efile Public Visual Render ObjectId: 202430899349300928 - Submission: 2024-03-29

TIN: 22-2553560

Form **990** 

### **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Department of the Treasury

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

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

Internal	Revenue Service						2110 20011011				
A F	or the 2022 c	alendar year, or tax year beginning 07-01-2022 ,and endi	ng 06-30-2	2023							
O Add	ck if applicable: dress change me change	C Name of organization CAMBODIAN MUTUAL ASSISTANCE ASSOCIATION OF GREATER LOWELL INC			<b>D Employer</b> i		ication number				
	ial return	Doing business as									
	l return/terminated				E Telephone n	umber					
	ended return plication pending	Number and street (or P.O. box if mail is not delivered to street address) 465 SCHOOL STREET	Room/suite		(978) 454	-6200					
	,	City or town, state or province, country, and ZIP or foreign postal code			(370) .31	0200					
		LOWELL, MA 01851			<b>G</b> Gross receip	ots \$ 1	,554,853				
		F Name and address of principal officer:	ı	<b>H(a)</b> Is this	a group retur	n for					
		SOTHEA CHIEMRUON 465 SCHOOL STREET		subor	dinates?		☐Yes ✓No				
		LOWELL, MA 01851	I	H(b) Are al includ	l subordinates		☐ Yes ☐No				
I Tax	-exempt status:	<b>✓</b> 501(c)(3)	527		," attach a list	. See	instructions.				
J W	ebsite:▶ CM/	AALOWELL.ORG	I	H(c) Group	exemption nu	mber	▶				
<b>K</b> Forn	n of organization:	Corporation Trust Association Other	L	Year of forma	tion: 1984 <b>M</b>		of legal domicile:				
10	1 Briefly des THE CAMB	mary scribe the organization's mission or most significant activities: SODIAN MUTUAL ASSISTANCE ASSOCIATION IS DEDICATED TO IM-									
ce	SOCIAL PR	ER MINORITIES AND ECONOMICALLY DISADVANTAGED PERSONS I ROGRAMS.	JLIUK	AL, ECONOMIC AND							
nan											
ven											
Governance	2 Check thi	is box ▶ □									
×	3 Number of	of voting members of the governing body (Part VI, line 1a)	3	13							
ies	4 Number of	of independent voting members of the governing body (Part VI, line	4 1								
Activities &	<b>5</b> Total num	nber of individuals employed in calendar year 2022 (Part V, line 2a	•	5	19						
Ac		nber of volunteers (estimate if necessary)	•	6	63						
		elated business revenue from Part VIII, column (C), line 12	7a 7b	0							
	<b>b</b> Net unrel	Net unrelated business taxable income from Form 990-T, Part I, line 11									
				Pric	or Year	—	Current Year				
9		cions and grants (Part VIII, line 1h)	•		981,545	1	1,448,930				
Revenue	_	service revenue (Part VIII, line 2g)			14,241	_	34,063				
æ		ent income (Part VIII, column (A), lines 3, 4, and 7d )	•		958		6,589				
		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	o 12)		33,273 1,030,017		10,095 1,499,677				
		enue—add lines 8 through 11 (must equal Part VIII, column (A), lin nd similar amounts paid (Part IX, column (A), lines 1-3)			185,674		59,570				
		paid to or for members (Part IX, column (A), line 4)			103,074	₩	0				
	-	other compensation, employee benefits (Part IX, column (A), lines			634,408	<del>                                     </del>	593,090				
Expenses	•	anal fundraising fees (Part IX, column (A), line 11e)	3 10)		034,400	<del>                                     </del>	0				
en o		raising expenses (Part IX, column (D), line 25) •0	•			<u> </u>					
ă		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		451,082	,	524,831					
	-	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	-		1,271,164	_	1,177,491				
	-	less expenses. Subtract line 18 from line 12			-241,147	_	322,186				
e S		,		Beginning (	of Current Year	_	End of Year				
Net Assets or Fund Balances		<u> </u>									
Ass Bal		ets (Part X, line 16)	•		1,952,570						
et/ ind		ilities (Part X, line 26)		162,282			155,449				
Zű	22 Net asset	s or fund balances. Subtract line 21 from line 20	•		1,790,288	<u> </u>	2,119,478				

7/23/24, 12:14 PM The Cambodian Mutual Assistance Association Of Greater Lowell Inc - Full Filing- Nonprofit Explorer - ProPublica knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 2024-02-29 Signature of officer Date Sign Here SOTHEA CHIEMRUON EXECUTIVE DIRECTOR Type or print name and title Date Print/Type preparer's name Preparer's signature PTIN Check | if 2024-02-29 P01323447 **Paid** self-employed Firm's name ANSTISS & CO PC Firm's EIN > 04-2917204 **Preparer** Use Only Firm's address 6 OMNI WAY STE 201 Phone no. (978) 452-2500 CHELMSFORD, MA 018244187 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? See Instructions. . . . . For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2022) Page 2 -Form 990 (2022) Page 2 Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III . Briefly describe the organization's mission: THE CAMBODIAN MUTUAL ASSISTANCE ASSOCIATION IS DEDICATED TO IMPROVING THE QUALITY OF LIFE FOR CAMBODIAN AMERICANS AND OTHER MINORITIES AND ECONOMICALLY DISADVANTAGED PERSONS IN LOWELL THROUGH EDUCATIONAL, CULTURAL, ECONOMIC AND SOCIAL PROGRAMS. Did the organization undertake any significant program services during the year which were not listed on 🗆 Yes 🛂 No the prior Form 990 or 990-EZ? . . . . If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. (Code: 334,950 ) (Expenses \$ including grants of \$ ) (Revenue \$ ) THE MONOROM FAMILY SUPPORT PROGRAM ASSISTS FAMILIES WITH DEVELOPMENTALLY DISABLED CHILDREN BY PROVIDING CASE MANAGEMENT, DESPITE CARE, COUNCELING, AS WELL AS BOTH RECREATIONAL AND EDUCATIONAL OPPORTUNITIES. 4b (Code: 461,991 ) (Expenses \$ including grants of \$ 59,570 ) (Revenue \$ 34,063) THE CAMBODIAN MUTUAL ASSISTANCE ASSOCIATION'S OTHER PROGRAMS INCLUDE WALK- IN SERVICES ASSISTANCE THAT INCLUDES CITIZENSHIP, HEALTH, HOUSING AND REFERRAL PROCESS, ALONG WITH HOSTING WORKSHOPS AND EVENTS TO EDUCATE THE COMMUNITY ABOUT HEALTH AND FINANCIAL TOPICS, AND AFTERSCHOOL PROGRAMS (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ Total program service expenses > 796,941 4e Form **990** (2022)

