | |
| on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2021 | IS | (iii) Distributable Amount for 2021 |
| Distributable amount for 2021 from Section C, line 6 | | | | |
| Underdistributions, if any, for years prior to 2021 (reason- | | | | |
| able cause required - explain in Part VI). See instructions. | | | | |
| Excess distributions carryover, if any, to 2021 | | | | |
| From 2016 | | | | |
| From 2017 | | | | |
| From 2018 | | | | |
| From 2019 | | | | |
| From 2020 | | | | |
| Total of lines 3a through 3e | | | | |
| Applied to underdistributions of prior years | | | | |
| Applied to 2021 distributable amount | | | | |
| Carryover from 2016 not applied (see instructions) | | | | |
| Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| Distributions for 2021 from Section D, | | | | |
| line 7: \$ | | | | |
| Applied to underdistributions of prior years | | | _ | |
| Applied to 2021 distributable amount | | | | |
| Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| | | | | |
| any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| than zero, explain in Part VI. See instructions. | | | _ | |
| Remaining underdistributions for 2021. Subtract lines 3h | | | | |
| and 4b from line 1. For result greater than zero, explain in | | | | |
| Part VI. See instructions. | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | Amounts paid to perform activity that directly furthers exemplor organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpose Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - pro Other distributions (<i>describe in</i> Part VI). See instructions. Total annual distributions . Add lines 1 through 6. Distributions to attentive supported organizations to which the (<i>provide details in</i> Part VI). See instructions. Distributable amount for 2021 from Section C, line 6 Line 8 amount divided by line 9 amount on E - Distribution Allocations (see instructions) Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reason- able cause required - <i>explain in</i> Part VI). See instructions. Excess distributions carryover, if any, to 2021 From 2016 From 2017 From 2018 From 2019 From 2019 From 2020 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to 2021 distributable amount Carryover from 2016 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2021 from Section D, line 7: \$ Applied to underdistributions of prior years Applied to 2021 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 4. Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI . See instructions. Excess distributions carryover to 2022. Add lines 3j and 4c. Breakdown of line 7: Excess from 2019 Excess from 2019 Excess from 2019 Excess from 2020 | Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. Total annual distributions, add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2021 from Section C, line 6 Line 8 amount divided by line 9 amount (i) Excess Distributions, if any, for years prior to 2021 (reason- able cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021 From 2016 From 2017 From 2018 From 2019 From 2016 From 2016 From 2016 Guard Section D, line 3. Distributable amount Carryover from 2021 from Section D, line 3. Distributions for 2021 from section D, line 3. Distributions for 2021 from years Applied to 2021 distributions of prior years Applied to 2021 distributable amount Excess distributions of prior years Applied to 2021 distributable amount Excess distributions of prior years Applied to 2021 distributable amount Excess distributions for years Applied to 2021 form Section D, line 3. Distributions for 2021 from Section D, line 3. Distributions for 2021 from Section D, line 3. Distributions for 2021 from Section D, line 3. Distributions for years Applied to 2021 distributable amount Excess distributions for years Applied to 2021 distributable amount Excess form 2015 Remainder, Subtract lines 34 and 4b from line 4. Remaining underdistributions for 2022. Add lines 31 | Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations in access of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations. Amounts paid to acquire exempt-use assets Cualified set asside amounts (point IRS approval required - provide details in Part VI) Other distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive forgould details in Part VI). See instructions. Total annual distributions (see instructions to which the organization is responsive forgould details in Part VI). See instructions in E - Distribution Allocations (see instructions) (i) Underdistributions (ii) Underdistributions (iii) Underdistributions (iiii) Underdistributions (iiii) Underdistributions (iii) Underdistributions (iii) Underdistributions (iiii) Underdistributions (iiii) Underdistributions (iiiii) Underdistributions (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii | Amounts paid to supported organizations to accomplish exempt purposes of supported organizations, in excess of income from activity that directly furthers exempt purposes of supported organizations, in excess of income from activity and directly furthers exempt purposes of supported organizations. |

Schedule A (Form 990) 2021

 Schedule A (Form 990) 2021
 CHINESE-AMERICAN PLANNING COUNCIL, INC. 13-6202692 Page 8

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

| MISSCELLANEOUS | |
|-------------------|---------------|
| 2017 AMOUNT: \$ | 666,856. |
| 2018 AMOUNT: \$ | 594,186. |
| 2019 AMOUNT: \$ | 795,327. |
| 2020 AMOUNT: \$ | 596,982. |
| 2021 AMOUNT: \$ | 854,437. |
| | |
| GROSS INCOME FROM | I FUNDRAISING |
| 2017 AMOUNT: \$ | 72,045. |
| 2018 AMOUNT: \$ | 75,360. |
| 2019 AMOUNT: \$ | 75,500. |
| | |
| MANAGEMENT FEE IN | ICOME |
| 2020 AMOUNT: \$ | 894,684. |
| 2021 AMOUNT: \$ | 524,004. |
| | |
| EXPENSE RECOVERY | |
| 2020 AMOUNT: \$ | 92,909. |
| | |
| | |
| | |
| | |
| | |
| | |

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY *

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. 22 OMB No. 1545-0047

2021

Employer identification number

| CHINESE-AMERICAN | PLANNING | COUNCIL, | INC. | |
|--------------------------------|----------|----------|------|--|
| Organization type (check one): | | | | |

13-6202692

| Filers of: | Section: |
|--------------------|--|
| Form 990 or 990-EZ | X 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

X 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 \dots \blacktriangleright \$

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).

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

Schedule B (Form 990) (2021)

| Schedule B (Form 990) (2021) |
|------------------------------|
|------------------------------|

Name of organization

CHINESE-AMERICAN PLANNING COUNCIL, INC.

| 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 | | \$ 40,223,453. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$4,341,496. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$ <u>11,985,754.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | | \$ <u>7,900,785.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | · · · | \$ <u>5,111,676.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | | \$3,759,982. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Page **2**

Employer identification number

13-6202692

(Complete Part II for noncash contributions.)

Person Payroll Noncash

\$

| (b) | (c) | (d) |
|-----------------------------------|----------------------------|--|
| Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | \$2,242,839. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | \$ | Person Payroll Noncash Complete Part II for noncash contributions.) |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |

Part I (a)

No.

(a)

No.

(a)

No.

(a)

No.

(a)

No.

(a)

No.

123452 11-11-21

7

Name of organization

CHINESE-AMERICAN PLANNING COUNCIL, INC.