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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	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions. 🐒	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 2	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ , as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 2	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 2	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 📆	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		No
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	Yes	
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		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	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	Yes	. (5.5.3
				n (2022)

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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		No
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			_
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Tt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	•	 Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   99		162	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . <b>1b</b> 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
`	(gambling) winnings to prize winners?	1c	Yes	
		F	orm <b>99</b>	0 (2022)

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Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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)?  If "Yes," enter the name of the foreign country:	4a		No				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No				
b	<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?							
7	Organizations that may receive deductible contributions under section 170(c).	_						
	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		No				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No				
	If "Yes," indicate the number of Forms 8282 filed during the year							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No				
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12 10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b							
11 a	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders							
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans							
	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No				

7/23/24	, 12:14 PM The Cambodian Mutual Assistance Association Of Greater Lowell Inc - Full Filing- Nonprofit Ex	plorer <b>16</b> I	- ProPu	blica No
	If "Yes," complete Form 4720, Schedule O.			
17	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
	If les, complete form 6005.	F	orm <b>99</b>	0 (2022)
	Page 6 ———————————————————————————————————			
Form	990 (2022)			Page <b>6</b>
Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No	o" resp	onse to	rage <b>e</b>
	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI			<b>~</b>
Se	ction 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 13			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	e.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

<sup>17</sup> List the states with which a copy of this Form 990 is required to be filed

7/23/2	4, 12:14 PM The Cambo	dian Mutual Assis	stance	Association Of	: Gre	ater Low	all In	c - Full Filipg- No	onnrofit Evolorer	- ProPublica
	Section 6104 requires an organization to 501(c)(3)s only) available for public insp	make its Form	1023 (	(1024 or 1024-	 A, if	applicab	le), 9	990, and 990-T (	· ·	- 1 TOT UDITO
	Own website Another's websit			_						
19	Describe in Schedule O whether (and if spolicy, and financial statements available	so, how) the org	anizati	ion made its go	•			•	erest	
20	State the name, address, and telephone MARY LOGAN 465 SCHOOL STREET	number of the p LOWELL, MA 01			s the	organiza	ation	's books and rec	ords:	
		,		<u> </u>					F	orm <b>990</b> (2022)
				Page 7 —						
Form	990 (2022)									Page <b>7</b>
Pa	Compensation of Officers, and Independent Contract		ustee	es, Key Emp	loye	es, Hig	hes	t Compensat	ed Employee	es,
	Check if Schedule O contains a re	sponse or note	to any	line in this Par	t VII					$\square$
Se	ection A. Officers, Directors, Trust	tees, Key Em	ploye	es, and Hig	hes	t Comp	ens	ated Employ	ees	
of co of co who the co organ See t	List all of the organization's <b>current</b> office mpensation. Enter -0- in columns (D), (E) List all of the organization's <b>current</b> key exist all of the organization's <b>current</b> highest received reportable compensation (box 5 organization and any related organizations List all of the organization's <b>former</b> officer cortable compensation from the organizations at all of the organization's <b>former</b> direct contable compensation from the organization List all of the organization's <b>former direct</b> direct in the organization, more than \$10,000 of reportable the instructions for the order in which to list the contable of the organization of the o	ers, directors, tri, and (F) if no comployees, if any to compensated expression and any relations or trustees compensation first the persons almor any related (B)	ustees ompen . See mploy x 6 of es, or he ted or that om th bove. organi	whether indivisation was paid the instructions wees (other than Form 1099-MIS nighest comperganizations.  received, in the e organization compens	riduad. s for an ansate capand	definition officer, dand/or bo ed employ pacity as any related	aniza n of ' irect x 1 o yees a for red o	ritions), regardles  key employee."  or, trustee or ke of Form 1099-NE  who received me mer director or rganizations.  officer, director,  (D)	ss of amount  y employee) EC) of more than ore than \$100,0 trustee of the  or trustee.  (E)	\$100,000 from 00 <b>(F)</b>
	Name and title	Average hours per week (list any hours for related organizations below dotted line)	one	sition (do not che box, unless pe fficer and a dire	neck ersor ector	is both	an	Reportable compensation from the organization (W-2/1099- MISC/1099- NEC)	Reportable compensation from related organizations (W-2/1099- MISC/1099- NEC)	Estimated amount of other compensation from the organization and related organizations