13-6202692

Page 2

Employer identification number

Name of organization

123453 11-11-21

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

| Part II | Noncash Property (see instructions). Use duplicate copies of Pa | art 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 |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | \$ | |

Page **3**

Employer identification number

13-6202692

| Schedule E | 3 (Form 990) (2021) | | 20 Page 4 | | | | |
|---------------------------|--|---|--|--|--|--|--|
| Name of or | | | Employer identification number | | | | |
| CHINES | SE-AMERICAN PLANNING COU | INCIL INC. | 13-6202692 | | | | |
| Part III | Exclusively religious, charitable, etc., contribut | ons to organizations described in set) through (e) and the following line en charitable, etc., contributions of \$1,000 or | ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| | | | | | | | |
| - | | (e) Transfer of gif | t | | | | |
| - | Transferee's name, address, a | nd 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 | | | | |
| | | | | | | | |
| F | | (e) Transfer of gif | t | | | | |
| - | Transferee's name, address, a | nd 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 gif | sfer of gift | | | | |
| - | Transferee's name, address, a | nd 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 gif | t | | | | |
| - | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | | | | |
| | | | | | | | |

| SCHEDULE C | Pc | olitical Campaign a | nd Lobbying | g Activities | 27 OMB No. 1545-0047 |
|--|---------------------------------------|--|--|---|---|
| (Form 990) | For Org | anizations Exempt From Income | Tax Under section 5 | 01(c) and section 527 | 2021 |
| | | if the organization is described I | | | |
| Department of the Treasury Internal Revenue Service | - | o to www.irs.gov/Form990 for ir | | | Inspection |
| If the organization ans | wered "Yes," on | Form 990, Part IV, line 3, or Form | n 990-EZ, Part V, line | e 46 (Political Campaign A | ctivities), then |
| Section 501(c)(3) or | ganizations: Com | plete Parts I-A and B. Do not com | olete Part I-C. | | |
| Section 501(c) (othe | r than section 50 | 1(c)(3)) organizations: Complete Pa | arts I-A and C below. I | Do not complete Part I-B. | |
| Section 527 organiz | ations: Complete | e Part I-A only. | | | |
| | | Form 990, Part IV, line 4, or Form | | | |
| | | nave filed Form 5768 (election unde | | | |
| | • | have NOT filed Form 5768 (election | | · · | • |
| If the organization ans Tax) (See separate inst | | Form 990, Part IV, line 5 (Proxy | l ax) (See separate in | istructions) or Form 990-E | Z, Part V, line 35c (Proxy |
| | | ions: Complete Part III. | | | |
| Name of organization | ,, or (o) or gameat | | | Emplo | over identification number |
| | CHINESE | -AMERICAN PLANNING | G COUNCIL, I | INC. | 13-6202692 |
| Part I-A Compl | | anization is exempt under | | | anization. |
| 2 Political campaign3 Volunteer hours for | activity expendit political campai | gn activities | | ▶\$ | |
| - | | anization is exempt under | | - | |
| | | incurred by the organization under | | | |
| | | incurred by organization managers | | | |
| | | n 4955 tax, did it file Form 4720 fo | | | |
| 4a Was a correction m b If "Yes," describe in | | | | | Yes No |
| | | anization is exempt under | section 501(c), e | except section 501(c) | (3). |
| 1 Enter the amount c | lirectly expended | by the filing organization for section | on 527 exempt function | on activities > \$ | |
| | | ization's funds contributed to othe | | | |
| exempt function ac | tivities | | | ▶\$ | |
| 3 Total exempt funct | ion expenditures | . Add lines 1 and 2. Enter here and | I on Form 1120-POL, | | |
| | | | | | |
| | | 1120-POL for this year? | | | |
| made payments. For contributions received | or each organiza ved that were pro | ployer identification number (EIN) tion listed, enter the amount paid for pomptly and directly delivered to a s additional space is needed, provide | rom the filing organiza eparate political orgar | tion's funds. Also enter the nization, such as a separate | amount of political |
| (a) Name | 9 | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Schedule C (Form 990) 2021 CHIN | NESE-AME | RICAN PLANN | ING COUNCIL, | INC. 13-6 | 5202692 Page 2 |
|--|---|---|---|---|------------------------------------|
| Part II-A Complete if the organiza section 501(h)). | ition is exer | mpt under section | n 501(c)(3) and filed | d Form 5768 (el | ection under |
| A Check Check | longs to an aff | iliated aroun (and list i | Part IV each affiliated o | iroup member's par | e address FIN |
| expenses, and share of ex | | | in art iv cach annated g | | ic, address, Ein, |
| B Check | | . , | ovisions apply. | | |
| | obbying Expe | nditures | | (a) Filing organization's totals | (b) Affiliated group totals |
| 12 Total lobbying expenditures to influence r | | (grassroots lobbying) | | | |
| 1a Total lobbying expenditures to influence p b Total lobbying expenditures to influence a | - | al a faller a tribula la la const | | | |
| c Total lobbying expenditures (add lines 1a | - | • • • • • | | | |
| | | | | | |
| e Total exempt purpose expenditures (add | | | | | |
| f Lobbying nontaxable amount. Enter the a | | | | | |
| If the amount on line 1e, column (a) or (b) is: | | bying nontaxable am | | | |
| Not over \$500,000 | | the amount on line 1e | | | |
| Over \$500,000 but not over \$1,000,000 | | 00 plus 15% of the exc | | | |
| Over \$1,000,000 but not over \$1,500,000 | | 00 plus 10% of the exc | | | |
| Over \$1,500,000 but not over \$17,000,00 | | 00 plus 5% of the exce | | | |
| Over \$17,000,000 | \$1,000 | | | | |
| - | | | | | |
| i Subtract line 1f from line 1c. If zero or less j If there is an amount other than zero on e reporting section 4911 tax for this year? (Some organizations that matrix) | ither line 1h or 4-Year Av de a section 5 | eraging Period Under i01(h) election do not | ation file Form 4720 Section 501(h) have to complete all of | the five columns b | Yes No |
| | • | rate instructions for li enditures During 4-Ye | | | |
| | | | | | |
| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| | | | | | |

C (Form 990) 2

29 Schedule C (Form 990) 2021 CHINESE-AMERICAN PLANNING COUNCIL, INC. 13-6202692 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

(election under section 501(h)).

| | (i | a) | (b |) |
|---|--|---|--------------------|-------|
| of the lobbying activity. | Yes | Νο | Amount | |
| 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter | | | | |
| or referendum, through the use of: | | | | |
| a Volunteers? | | Х | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | X | | | |
| c Media advertisements? | | Х | | |
| d Mailings to members, legislators, or the public? | | X | | |
| e Publications, or published or broadcast statements? | | X | | |
| f Grants to other organizations for lobbying purposes? | | X | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | 7 | ,876 |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | | |
| i Other activities? | | X | | |
| j Total. Add lines 1c through 1i | | | 7 | ,876 |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | Х | | , |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |
| Part III-A Complete if the organization is exempt under section 501(c)(4), section | on 501(c)(| 5), or sec | tion | |
| 501(c)(6). | | | | |
| | | | Yes | No |
| | | | 100 | |
| 1 Were substantially all (90% or more) dues received nondeductible by members? | | 1 | 100 | |
| Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | 2 | | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | the prior year | <mark>2</mark> ? 3 | | |
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| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from temperatures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politien expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures. See instructions Part IV Supplemental Information | the prior year on 501(c)(4 I "No" OR tical | 2 3 5), or sec (b) Part I 2a 2b 2c 3 4 5 | tion II-A, line | 3, is |
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LEGISLATION.

| SCHEDULE D |) |
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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.



Department of the Treasury Internal Revenue Service Ν

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ESE-AMERICAN PLANNING COUNCIL, INC.

Employer identification number 13-6202692

| Par | τI | Organizations Maintaining Donor Advised | d Funds or Other Similar Fur | nds or Ac | counts. Complete if the |
|-----|---------|---|--|---------------|---------------------------------|
| | | organization answered "Yes" on Form 990, Part IV, line | e 6. | | |
| | | | (a) Donor advised funds | | (b) Funds and other accounts |
| 1 | Total | number at end of year | | | |
| 2 | | gate value of contributions to (during year) | | | |
| 3 | | gate value of grants from (during year) | | | |
| 4 | Aggre | gate value at end of year | | | |
| 5 | Did th | e organization inform all donors and donor advisors in v | writing that the assets held in donor a | advised fund | ds |
| | | e organization's property, subject to the organization's | - | | |
| 6 | | e organization inform all grantees, donors, and donor a | | | |
| | for ch | aritable purposes and not for the benefit of the donor or | r donor advisor, or for any other purp | ose conferr | ing |
| | imper | missible private benefit? | | | |
| Par | tll | Conservation Easements. Complete if the org | ganization answered "Yes" on Form 9 | 990, Part IV, | line 7. |
| 1 | Purpo | ose(s) of conservation easements held by the organization | on (check all that apply). | | |
| | | Preservation of land for public use (for example, recreat | tion or education) 📃 Preservation | on of a histo | prically important land area |
| | | Protection of natural habitat | Preservation | on of a certi | fied historic structure |
| | | Preservation of open space | | | |
| 2 | Comp | elete lines 2a through 2d if the organization held a qualif | ied conservation contribution in the f | orm of a co | nservation easement on the last |
| | day o | f the tax year. | | | Held at the End of the Tax Year |
| а | Total | number of conservation easements | | | 2a |
| b | Total | acreage restricted by conservation easements | | | 2b |
| с | Numb | per of conservation easements on a certified historic stru | ucture included in (a) | | 2c |
| d | Numb | per of conservation easements included in (c) acquired a | fter 7/25/06, and not on a historic st | ructure | |
| | listed | in the National Register | | | 2d |
| 3 | | per of conservation easements modified, transferred, rele | | | zation during the tax |
| | year 🕽 | • | | | |
| 4 | Numb | per of states where property subject to conservation eas | ement is located | | |
| 5 | Does | the organization have a written policy regarding the per | iodic monitoring, inspection, handling | g of | |
| | violati | ons, and enforcement of the conservation easements it | holds? | | |
| 6 | Staff a | and volunteer hours devoted to monitoring, inspecting, | | | |
| | ▶ _ | | | | |
| 7 | Amou | nt of expenses incurred in monitoring, inspecting, hand | ling of violations, and enforcing cons | ervation ea | sements during the year |
| | ▶\$ | | | | |
| 8 | Does | each conservation easement reported on line 2(d) above | e satisfy the requirements of section | 170(h)(4)(B) | (i) |
| | and s | ection 170(h)(4)(B)(ii)? | | | Yes No |
| 9 | In Par | t XIII, describe how the organization reports conservation | on easements in its revenue and expe | ense statem | ent and |
| | balan | ce sheet, and include, if applicable, the text of the footn | ote to the organization's financial sta | tements that | at describes the |
| _ | | ization's accounting for conservation easements. | · · · · · · · - | | |
| Par | t III | Organizations Maintaining Collections of | | r Other S | imilar Assets. |
| | | Complete if the organization answered "Yes" on Form | | | |
| 1a | | organization elected, as permitted under FASB ASC 95 | | | |
| | of art, | historical treasures, or other similar assets held for pub | lic exhibition, education, or research | in furtherar | nce of public |
| | | e, provide in Part XIII the text of the footnote to its finan | | | |
| b | | organization elected, as permitted under FASB ASC 95 | · · | | |
| | art, hi | storical treasures, or other similar assets held for public | exhibition, education, or research in | furtherance | e of public service, |
| | - | the following amounts relating to these items: | | | |
| | | evenue included on Form 990, Part VIII, line 1 | | | |
| | | | | | |
| 2 | If the | organization received or held works of art, historical trea | asures, or other similar assets for fina | ncial gain, I | provide |
| | | llowing amounts required to be reported under FASB A | - | | |
| а | | nue included on Form 990, Part VIII, line 1 | | | |
| b | Asset | s included in Form 990, Part X | | | ► \$ |