Name and title	Average hours per week (list	one of	ition (do not ch box, unless pe ficer and a dire	neck ersor ector	n is r/tru	both a		Reportable compensation from the	Reportable compensation from related	Estimated amount of other
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations
(1) VANNAK THENG  PRESIDENT	4.00	x		х				0	0	0
(2) THA CHHAN VICE-PRESIDE	4.00	Х		х				0	0	0
(3) BOPHA BOUTSELIS SECRETARY	4.00	х		x				0	0	0
(4) CHRISTOPHER DIAS TREASURER	4.00	Х		х				0	0	0
(5) SEILA CHUOP DIRECTOR	4.00	х						0	0	0
(6) JOSEPH BANH DIRECTOR	4.00	х						0	0	0
(7) PAULETTE RENAULT-CARAGIANES DIRECTOR	4.00	х						0	0	0
(8) AM NGETH DIRECTOR	4.00	х						0	0	0
(9) ANI VONG DIRECTOR	4.00	х						0	0	0
(10) BARBARA DUNSFORD	4.00	.,						•	•	

7/23/24, 12:14 PM The Cambod	ian Mutual Assis	stance	Association Of	Gre	eate	r Lowe	ell In	c - Full Filing- No	onprofit Explorer	- ProPublica
DIRECTOR		Х						U	U	U
(11) TARA HONG	4.00	Х						0	0	0
DIRECTOR										
(12) PAUL MCDONALD	4.00	Х						0	0	0
DIRECTOR		^						o de la companya de	0	Ü
(13) GARY YIN	4.00							0	0	0
DIRECTOR		Х						U	0	0
(14) SOTHEA CHIEMRUON	40.00			х				82,048	0	21,320
EXECUTIVE DI				^				62,046	U	21,320
(15) KIRIRATH S SAING				х				2,743	0	0
INTERIM ED (								2,743	0	Ü
(16) VICHTCHA KONG				· ·				12,000	0	0
INTERIM ED (				Х				12,800	0	0
			l .							

Form **990** (2022)

Page 8 -

Form 990 (2022) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours	box,	(C) on (do not chec unless person i and a directo	k m s bo r/tru	th a	n offic	ne er	( <b>D</b> ) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099-NEC)		organization and related organizations
Sub-Total Total from continuation s						*	Ŀ			
Total from continuation s  Total (add lines 1b and 1						- [	$\vdash$	97,591		21,3

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

Yes	NO

Part VII

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

23/24, 12:14 PM The Cambo	odian Mutual Assistance	Association Of Great	ter Lowell Inc - Full F	iling- Nonprofit Expl	lorer - Pr	roPublica
line 1a? If "Yes," complete Schedule J fo	or such individual				3	No
For any individual listed on line 1a, is the organization and related organizations of						
individual					4	No
5 Did any person listed on line 1a receive services rendered to the organization? It	· ·	•	-		5	No
Section B. Independent Contractor	rs					
Complete this table for your five highes from the organization. Report compensation.					ensation	1
• • •	(A)		Ī	(B)		(C)
Name and	d business address		Desc	cription of services	Cor	mpensation
_					_	
2 Total number of independent contractors ( compensation from the organization	(including but not limited	d to those listed abo	ve) who received m	ore than \$100,000 o	of	
<u>-</u>					Form	n <b>990</b> (2022
		Dana O				
		Page 9 ———				
Form 990 (2022)						Page
Part VIII Statement of Revenue		lia a ia thia D. 1940				
Check if Schedule O contains a	response or note to an	(A)	(B)	(C)	<u></u>	(D)
		Total revenue	Related or exempt	Unrelated business		evenue uded from
			function	revenue	tax un	der section
Federated campaigns 1a			revenue		51	12 - 514
Contributions,						
Sifts, Grants, and Membership dues 1b						
OtherAmt						
Similar Afficient for the state of the state						
93,187						
d Related organizations 1d						
Covernment grants (contributions)						
e Government grants (contributions)  1e  672,668						
f All other contributions, gifts, grants,						
and similar amounts not included above						
683,075						
g Noncash contributions included in lines 1a - 1f:\$						
3,845						
h Total. Add lines 1a-1f	<b>&gt;</b> 1,448,930					
	Business Code				<u></u>	
2a FISCAL SPONSOR INCOME	900099	21,131	21,131			
TRANSLATION & FEE BASED SERVI	_	10,506	10,506	<del> </del>	<del>                                     </del>	
) INANSLATION & FEE DASED SERVI	900099	13,300	23,300			
OTHER FEE REVENUE	900099	1,280	1,280		1	
TRANSLATION & FEE BASED SERVI  OTHER FEE REVENUE  OTHER INCOME			4 4 4 6	<b></b>	<u> </u>	
	900099	1,146	1,146			
Program	_					
,						
f All other program service revenue.						
g Total. Add lines 2a-2f	34,063			L	<u></u>	
3 Investment income (including dividend		[			T	
similar amounts)	,	6,589				6,58