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

| f Administrative expenses | | | AMERICAN P | | | | | 13-62 | | | age 2 |
|---|------------|--|------------------------|------------------------|-------------------|--------------|----------------|---------------|----------------|--------|--------------|
| collection time (check all that apply): a Delta exhibition d Loan or exchange program b Scholarly research e Other | Par | • | | | | | | | (contir | nued) | |
| a Public exhibition d □ can or exchange program b Scholarly research e □ Other | 3 | | n, and other records | , check any of the | following that m | nake sign | nificant u | use of its | | | |
| b Scholary research e Other c 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's collections and explain how they further the organization assests to be sold the organization asolicit or receive donations of art, historical treasures, or other similar assets to be sold the organization answered 'Yes' on Form 980, Part X, line 9, or resported an anount on Form 980, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Intermediary for contributions or other assets not included on Form 980, Part X, line 21. b If Yes' copian the arrangement in Part XIII and complete the tollowing table: Amount c Beginning balance Intermediary for contributions or other assets not included on Form 980, Part X, line 21. Intermediary for contributions or other assets not included on Form 980, Part X, line 21. 2a Did the organization include an amount on Form 980, Part X, line 21. for escrew 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 Provide the organization answered 'Yes' on Form 980, Part X, line 21. Yes No b Other organization ansound on Form 980, Part X, lin | | | | | | | | | | | |
| c Preservation for future generations 4 Provide a description of the organization's collections and explain how they three 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 asets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part K, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization and approximation and the organization answered "Yes" on Form 990, Part X, line 21. 1a Is the organization and approximation or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability. 1b Text 1c Additions during the year 1d Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability. 2 Do the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability. 2 Do the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability. 2 Do the organization include an amount on Form 990, Part X, line 10. 1a Endoning the year 1b Is the organization include an amount on Fo | а | Public exhibition | d | | 010 | ו | | | | | |
| 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 solid to raise funds ather than to be maintained as part of the organization's collection? Part IV Escrew and Custodial Arrangements. Complete if the organization answered "Ves" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21, for escrew or outstoutions or other assets not included on Form 990, Part X, line 21, for escrew or outstouting table: C Beginning balance C Beginning of year balance C Complete if the organization answered "Yes" on Form 990, Part X, line 21, for escrew or outstodial account liability? Ves Ves | b | Scholarly research | е | Other | | | | | | | |
| 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization soliciton? No. Part IV Escrow and Oustodial 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. Is the organization an agent, tustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X (line 21. Ves No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount 1d Distributions during the year 1d Distributions during the year 1d Ending balance 1d Beignining balance 1d Distributions during the year 1d Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Part V Indowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. 1d Outrent year in (b) Prior year (c) I'row years back (d) Three years back (e) four years back (e) for secare | С | Preservation for future generations | | | | | | | | | |
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| Part W 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 X2 Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete intermediary for contributions or other intermediary for contributions or other assets not included on Form 990, Part XII and complete the following table: Image: Complete intermediary for contributions or other assets not included on Form 990, Part XII and complete the following table: Image: Complete intermediary for contributions or other assets not included on form 990, Part XII and complete the following table: Image: Complete intermediary for escrew or custodial account tabling? Ves No D If "Yes" explain the arrangement in Part XII. Image: Complete int Part XII and Complete interview or custodial account tabling? Ves No D If "Yes" explain the arrangement in Part XII. Image: Complete int Part XII and Complete interview or custodial account tabling? Ves No Beginning of year balance (a) Current year (b) Prior year (C) Two years back (c) Four years back (e) Four years back | 5 | During the year, did the organization solicit or | receive donations of | f art, historical trea | sures, or other s | similar as | ssets | | _ | | _ |
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| b If "Yes," explain the arrangement in Part XIII and complete the following table: | | on Form 990, Part X? | | | | | | | Yes | | No |
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| f Ending balance | е | Distributions during the year | | | | | 1e | | | | |
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| 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 1a Land 7,100,000. 7,100,000. 7,100,000. b Buildings 171,360. 96,133. 75,227. c Leasehold improvements 63,704. 59,112. 4,592. e Other 45,512. 45,512. 0. | b | | | | | | | | 3b | | |
| 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 value1a Land7,100,000.7,100,000.7,100,000.b Buildings171,360.96,133.75,227.c Leasehold improvements63,704.59,112.4,592.e Other45,512.45,512.0. | 4 | Describe in Part XIII the intended uses of the | organization's endow | /ment funds. | | | | | | | |
| Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land7,100,000.7,100,000.7,100,000.b Buildings171,360.96,133.75,227.c Leasehold improvements63,704.59,112.4,592.e Other45,512.45,512.0. | Par | t VI Land, Buildings, and Equipme | ent. | | | | | | | | |
| basis (investment) basis (other) depreciation 1a Land 7,100,000. 7,100,000. b Buildings 7 7 c Leasehold improvements 171,360. 96,133. 75,227. d Equipment 63,704. 59,112. 4,592. e Other 45,512. 45,512. 0. | | Complete if the organization answered | "Yes" on Form 990, | Part IV, line 11a. | See Form 990, F | Part X, lin | ne 10. | | | | |
| b Buildings 171,360. 96,133. 75,227. c Leasehold improvements 63,704. 59,112. 4,592. e Other 45,512. 45,512. 0. | | Description of property | | • • • | | . , | | ed | (d) Boo | k valu | e |
| b Buildings 171,360. 96,133. 75,227. c Leasehold improvements 63,704. 59,112. 4,592. e Other 45,512. 45,512. 0. | 1 a | Land | | 7,10 | 00,000. | | | | 7,10 | 0,0 | 00. |
| c Leasehold improvements 171,360. 96,133. 75,227. d Equipment 63,704. 59,112. 4,592. e Other 45,512. 45,512. 0. | | | | | | | | | | | |
| d Equipment 63,704. 59,112. 4,592. e Other 45,512. 45,512. 0. | | | | | | 9 | 96,13 | 33. | 7 | 5,2 | 27. |
| e Other | | | | | | 5 | 59 <u>,</u> 13 | 12. | | 4,5 | 92. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.) | | | | 4 | 45,512. | 4 | 45,51 | | | | |
| | Total | . Add lines 1a through 1e. (Column (d) must ec | ual Form 990. Part X | , column (B). line | 10c.) | | | | 7,17 | 9,8 | 19. |

Schedule D (Form 990) 2021

| Part VII Investments - Other Securities. Complete if the organization answered "Yes" of | on Form 990 Part IV line | 11h 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-vear 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.) | | | |
| Complete if the organization answered "Yes" of | on Form 990, Part IV, line | e 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) | | | |
| | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" of | on Form 990, Part IV, line | a 11d. See Form 990. Part X. line 15. | |
| | Description | | (b) Book value |
| (1) SECURITY DEPOSITS | | | 513,941. |
| (2) DUE TO/FROM RELATED PARTIE | ES, NET | | 12,279,049. |
| (3) | · · | | · · |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | 4.0 5.0 0.00 |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. | 15.) | | 12,792,990. |
| Part X Other Liabilities. Complete if the organization answered "Yes" of | on Form 000, Dort IV, line | 110 or 11f Soc Form 000 Dart V line 25 | |
| (a) Description of lightlift. | on Form 990, Fart IV, line | e The of TH. See Form 990, Part A, line 25. | (b) Book value |
| | | | (b) DOOK value |
| (1) Federal income taxes (2) REFUNDABLE ADVANCE | | | 587,554. |
| (3) DEFERRED RENT | | | 486,272. |
| (4) | | | 10072720 |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | 25.) | | 1,073,826. |
| 2. Liability for uncertain tax positions. In Part XIII, provide | | o the organization's financial statements the | at reports the |

CHINESE-AMERICAN PLANNING COUNCIL, INC. 13-6202692 Page 3

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

X

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Schedule D (Form 990) 2021

| _ | edule D (Form 990) 2021 CHINESE-AMERICAN PLANNING COUNCIL | | | 6202692 _{Page} 4 | 4 |
|---|---|-----------------|--------------|---|----------|
| Pa | rt XI Reconciliation of Revenue per Audited Financial Statements With Re | evenue per Retu | urn. | | |
| | 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 | 253,561,852. | • |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | a Net unrealized gains (losses) on investments 2a | -3,819. | | | |
| b | Donated services and use of facilities 2b | | | | |
| С | | | | | |
| d | d Other (Describe in Part XIII.) 2d 156 | 5,183,879. | | | |
| е | Add lines 2a through 2d | | 2e | 156,180,060. | |
| 3 | Subtract line 2e from line 1 | | 3 | 97,381,792. | • |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | a Investment expenses not included on Form 990, Part VIII, line 7b 4a | | | | |
| b | Other (Describe in Part XIII.) 4b | | | | |
| с | 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 | 97,381,792. | |
| | Total revenue. Add lines 3 and 40. (This must equal Form 990, Part 1, line 12.) | | | | <u> </u> |
| | art XII Reconciliation of Expenses per Audited Financial Statements With E | Expenses per Re | | | <u>•</u> |
| | Art XII Reconciliation of Expenses per Audited Financial Statements With E Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | Expenses per Re | etur | n. | |
| | art XII Reconciliation of Expenses per Audited Financial Statements With E | Expenses per Re | etur | | |
| Pa | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | Expenses per Re | etur | n. | |
| Pa | Art XII Reconciliation of Expenses per Audited Financial Statements With E Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | Expenses per Re | etur | n. | |
| Pa 1 2 | Art XII Reconciliation of Expenses per Audited Financial Statements With E Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities | Expenses per Re | etur | n. | |
| Pa 1 2 a | art XII Reconciliation of Expenses per Audited Financial Statements With E Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments 2b 2c | Expenses per Re | etur | n. | |
| Pa 1 2 a b | art XII Reconciliation of Expenses per Audited Financial Statements With E Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments 2b 2c | Expenses per Re | etur | n. | |
| Pa 1 2 a b | Art XII Reconciliation of Expenses per Audited Financial Statements With E Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a 2b 2 Other losses 3 Other (Describe in Part XIII.) | Expenses per Re | 1 | n. 245,998,781. 198,944,346. | • |
| Pa 1 2 b c d | Part XII Reconciliation of Expenses per Audited Financial Statements With E Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities Prior year adjustments 2 Other losses 3 Other (Describe in Part XIII.) 2 Add lines 2a through 2d | Expenses per Re | 1 | n. 245,998,781. | • |
| Pa 1 2 a b c d e | Art XII Reconciliation of Expenses per Audited Financial Statements With E Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a 2b 2 Other losses 3 Other (Describe in Part XIII.) | Expenses per Re | 1 2e | n. 245,998,781. 198,944,346. | • |
| Pa 1 2 b c d 3 | Part XII Reconciliation of Expenses per Audited Financial Statements With E Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2b 2c 2d 1 Other losses 2 Other (Describe in Part XIII.) 2 Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | Expenses per Re | 1 2e | n. 245,998,781. 198,944,346. | • |
| Pa 1 2 3 4 | art XII Reconciliation of Expenses per Audited Financial Statements With E Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) a Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | Expenses per Re | 1 2e | n. 245,998,781. 198,944,346. | • |
| Pa 1 2 3 4 | Part XII Reconciliation of Expenses per Audited Financial Statements With E Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Prior year adjustments 2 Other losses 2 Other (Describe in Part XIII.) 2 Add lines 2a through 2d Subtract line 2e from line 1 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 | Expenses per Re | 1 2e | n. 245,998,781. 198,944,346. 47,054,435. | • |
| Pa 1 2 a b c d e 3 4 a b c 5 | Part XII Reconciliation of Expenses per Audited Financial Statements With E Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities Prior year adjustments 2 Other losses 2 Other (Describe in Part XIII.) 2 Add lines 2a through 2d Subtract line 2e from line 1 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 Other (Describe in Part XIII.) | Expenses per Re | 1 2e 3 | n. 245,998,781. 198,944,346. 47,054,435. | • |

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 V, LINE 4:

| CPC'S | ENDOWMENT | IS | INTENDED | то | FUND | THE | ORGANIZATION' | S | PROGRAM | SERVICE |
|-------|-----------|----|----------|----|------|-----|---------------|---|---------|---------|
|-------|-----------|----|----------|----|------|-----|---------------|---|---------|---------|

ACTIVITIES AND TO SECURE FUTURE GROWTH.

PART X, LINE 2:

THE ORGANIZATION BELIEVES IT HAD NO UNCERTAIN TAX POSITIONS AS OF JUNE 30,

2022 IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC

740, "INCOME TAXES," WHICH PROVIDES STANDARDS FOR ESTABLISHING AND

CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN TAX POSITIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RELATED ENTITIES' REVENUE

| Schedule D (Form 990) 2021 CHINESE-AMERICAN PLANNING COUNCIL, INC. Part XIII Supplemental Information (continued) | 34 13-6202692 Page 5 |
|--|-------------------------|
| CONSOLIDATING ELIMINATIONS | -49,139,056. |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | 156,183,879. |
| | |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | |
| RELATED ENTITIES' EXPENSES | 248,027,157. |
| CONSOLIDATING ELIMINATIONS | -49,082,811. |
| TOTAL TO SCHEDULE D, PART XII, LINE 2D | 198,944,346. |
| | |
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| | |

| SCHEDI | ULEJ | Compensation Information | I | 3 OMB No. 1 | 8 5 545-004 | 47 |
|-----------------|-------------------|---|------------|----------------|-----------------------|------|
| (Form 9 | | For certain Officers, Directors, Trustees, Key Employees, and Highest | | 00 | n 4 | |
| | | Compensated Employees | | ZU | | 1 |
| Department of | f the Treasury | Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. | | Open to | Publ | ic |
| Internal Reven | | Go to www.irs.gov/Form990 for instructions and the latest information. | | Inspe | | |
| Name of th | ne organizatior | | | identificatio | | nber |
| | | CHINESE-AMERICAN PLANNING COUNCIL, INC. | 13-6 | 5202692 | 2 | |
| Part I | Question | s Regarding Compensation | | r | | |
| | | | | | Yes | No |
| | | ate box(es) if the organization provided any of the following to or for a person listed on Form | 990, | | | |
| | | ine 1a. Complete Part III to provide any relevant information regarding these items. | | | | |
| | First-class or c | | | | | |
| | Travel for com | | | | | |
| | | ation and gross-up payments Health or social club dues or initiation fee pending account Personal services (such as maid, chauffeu | | | | |
| | Discretionarys | pending account Personal services (such as maid, chauffer | ir, criei) | | | |
| b If any | of the boyes | on line 1a are checked, did the organization follow a written policy regarding payment or | | | | |
| | | rovision of all of the expenses described above? If "No," complete Part III to explain | | 1b | | |
| | • | require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | | |
| | • | is, including the CEO/Executive Director, regarding the items checked on line 1a? | | 2 | | |
| liusie | | | | 2 | | |
| 3 Indica | ate which, if ar | y, of the following the organization used to establish the compensation of the organization's | | | | |
| | - | ctor. Check all that apply. Do not check any boxes for methods used by a related organization | | | | |
| | | tion of the CEO/Executive Director, but explain in Part III. | | | | |
| | Compensation | | | | | |
| | - | ompensation consultant IX Compensation survey or study | | | | |
| | | her organizations $\overline{\underline{X}}$ Approval by the board or compensation c | ommittee | | | |
| | | · · · · | | | | |
| 4 Durin | g the year, did | any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | | |
| organ | nization or a re | ated organization: | | | | |
| a Recei | ive a severanc | e payment or change-of-control payment? | | 4a | | X |
| b Partic | cipate in or rec | eive payment from a supplemental nonqualified retirement plan? | | 4b | | X |
| c Partic | cipate in or rec | eive payment from an equity-based compensation arrangement? | | 4c | | X |
| lf "Ye | es" to any of lin | es 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | | |
| | | | | | | |
| Only | section 501(c |)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | | |
| | | n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio | n | | | |
| | ngent on the re | | | | | |
| a The o | organization? | | | 5a | | X |
| | | ation? | | 5b | | X |
| | | r 5b, describe in Part III. | | | | |
| | | n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio | n | | | |
| | ngent on the n | | | | | 37 |
| a Theo | organization? | | | <u>6a</u> | | X |
| | | ation? | | 6b | | X |
| | | r 6b, describe in Part III. | | | | |
| - | | n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | _ | | v |
| | | es 5 and 6? If "Yes," describe in Part III | | 7 | | X |
| | | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the retire described in Part III. | | | | x |
| | | | | 8 | | |
| | | d the organization also follow the rebuttable presumption procedure described in | | | | |
| | | 53.4958-6(c)? | | | | 2004 |
| LHA FOR | гарегwork Re | eduction Act Notice, see the Instructions for Form 990. | Scheo | dule J (Form | 1 990) | 2021 |