7/23/24, 12:14 PM		The Cambodian	n Mutual Assistand	e Association Of Gre	eater Lowell Inc - Full	Filing- Nonprofit Exp	olorer - ProPublica
4 Income from inves	tment of	tax-exempt bor	nd proceeds	٠١		1	
<b>5</b> Royalties			•	•			
	$\Gamma$	(i) Real	(ii) Personal				
<b>6a</b> Gross rents	6a	48,940					
<b>b</b> Less: rental expenses	6b	15,667		7			
c Rental income	6c	· · · · · · · · · · · · · · · · · · ·		7			
or (loss) <b>d</b> Net rental income		33,273 s)		33,25	73		33,273
- Net rental meons		(i) Securities	(ii) Other				33,273
7a Gross amount from sales of assets other than inventory	7a	(1) 0 0 0 0 1 1 1 1 1 1	(ii) Guis.				
Less: cost or other basis and sales expenses  Gain or (loss)  d Net gain or (loss)	7b						
Gain or (loss)	7c			_			
Met gain or (loss)			▶				
a Gross income from for (not including \$ contributions reporte See Part IV, line 18	93 ed on line	3,187 of	16,33	1			
<b>b</b> Less: direct exper		L	39,50		70		22.470
<b>c</b> Net income or (los	ss) from	fundraising ever	nts	-23,17	78		-23,178
9a Gross income from See Part IV, line 19 b Less: direct exper c Net income or (los	nses .	9a 9b	es				
10aGross sales of inv returns and allow b Less: cost of good	ances .	10a	-				
c Net income or (lo	ss) from	sales of invento	ry <b>&gt;</b>	<u> </u>			
11a			Business Code		5		
b							
Other Revenue Misc Amt							
<b>d</b> All other revenue				1		1	1
e Total. Add lines 1	.1a-11d						
12 Total revenue. S	See instr	uctions		1 100 0	77	:3	10.00
				1,499,67	34,06	00	16,684 Form <b>990</b> (2022)
				– Page 10 <del>––––</del>			
Form 990 (2022)				<b>3</b>			Page <b>10</b>
Part IX Statemen Section 5010	<b>t of Fu</b>	nctional Expe	enses anizations must c	omplete all columns	. All other organizati	ons must complete c	
•				y line in this Part IX			
Do not include amount	s report	ted on lines 6b		(A)	(B) Program service	(C) Management and	(D) Fundraising
7b, 8b, 9b, and 10b of i			unizations and	Total expenses	expenses	general expenses	expenses
1 Grants and other ass domestic governmen				46,365	46,365		

13,205

		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
Check if Schedule O contains a response or note to any	line in this Part IX .		<u> </u>	🗆
Part X Balance Sheet				_
Form 990 (2022)				Page <b>11</b>
	- Page 11			
	Dage 11			
	1	I		Form <b>990</b> (2022)
educational campaign and fundraising solicitation.  Check here  if following SOP 98-2 (ASC 958-720).				
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined odustrional compaign and fundaciona colisitation.				
25 Total functional expenses. Add lines 1 through 24e	1,177,491	796,941	380,550	0
e All other expenses	5,350	375	4,975	
d CLIENT TRANSPORTATION	6,358	6,089	269	
			269	
c MEALS & ENTERTAINMENT	11,258	5,319	5,939	
<b>b</b> PROGRAM EXPENSES	85,969	85,969		
a TEMPORARY HELP	247,037	205,592	41,445	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
23 Insurance	11,615	6,706	4,909	
22 Depreciation, depletion, and amortization	39,288		39,288	
21 Payments to affiliates	,			
20 Interest	7,696		7,696	
federal, state, or local public officials .  19 Conferences, conventions, and meetings				
<b>18</b> Payments of travel or entertainment expenses for any				
17 Travel	809	195	614	
15 Royalties	33,214		33,214	
14 Information technology	22,515	2,324	20,191	
13 Office expenses	36,969	5,289	31,680	
12 Advertising and promotion	15		15	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,338		3,338	
<b>f</b> Investment management fees				
e Professional fundraising services. See Part IV, line 17				
<b>d</b> Lobbying				
c Accounting	13,400		13,400	
<b>b</b> Legal				
<b>a</b> Management				
11 Fees for services (non-employees):			,,,	
10 Payroll taxes	51,049	36,506	14,543	
401(k) and 403(b) employer contributions)	6,724	6,712	12	
8 Pension plan accruals and contributions (include section				
7 Other salaries and wages	421,224	376,295	44,929	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	114,093		114,093	
4 Benefits paid to or for members				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<u> </u>				

12312	24, 1	2:14 PM The Cambodian Mutual /	Assistar	ice Association Of Greater Lowell	inc - Full Filling- N	oriproi	it Explorer - ProPublica
	1	Cash-non-interest-bearing			216,213	1	96,569
	2	Savings and temporary cash investments .			618,626	2	711,750
\ssets	3					3	362,959
	4	Accounts receivable, net			115,688	4	158,263
	5	Loans and other receivables from any current o trustee, key employee, creator or founder, subs controlled entity or family member of any of the	contributor, or 35%		5		
	6	Loans and other receivables from other disquali section $4958(f)(1)$ , and persons described in s			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			12,688	9	10,951
_	10	<b>a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	863,752			
	ı	Less: accumulated depreciation	10b	224,960	636,739	10c	638,792
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities. See Part IV, line	11 .			12	
	13	Investments—program-related. See Part IV, line	11 .			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			304,306	15	295,643
	16	<b>Total assets.</b> Add lines 1 through 15 (must eq	33)	1,952,570	16	2,274,927	
	17	Accounts payable and accrued expenses		32,724	17	31,756	
	18	Grants payable			18		
	19	Deferred revenue			19	3,120	
	20	Tax-exempt bond liabilities				20	
10	21	Escrow or custodial account liability. Complete F				21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons	or 35% controlled entity		22		
Ë	23	Secured mortgages and notes payable to unrela	ted thi	rd parties	129,558	23	120,573
	24	3 3 1 7			.20,000	24	120,010
	25	Other liabilities (including federal income tax, pand other liabilities not included on lines 17 - 24			25		
	26	Complete Part X of Schedule D  Total liabilities. Add lines 17 through 25 .			162,282	26	155.449
S	20				102,202	20	100,110
ee		Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33.	heck h	ere 🕨 💟 and			
ar	27	Net assets without donor restrictions			1,141,168	27	1,309,967
B	28	Net assets with donor restrictions			649,120	28	809,511
Net Assets or Fund Balan		Organizations that do not follow FASB ASC	958, c	heck here ▶ □ and			
Ŧ	١,,	complete lines 29 through 33.				20	
S	29	Capital stock or trust principal, or current funds				29	<u> </u>
set	30	Paid-in or capital surplus, or land, building or ed				30	
As	31	Retained earnings, endowment, accumulated in	come, c	or otner funds	4	31	
et	32	Total net assets or fund balances			1,790,288	32	2,119,478
Z	33	Total liabilities and net assets/fund balances .		1,952,570	33	2,274,927	