132111 11-02-21

990) 2021 CHINESE-AMERICAN PLANNING COUNCIL, INC. 13-6202692

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| | | (B) Breakdown of W | /-2 and/or 1099-MIS0 compensation | C and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) |
|------------------------------------|------|--------------------------|---|---|-----------------------------------|-------------------------|------------------------------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) WAYNE HO | (i) | 261,076. | 0. | 0. | 0. | 21,770. | 282,846. | 0. |
| PRESIDENT & CEO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) EDGAR AUGUSTO PEREIRA | (i) | 146,869. | 0. | 0. | 0. | 21,770. | 168,639. | 0. |
| CHIEF PROGRAM OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) JONATHAN BRAKE | (i) | 157,158. | 0. | 0. | 0. | 8,225. | 165,383. | 0. |
| CHIEF FINANCIAL OFFICER (OUTGOING) | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) LILLIAN JIELIAN ZHAO | (i) | 128,650. | 0. | 0. | 0. | 21,770. | 150,420. | 0. |
| CONTROLLER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2021

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| 1 | 3-6 | 20 | 2 | 6 |
|---|-----|----|---|---|
|---|-----|----|---|---|

SCHEDULE O (Form 990) 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.



13-6202692

Name of the organization

CHINESE-AMERICAN PLANNING COUNCIL, INC.

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

LOW-INCOME COMMUNITIES.

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

YOUTH SERVICES - INCLUDES 1) SUMMER YOUTH EMPLOYMENT PROGRAM - THIS

PROGRAM IS A WEEK-LONG SUMMER INTERNSHIP WHERE NYC YOUTH AGES 14-24

GAIN REAL WORLD EXPERIENCE AND NECESSARY SKILL SETS FROM A JOB SECTOR.

THE PROGRAM IS A LOTTERY-BASED OPPORTUNITY ADMINISTERED BY THE NYC

DEPARTMENT OF YOUTH AND COMMUNITY DEVELOPMENT. WORK LEARN AND GROW IS

THE CONTINUATION OF THIS PROGRAM; WITH PARTICIPANTS WORKING WHEN SCHOOL

IS IN SESSION, THE PROGRAM SUPPORTS COMMUNITY MEMBERS, YOUTH, AND YOUNG

ADULTS TO DEVELOP THE EXPERIENCE AND SKILLS NECESSARY FOR A SMOOTH

TRANSITION INTO WORK AND EXPOSES THEM TO DIFFERENT CAREER FIELDS. 2)

LOWER EAST SIDE YOUTH OPPORTUNITY HUB PROGRAM - THIS PROGRAM IS OFFERED

TO 13 TO 24 YEAR OLDS WHO LIVE, WORK, OR ATTEND SCHOOL ON THE LOWER

EAST SIDE. THE FOLLOWING SERVICES ARE OFFERED TO YOUNG PEOPLE; HELP

FINDING A JOB, RETURNING TO SCHOOL, GETTING A GED, OR GETTING INTO

COLLEGE; MENTAL HEALTH SUPPORT; YOUTH SPORTS SUCH AS BASKETBALL,

BASEBALL, AND SOCCER; FUN TRIPS AND COMMUNITY EVENTS; AND FINANCIAL

PLANNING AND ACCESS TO RESOURCES.

EXPENSES \$ 3,739,943. INCLUDING GRANTS OF \$ 0. REVENUE \$ 6,476,515.

WORKFORCE SERVICES - THE CPC WORKFORCE DEVELOPMENT DIVISION PROVIDES

ACCESS TO TRAINING AND JOB OPPORTUNITIES TO INDIVIDUALS EAGER TO ENTER

THE WORKFORCE.

EXPENSES \$ 632,794. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

CHINESE-AMERICAN PLANNING COUNCIL, INC.

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S ACCOUNTING DEPARTMENT AND THEN REVIEWED BY THE ORGANIZATION'S AUDIT COMMITTEE. THE FINAL COPY OF THE FORM 990 IS PROVIDED TO EACH MEMBER OF THE GOVERNING BODY PRIOR TO FILING. THE ORGANIZATION REQUESTS THAT EVERY DIRECTOR REVIEW THE FORM 990 FOR ACCURACY AND COMPLETENESS PRIOR TO FILING WITH THE IRS.