Form **990** (2022)

— Page 12 —

Form 990 (2022) Page **12 Reconcilliation of Net Assets ✓** Check if Schedule O contains a response or note to any line in this Part XI. 1 1,499,677 1 2 1,177,491 3 3 322,186 1,790,288 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . 4 7,004 5 5 6

7/23/24, 12:14 PM The Cambodian Mutual Assistance Association Of Greater Lowell Inc - Full Filing- No	nprofit	Explorer	- ProPu	ıblica
7 Investment expenses	7			
8 Prior period adjustments	8			
9 Other changes in net assets or fund balances (explain in Schedule O)	9			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		2	,119,47
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response or note to any line in this Part XII				
		_	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ✓ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
<b>b</b> Were the organization's financial statements audited by an independent accountant?		2b	Yes	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
✓ Separate basis				
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O	.		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Un Guidance, 2 C.F.R. Part 200, Subpart F?	niform	3a		No
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ired	3b		
		F	orm <b>99</b>	<b>0</b> (2022
Form 990 (2022)				
Additional Data		Retur	n to Fo	orm

**Software ID:** 

**SCHEDULE A** 

Department of the Treasury Internal Revenue Service

efile Public Visual Render ObjectId: 202430899349300928 - Submission: 2024-03-29 TIN: 22-2553560

OMB No. 1545-0047

## **Public Charity Status and Public Support** (Form 990)

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

Attach to Form 990 or Form 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

**Open to Public Inspection** 

CAMBO	DDIAN	<b>he organization</b> MUTUAL ASSISTANCE					Employer identific	ation number				
		N OF GREATER LOWELL INC					22-2553560					
	rt I	Reason for Public ration is not a private four					See instructions.					
1	r gariiz	•		•	J ,	,	(A)(i)					
2		A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i)</b> .  A school described in <b>section 170(b)(1)(A)(ii)</b> . (Attach Schedule E (Form 990).)										
		A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>										
3			•	-			,					
4		A medical research orga name, city, and state:	inization operat	ed in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's				
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or op	perated by a gov	ernmental unit descril	bed in <b>section</b>				
6		A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v)</b> .										
7	<b>~</b>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8		A community trust desc	ribed in <b>sectior</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)						
9		An agricultural research non-land grant college of						ege or university or a				
10		non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:  An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See <b>section 509(a)(2).</b> (Complete Part III.)										
11		An organization organization	ed and operated	d exclusively to test fo	r public safety. S	ee section 509	(a)(4).					
12		An organization organize more publicly supported on lines 12a through 12	l organizations (	described in section 5	<b>09(a)(1)</b> or <b>se</b> (	ction 509(a)(2	). See section 509(a					
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	ganization oper er to regularly a	rated, supervised, or coappoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by					
b		<b>Type II.</b> A supporting of management of the sup	organization sup porting organiza	ervised or controlled i ation vested in the sar								
С		must complete Part I'  Type III functionally supported organization(	integrated. A s	supporting organizatio				ted with, its				
d		Type III non-function functionally integrated. instructions). You must	nally integrate The organizatio	<b>d.</b> A supporting organing organic	ization operated fy a distribution	in connection wi requirement and	th its supported orgar					
е		Check this box if the orgintegrated, or Type III n	ganization recei	ved a written determir	nation from the I		pe I, Type II, Type III	functionally				
f	Enter	r the number of supported	d organizations				<u> </u>					
g		de the following informati	ion about the su									
	(i) N	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No						
			1									
ota	ı											
or P	aperv	work Reduction Act Not or 990-EZ.	tice, see the I	nstructions for	Cat. No. 11285	<u> </u> 5F	Schedule	A (Form 990) 2022				
				Pa	ge 2 ———							
Scher	dule A	(Form 990) 2022						Page <b>2</b>				
	rt II	Support Schedule		zations Described				L)(A)(vi)				
				ne box on line 5, 7,								

Section A. Public Support

If the organization failed to qualify under the tests listed below, please complete Part III.)

		bodian Mutual As	sistance Associati	on Of Greater Low	ell Inc - Full Filing	- Nonprofit Explore	r - ProPublica
	r fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
-	membership fees received. (Do not	597,747	785,154	1,326,235	981,545	1,448,930	5,139,611
2	include any "unusual grant.") Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	597,747	785,154	1,326,235	981,545	1,448,930	5,139,611
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4.						5,139,611
	Section B. Total Support						
	llendar year r fiscal year beginning in) 🕨	(a) 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	( <b>d)</b> 2021	(e) 2022	(f) Total
7	Amounts from line 4	597,747	785,154	1,326,235	981,545	1,448,930	5,139,611
8	Gross income from interest, dividends, payments received on	F2.061	FC (02	42.411	40.000	FF F20	257 402
	securities loans, rents, royalties and income from similar sources	52,961	56,683	42,411	49,898	55,529	257,482
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
10							
	or loss from the sale of capital assets (Explain in Part VI.)	10,146	5,987				16,133
11	Total support. Add lines 7 through						5,413,226
12	Gross receipts from related activities, e	etc. (see instruction	ons)			12	139,850
13	First 5 years. If the Form 990 is for th	ne organization's	first, second, third	l, fourth, or fifth ta	ax year as a sectio	on 501(c)(3) organ	ization, check
	this box and <b>stop here</b>	<u></u>		<u> </u>	<u> </u>	▶□	
9	Section C. Computation of Public						
14						14	94.950 %
15	Public support percentage for 2021 Sch a 33 1/3% support test—2022. If the o					15	75.970 %
16	and <b>stop here.</b> The organization qualif						
ı	33 1/3% support test—2021. If the	organization did	not check a box o	n line 13 or 16a, a	and line 15 is 33 1,	3% or more, chec	k this
17	box and stop here. The organization a 10%-facts-and-circumstances test						
17.	and if the organization meets the "facts	s-and-circumstan	ces" test, check th	nis box and <b>stop h</b>	<b>iere.</b> Explain in Pa	art VI how the orga	nization
	meets the "facts-and-circumstances" te						
ŀ	10%-facts-and-circumstances test more, and if the organization meets the						
	meets the "facts-and-circumstances" t						_
18	<b>Private foundation.</b> If the organization	on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	7b, check this box	k and see	_
	instructions		<u> </u>			<u> </u>	▶ 🗆
						Schedule A (I	Form 990) 2022
			Page 3				
			rage 3				
Cab	nedule A (Form 990) 2022						
_	Part III Support Schedule fo	r Organizatio	nc Dossribad i	n Section E00	(2)(2)		Page <b>3</b>
	(Complete only if you					d to qualify und	er Part II. If
	the organization fails t						
	Section A. Public Support	1	1		1	1	T
	r fiscal year beginning in) 🕨	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services	1				1	
	performed, or facilities furnished in	1				1	
	any activity that is related to the organization's tax-exempt purpose	1				1	
3	Gross receipts from activities that are						
	not an unrelated trade or business under section 513			<u> </u>	<u>                                     </u>	<u> </u>	<u> </u>
4	Tax revenues levied for the						
	organization's benefit and either paid		1				

7/23/2	•	oodian Mutual Ass	istance Associatio	n Of Greater Lowe	ell Inc - Full Filing-	Nonprofit Explor	er - Pr	oPubli	ca
5	The value of services or facilities						1		
	furnished by a governmental unit to the organization without charge								
6	<b>Total.</b> Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
b	3 received from disqualified persons 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								
8	Public support. (Subtract line 7c								
	from line 6.)								
	ction B. Total Support ndar year	1	1	1	1	1	1		
(or	iscal year beginning in) 🕨	(a) 2018	<b>(b)</b> 2019	(c) 2020	( <b>d</b> ) 2021	(e) 2022	(f)	Total	
9	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties and								
b	income from similar sources Unrelated business taxable income								
	(less section 511 taxes) from								
	businesses acquired after June 30, 1975.								
c	Add lines 10a and 10b.								
11	Net income from unrelated business activities not included on line 10b,								
	whether or not the business is								
12	regularly carried on. Other income. Do not include gain or								
	loss from the sale of capital assets (Explain in Part VI.)								
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)								
14	First 5 years. If the Form 990 is for t	he organization's	first, second, thire	, fourth, or fifth t	ax year as a secti	on 501(c)(3) org	aniza	tion, ch	neck
	this box and <b>stop here</b>								▶□
	ction C. Computation of Public Public support percentage for 2022 (lin	Support Perce	entage	column (f))		1 1			
15 16	Public support percentage for 2022 (III					15 16			
	ction D. Computation of Invest	•	•			16			
17	Investment income percentage for 20	<b>22</b> (line 10c, colu	mn (f) divided by	line 13, column (1	f))	17			
18	Investment income percentage from 2	2021 Schedule A,	Part III, line 17 .			18			
19a	33 $1/3\%$ support tests-2022. If the	organization did r	not check the box	on line 14, and lir	ne 15 is more thar	1 33 1/3%, and lin	ne 17	is not	
	more than 33 1/3%, check this box and	stop here. The	organization quali	fies as a publicly s	supported organiz	ation	!	► □	
b	<b>33</b> 1/3% support tests— <b>2021.</b> If the							_	18 is
20	not more than 33 1/3%, check this box								
	<b>Private foundation.</b> If the organization	on did not check a	a box on line 14, 1	19a, or 19b, check	this box and see	Schedule A (			2022
						Schedule A		,,,,,	
			Page 4						
School	dule A (Form 990) 2022								<b>4</b>
	t IV Supporting Organization							Р	age <b>4</b>
rai	(Complete only if you checked		of Part I. If you ch	ecked box 12a, of	Part I, complete S	Sections A and B	. If yo	u chec	ked
	box 12b, of Part I, complete Se 12d, of Part I, complete Section			12c, of Part I, cor	mplete Sections A	, D, and E. If you	chec	ked bo	X
Se	ction A. All Supporting Organiz		omplete Fart v.)						
	<u></u>							Yes	No
1	Are all of the organization's supported								
	If "No," describe in <b>Part VI</b> how the sed describe the designation. If historic an			ted. If designated	by class or purpo	se,	1		
2	Did the organization have any support	ed organization th	nat does not have	an IRS determina	ition of status und	er section	1		
-	509(a)(1) or (2)? If "Yes," explain in <b>F</b> described in section 509(a)(1) or (2).						_		
2-		organization d	onihadia sastis 5	01(a)(4) (5) -	(6)2 16 11/22 11	vor lines 25 "	2		
3a	Did the organization have a supported 3c below.	organization desc	cribea in section 5	ou(c)(4), (5), or (	(ס)? IT "Yes," ansv	ver lines 3b and	2-		
b	Did the organization confirm that each	supported organi	ization qualified u	nder section 501/	c)(4) (5) or (6) :	and satisfied	3a		
Ü	the public support tests under section determination.						3b		
С	Did the organization ensure that all su	pport to such ora	anizations was use	ed exclusively for	section 170(c)(2)	(B) purposes?	טכ		
-	If "Yes," explain in <b>Part VI</b> 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.						
	Checked box 12a of 12b iii Fait 1, answer lines 4b and 4c below.	4a					
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or						
	supervised by or in connection with its supported organizations.	4b					
С	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 <b>Part VI</b> 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	and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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						
	organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a					
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?	5b					
С	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c					
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 <b>Part VI</b> .	6					
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).						
8	<b>8</b> 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).	8					
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 <b>Part VI</b> .	9a					
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting	Ja					
	organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b					
С	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 <b>Part VI.</b>	9c					
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.						
	district line 10b below	10-					
b		10a					
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).	10a 10b					
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	10b	990)	2022			
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).  Schedule A	10b	990)	2022			
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).	10b	990)	2022			
	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).  Schedule A	10b					
Sche	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).  Schedule A  Page 5  dulle A (Form 990) 2022	10b		2022 Page <b>5</b>			
Sche	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).  Schedule A	10b					
Sche	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).  Schedule A  Page 5  dulle A (Form 990) 2022	10b	F	Page <b>5</b>			
Sche	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).  Schedule A  Page 5  dulle A (Form 990) 2022  t IV Supporting Organizations (continued)	10b (Form	F	Page <b>5</b>			
Scher Par 11 a	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).  Schedule A (Form 990) 2022  t IV Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  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?	10b (Form	F	Page <b>5</b>			
Scher Par 11 a 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).  Schedule A  Page 5  dule A (Form 990) 2022  t IV Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  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?  A family member of a person described on 11a above?	10b (Form	F	Page <b>5</b>			
Scher Par 11 a b c	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).  Schedule A  Page 5  dule A (Form 990) 2022  t IV Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  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?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.	10b (Form	F	Page <b>5</b>			
Scher Par 11 a b c	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).  Schedule A  Page 5  dule A (Form 990) 2022  t IV Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  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?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	10b (Form	Yes	Page 5			
Schee Pan 11 a b c	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).  Schedule A (Porm 990) 2022  **TV** Supporting Organizations** (continued)  Has the organization accepted a gift or contribution from any of the following persons?  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?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.	10b (Form	F	Page <b>5</b>			
Scher Par 11 a b c	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).  Schedule A (Form 990) 2022  **TV** Supporting Organizations* (continued)  Has the organization accepted a gift or contribution from any of the following persons?  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?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  **Extion B. Type I Supporting Organizations**  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,	10b (Form	Yes	Page 5			
Schee Pan 11 a b c	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).  Schedule A  Page 5  dule A (Form 990) 2022  t IV Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  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?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Section B. Type I Supporting Organizations  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or	10b (Form	Yes	Page 5			
Schee Pan 11 a b c	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).  Schedule A  Page 5  dule A (Form 990) 2022  t IV Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  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?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Extion B. Type I Supporting Organizations  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	10b (Form	Yes	Page 5			
Schee Pan 11 a b c See 1	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).  Schedule A  Page 5  dule A (Form 990) 2022  tiv Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  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?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	10b (Form	Yes	Page 5			
Schee Pan 11 a b c See 1	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).  Schedule A  Page 5  dule A (Form 990) 2022  tiv Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  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?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Section B. Type I Supporting Organizations  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  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 operated, supervised, or controlled the organization's that operated, supervised, or controlled the busporting organization? If "Yes," explain in Part VI how providing such benefit	10b (Form	Yes	Page 5			
Schee Par  11 a b c See 1	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).  Schedule A  Page 5  dule A (Form 990) 2022  ***EV** Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  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?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Exciton B. Type I Supporting Organizations  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  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.	10b (Form	Yes	Page 5			
Schee Par  11 a b c See 1	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).  Schedule A  Page 5  dule A (Form 990) 2022  t IV Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  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?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Exciton B. Type I Supporting Organizations  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  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 supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supporting organization?	10b (Form	Yes	Page 5			
Schee Par  11 a b c See 1	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).  Schedule A  Page 5  dule A (Form 990) 2022  ***EV** Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  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?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Exciton B. Type I Supporting Organizations  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  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.	10b (Form	Yes	No No			