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

THE ORGANIZATION HAS CONFLICT OF INTEREST POLICY WHICH IS MONITORED AND ENFORCED ANNUALLY THAT APPLIES TO ALL DIRECTORS. ALL SUCH PERSONS ARE REQUIRED TO ANNUALLY COMPLETE AN CONFLICT OF INTEREST QUESTIONNAIRE TO DISCLOSE ANY POTENTIAL CONFLICTS, AS WELL AS DISCLOSE POTENTIAL CONFLICTS AS THEY ARISE. THE COMPLETE FORMS ARE REVIEWED BY THE BOARD CHAIR AND PRESIDENT & CEO. THEY ARE THEN REVIEWED BY THE UNINTERESTED BOARD OF DIRECTORS, WHO DETERMINES WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST. THE INTERESTED PERSON IS RECUSED FROM VOTING OR PARTICIPATING IN THE DECISION REGARDING THE CONFLICT. THE MINUTES OF THE MEETING OF THE BOARD REFLECT THAT THE CONFLICT OF INTEREST WAS DISCLOSED AND THAT THE INTERESTED PERSON WAS NOT PRESENT DURING THE FINAL DISCUSSION AND VOTES.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE OF THE BOARD APPROVES THE PRESIDENT/CEO'S COMPENSATION ON AN ANNUAL BASIS. AS PART OF THE COMPENSATION PROCESS, THE EXECUTIVE COMMITTEE USES COMPARABILITY DATA SUCH AS SALARY SURVEYS BY UNITED NEIGHBORHOOD HOUSES AND NONPROFIT NEW YORK FOR SIMILARLY SIZED NON-PROFITS AND FORM 990 OF SIMILAR ORGANIZATIONS TO DETERMINE THE

COMPENSATION OF THE PRESIDENT/CEO. THIS PROCESS WAS LAST UNDERTAKEN IN

2020. CONTEMPORANEOUS SUBSTANTIATION OF THESE DELIBERATIONS AND DECISIONS

ARE DOCUMENTED IN MINUTES OF THE COMMITTEE'S MEETINGS.

FORM 990, PART VI, SECTION C, LINE 19:

THE FINANCIAL STATEMENTS, COFLICT OF INTEREST POLICY AND GOVERNING

DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS NOT CHANGED ITS PROCESSES FOR THE OVERSIGHT OF THE

AUDIT OF ITS FINANCIAL STATEMENTS OR THE SELECTION OF AN INDEPENDENT

ACCOUNTANT FROM THE PRIOR YEAR.

| SCH | IEDULE R |
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(Form 990)

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Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

2021 Open to Public Inspection

41 OMB No. 1545-0047

Employer identification number

13-6202692

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

Name of the organization

Department of the Treasury Internal Revenue Service

CHINESE-AMERICAN PLANNING COUNCIL, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|--------------------------------|--|----------------------------|----------------------------------|--|
| CPC ONE, LLC 150 ELIZABETH STREET | OWN AND OPERATE A FACILITY | | | | CHINESE AMERICAN |
| NEW YORK, NY 10012 | - | NEW YORK | 5,055,324. | | PLANNING COUNCIL, INC |
| | - | | | | |
| | - | | | | |
| | - | | | | |

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | (f) Direct controlling entity | Section 5 contr ent | rolled |
|--|----------------------------|---|-------------------------------|---|--|---------------------------|--------|
| | | | | 501(c)(3)) | | Yes | No |
| 16 DUTCH HOUSING DEVELOPMENT CORP - | | | | | CPC TENANT AND | | |
| 20-8424822, 150 ELIZABETH STREET, NEW YORK, | | | | | BUILDING | | |
| NY 10012 | PROVIDE LOW INCOME HOUSING | NEW YORK | 501(C)(3) | LINE 10 | SERVICES, INC | | Х |
| ASIAN-AMERICAN HOUSING MANAGEMENT, INC | | | | | CHINESE AMERICAN | | |
| 150 ELIZABETH STREET | 1 | | | | PLANNING COUNCIL | | |
| NEW YORK, NY 10012 | PROVIDE AFFORDABLE HOUSING | NEW YORK | 501(C)(3) | LINE 12A, I | INC | | Х |
| CHINATOWN PLANNING COUNCIL HOUSING | | | | | CPC TENANT AND | | |
| DEVELOPMENT FUND CO - 13-3020595, 150 | PROVIDE AFFORDABLE HOUSING | | | | BUILDING | | |
| ELIZABETH STREET, NEW YORK, NY 10012 | THROUGH HUD | NEW YORK | 501(C)(3) | LINE 10 | SERVICES, INC | | х |
| CHINESE-AMERICAN LOCAL DEVELOPMENT | | | | | CHINESE AMERICAN | | |
| CORPORATION - 13-3102410, 150 ELIZABETH | 1 | | | | PLANNING COUNCIL | | |
| STREET, NEW YORK, NY 10012 | PROVIDE AFFORDABLE HOUSING | NEW YORK | 501(C)(3) | LINE 12A, I | INC | | Х |

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

Schedule R (Form 990) 2021

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | (f) Direct controlling entity | contr | g) 512(b)(13) rolled zation? |
|---|--------------------------------|---|-------------------------------|---|-------------------------------------|-------|--|
| CULTWERE AVERTONN REARRING COUNCIL THE | | | | 501(c)(3)) | | Yes | No |
| CHINESE-AMERICAN PLANNING COUNCIL, INC - | | | | | | | |
| 13-6202692, 150 ELIZABETH STREET, NEW YORK, NY 10012 | EDUCATIONAL AND COMMUNITY | NEW YORK | E01(0)(2) | TINE 7 | NT / 7 | | v |
| CHINSE- AMERICAN PLANNING COUNCIL HOME | SERVICES | NEW YORK | 501(C)(3) | LINE 7 | N/A | | X |
| ATTENDATNT PROGRAM, INC - 13-3203211, ONE | - | | | | CPC HAP HOLDINGS | | |
| YORK STREET, NEW YORK, NY 10013 | HOME CARE SERVICE | NEW YORK | 501(C)(3) | LINE 10 | INC | | x |
| CPC BROOKLYN_ INC. | NOME CARE SERVICE | NEW IORK | 501(C)(3) | LINE IO | CPC TENANT AND | | |
| 150 ELIZABETH STREET | CPC TENANT AND BUILDING | | | | BUILDING | | |
| NEW YORK, NY 10012 | SERVICES, INC. | NEW YORK | 501(C)(3) | LINE 12A, I | SERVICES, INC. | | x |
| CPC HAP HOLDINGS, INC (PENDING EXEMPTION) - | SERVICES, INC. | NEW IORK | 501(C)(3) | LINE 12A, I | CHINESE AMERICAN | | |
| 82-1904931, 150 ELIZABETH STREET, NEW YORK, | - | | | | PLANNING COUNCIL | | |
| NY 10012 | HOLDING COMPANY | NEW YORK | 501(C)(3) | | | | x |
| CPC HEADQUARTERS INC - 88-3623745 | HOLDING COMPANY | NEW IORK | 501(C)(3) | LINE 12B, II | CHINESE AMERICAN | | |
| 150 ELIZABETH STREET | PROVIDE SPACE FOR ITS SOLE | | | | PLANNING COUNCIL | | |
| NEW YORK, NY 10012 | MEMBER(CPC) | NEW YORK | 501(C)(3) | LINE 12A, I | | | x |
| CPC NORFOLK SENIOR HOUSING DEVELOPMENT FUND | MEMBER(CPC) | NEW IORK | 501(C)(3) | LINE IZA, I | INC CHINESE AMERICAN | | |
| | - | | | | PLANNING COUNCIL | | |
| CORPORATION - 85-3898514, 150 ELIZABETH | PROVIDE AFFORDABLE HOUSING | NEW YORK | E01(0)(2) | T TNE 103 T | | | v |
| STREET, NEW YORK, NY 10012 | PROVIDE AFFORDABLE HOUSING | NEW IORK | 501(C)(3) | LINE 12A, I | INC | | X |
| CPC SUFFOLK HOUSING DEVELOPMENT FUND | - | | | | CPC TENANT AND | | |
| CORPORATION - 85-3917084, 150 ELIZABETH | | NEW YORK | E01(0)(2) | T TNE 103 T | BUILDING | | v |
| STREET, NEW YORK, NY 10012 | PROVIDE AFFORDABLE HOUSING | NEW IORK | 501(C)(3) | LINE 12A, I | SERVICES, INC | | X |
| CPC TENANT AND BULDING SERVICES, INC - | | | | | CHINESE AMERICAN | | |
| 83-0994791, 150 ELIZABETH STREET, NEW YORK, | TENANT AND BULDING | | 501 (9) (2) | | PLANNING COUNCIL | | 37 |
| NY 10012 | SERVICES | NEW YORK | 501(C)(3) | LINE 12B, II | INC | | X |
| CPC TRIBECA CENTER INC - 26-2222798 | MANAGE FACILITIES FOR DAY | | | | CPC TENANT AND | | |
| ONE YORK STREET | CARE CENTER AND HOME | NEW YORK | F01 (0) (2) | T T T 1 0 | BUILDING | | 77 |
| NEW YORK, NY 10012 | ATTENANT PROGRAM | NEW YORK | 501(C)(3) | LINE 10 | SERVICES, INC | | X |
| NAN SHAN LOCAL DEVELOPMENT CORP - 26-0306937 | - | | | | CPC TENANT AND | | |
| 150 ELIZABETH STREET | | | 501 (2) (2) | 1.0 | BUILDING | | 37 |
| NEW YORK, NY 10012 | COMMUNITY SERVICE | NEW YORK | 501(C)(3) | LINE 10 | SERVICES, INC | | X |
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Schedule R (Form 990) 2021 CHINESE-AMERICAN PLANNING COUNCIL, INC.