	supporting organization was vested in the same persons that controlled or managed the	ne sup	porteu organization(s).	_						
	Section D. All Type III Supporting Organizations				Yes	No				
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?									
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).									
3	By reason of the relationship described in line 2 above, did the organization's supported voice in the organization's investment policies and in directing the use of the organization during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported	ed orga tion's i	anizations have a significant ncome or assets at all times	3						
_	Section E. Type III Functionally-Integrated Supporting Organizations									
<u> </u>	Check the box next to the method that the organization used to satisfy the Integral Pa	art Tes	t during the year (see instruc	tions):						
	The organization satisfied the Activities Test. Complete <b>line 2</b> below.		, , , , , , , , , , , , , , , , , , ,	,						
	<b>b</b> The organization is the parent of each of its supported organizations. Complete	line :	<b>3</b> below.							
	The organization supported a governmental entity. Describe in <b>Part VI</b> how yo			e instru	ctions)					
2	Activities Test. Answer lines 2a and 2b below.				Yes	No				
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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>b</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 <b>Part VI</b> 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.			2b						
	a Did the organization have the power to regularly appoint or elect a majority of the offithe supported organizations? If "Yes" or "No", provide details in Part VI.	icers, d	directors, or trustees of each of	За						
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, progra									
	supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organizations	ation ii	n this regard.  Schedule A	3b						
Sch	Page 6 ———————————————————————————————————					age <b>6</b>				
	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	izations			age <b>C</b>				
		st on I	Nov. 20, 1970 (explain in <b>Part</b>		<u> </u>					
	Section A - Adjusted Net Income	itions i	(A) Prior Year	(B) Curi	rent Year	-				
_	1 Net short-term capital gain	1		(354)	,					
_	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)									
-	income or for management, conservation, or maintenance of property held for									
	income or for management, conservation, or maintenance of property held for	7								
_	income or for management, conservation, or maintenance of property held for production of income (see instructions)									
_	income or for management, conservation, or maintenance of property held for production of income (see instructions)  Other expenses (see instructions)	7	(A) Prior Year		rent Year onal)					
	income or for management, conservation, or maintenance of property held for production of income (see instructions)  7 Other expenses (see instructions)  8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	7	(A) Prior Year							
	income or for management, conservation, or maintenance of property held for production of income (see instructions)  7 Other expenses (see instructions)  8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  Section B - Minimum Asset Amount  1 Aggregate fair market value of all non-exempt-use assets (see instructions for short	7 8	(A) Prior Year							
	income or for management, conservation, or maintenance of property held for production of income (see instructions)  7 Other expenses (see instructions)  8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  Section B - Minimum Asset Amount  1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	7 8	(A) Prior Year							
	income or for management, conservation, or maintenance of property held for production of income (see instructions)  7 Other expenses (see instructions)  8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  Section B - Minimum Asset Amount  1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  a Average monthly value of securities	7 8 1 1a	(A) Prior Year							
	income or for management, conservation, or maintenance of property held for production of income (see instructions)  7 Other expenses (see instructions)  8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  Section B - Minimum Asset Amount  1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  a Average monthly value of securities  b Average monthly cash balances	7 8 1 1a 1b	(A) Prior Year							