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | () | h) | (i) | (| j) | (k) |
|--|-----------------------|---|------------------------------|---|-----------------------|-----------------------------------|-----|---------------------|---------------------------------|-------------|----------------|-------------------------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under | Share of total income | Share of end-of-year assets | | ortionate tions? | amount in box 20 of Schedule | man part | aging iner? | Percentage ownership |
| | | country) | | sections 512-514) | | | Yes | No | K-1 (Form 1065) | Yes | No | |
| NORFOLK MM LLC - 84-3397589 | PROVIDE | | | | | | | | | | | |
| 151 ELIZABETH STREET | AFFORDABLE | | | | | | | | | | | |
| NEW YORK, NY 10012 | RENTAL HOUSING | NY | N/A | N/A | N/A | N/A | | x | N/A | | X | N/A |
| 110 FULTON ASSOCATES LLC 151 ELIZABETH STREET | PROVIDE AFFORDABLE | | | | | | | | | | | |
| NEW YORK, NY 10012 | RENTAL HOUSING | NY | N/A | N/A | N/A | N/A | | x | N/A | | x | N/A |
| | _ | | | | | | | | | | | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | ent | (i) ction (b)(13) rolled tity? No |
|---|-------------------------|---|-------------------------------------|--|--|---|--------------------------------|-----|---|
| CPC NORFOLK SENIOR, INC 86-3178342 151 ELIZABETH STREET | | | | | | | | | |
| NEW YORK, NY 10012 | HOUSING | NY | N/A | C CORP | N/A | N/A | N/A | | X |
| | - | | | | | | | | |
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CHINESE-AMERICAN PLANNING COUNCIL, INC. Schedule R (Form 990) 2021

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Yes No During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity 1a **b** Gift, grant, or capital contribution to related organization(s) 1b c Gift, grant, or capital contribution from related organization(s) Х 1c Х d Loans or loan guarantees to or for related organization(s) 1d Х e Loans or loan guarantees by related organization(s) 1e Х f Dividends from related organization(s) 1f Х Sale of assets to related organization(s) 1g Х h Purchase of assets from related organization(s) 1h Х Exchange of assets with related organization(s) 1i j Lease of facilities, equipment, or other assets to related organization(s) Х 1j Х k Lease of facilities, equipment, or other assets from related organization(s) 1k Х 11 Performance of services or membership or fundraising solicitations for related organization(s) Х 1m **m** Performance of services or membership or fundraising solicitations by related organization(s) Х n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1n Х o Sharing of paid employees with related organization(s) 10 Х p Reimbursement paid to related organization(s) for expenses 1p Х Reimbursement paid by related organization(s) for expenses 1q r Other transfer of cash or property to related organization(s) 1r s Other transfer of cash or property from related organization(s) 1s

If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 2

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|-------------------------------|--|
| (1) CPC HAP HOLDINGS, INC | S | 4,410,121. | |
| (2) CPC TENANT AND BUILDING SERVICES, INC | S | 2,717,854. | |
| (3) CPC TENANT AND BUILDING SERVICES, INC | S | 40,223,453. | |
| <u>(4)</u> | | | |
| (5) | | | |
| <u>_(6)</u> | | | |

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13-6202692

Schedule R (Form 990) 2021 CHINESE-AMERICAN PLANNING COUNCIL, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) | (b) | (c) | (d) | (e |) | (f) | (g) | () | n) | (i) | (i | (k) |
|-------------------------------------|------------------|---|--|------------------------------|----------|-----------------------------|-----------------------------------|-------------------------|--------------------------|--|-----------------------|-------------------------------------|
| Name, address, and EIN of entity | Primary activity | Legal domicile (state or foreign country) | Predominant income (related, unrelated, excluded from tax under sections 512-514) | Are partne 501(org | | Share of total income | Share of end-of-year assets | Dispr tior alloca | ropor- nate tions? | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Gene mana parti | al or Percent ging er? owners |
| | | country | sections 512-514) | Yes | No | income | 433013 | Yes | No | (FUTIT 1065) | Yes | No |
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Schedule R (Form 990) 2021

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| Schedule R | (Form 990) 2021 | CHINESE- | AMERICAN | PLANNING | COUNCIL, | INC. | 13-6202692 | Page 5 |
| Part VII | Supplemental Infor | | | | | | | |
| | Provide additional informa | ation for response | es to questions on | Schedule R. See | instructions. | | | |
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