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	Page 7		
	Page 7		Schedule A (Form 990)
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	,, ,, ,,
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
5	Income tax imposed in prior year	5	
4	Enter greater of line 2 or line 3	4	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
2	Enter 85% of line 1	2	
L	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
	Section C - Distributable Amount		Current Year
3	Minimum Asset Amount (add line 7 to line 6)	8	
7	Recoveries of prior-year distributions	7	
5	Multiply line 5 by 0.035	6	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
3	Subtract line 2 from line 1d	3	
2	Acquisition indebtedness applicable to non-exempt use assets	2	

1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in 2 excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 4 **5** Qualified set-aside amounts (prior IRS approval required - provide details in **Part VI**) 5 6 6 Other distributions (describe in Part VI). See instructions 7 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide 8 details in Part VI). See instructions 9 9 Distributable amount for 2022 from Section C, line 6 10 Line 8 amount divided by Line 9 amount 10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022:			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<ul> <li>Carryover from 2017 not applied (see instructions)</li> </ul>			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7:			
<u> </u>			
Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			

rm 990) 20
Part V n. (See
Part V n. (See
Part V
12; Part IV, on C, line 1;
Pag
<b>m 990)</b> (20

https://projects.propublica.org/nonprofits/organizations/222553560/202430899349300928/full

efile Public Visual Render	ObjectId: 202430899349300928	- Submission: 2024-03-29		TIN: 22-2553560
Schedule B		le of Contributors		OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service		Form 990, 990-EZ, or 990-PF. <u>v/Form990</u> for the latest information.		2022
Name of the organization CAMBODIAN MUTUAL ASSIST				dentification number
ASSOCIATION OF GREATER L  Organization type (check of			22-2553560	
Filers of:	Section:			
Form 990 or 990-EZ	501(c)( ) (enter number) or	rganization		
		table trust <b>not</b> treated as a private four	ndation	
	☐ 527 political organization			
Form 990-PF	501(c)(3) exempt private fou	ındation		
	4947(a)(1) nonexempt charit	table trust treated as a private foundati	on	
	☐ 501(c)(3) taxable private fou	indation		
under sections 509( received from any of 990, Part VIII, line 1 For an organization during the year, tota purposes, or for the	a)(1) and 170(b)(1)(A)(vi), that cheche contributor, during the year, total n, or (ii) Form 990-EZ, line 1. Computer described in section 501(c)(7), (8), contributions of more than \$1,000 prevention of cruelty to children or a	Form 990 or 990-EZ that met the 33 <sup>1</sup> /3 cked Schedule A (Form 990 or 990-EZ) on tributions of the greater of <b>(1)</b> \$5,0 elete Parts I and II.  or (10) filing Form 990 or 990-EZ that rexclusively for religious, charitable, scianimals. Complete Parts I, II, and III.  or (10) filing Form 990 or 990-EZ that reconstructions.	, Part II, line 13, 00 or <b>(2)</b> 2% of the received from an entific, literary, c	16a, or 16b, and that the amount on (i) Form by one contributor, or educational
during the year, com If this box is checked purpose. Don't comp religious, charitable, Caution: An organization the 990-EZ, or 990-PF), but it m	ributions exclusively for religious, cd, enter here the total contributions blete any of the parts unless the <b>Ge</b> etc., contributions totaling \$5,000 cd at isn't covered by the General Rule tust answer "No" on Part IV, line 2,	tharitable, etc., purposes, but no such of that were received during the year for a neral Rule applies to this organization or more during the year	contributions total exclusively respectively respectively respectively. Schedule B (Former H of its Form	aled more than \$1,000. eligious, charitable, etc., ived nonexclusively
For Paperwork Reduction Act N for Form 990, 990-EZ, or 990-PF		Cat. No. 30613X	Scl	hedule B (Form 990) (2022)
		— Page 2 ———————————————————————————————————		
Schedule B (Form 990) (20:	22)	Em	Page 2	ation number

Contributor	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2022)
Name of org	(Form 990) (2022) snization MUTUAL ASSISTANCE	Employer identification	Page 3
	N OF GREATER LOWELL INC  Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	22-2553560	
(a) No. from Part I	(b)  Description of noncash property given	(C) FMV (or estimate) (See instructions)	(d) Date received

Transferee's name, address, and ZIP 4

Relationship of transferor to transferee

o. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and 2	(e) Transfer of gift ZIP 4 Relat	ionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and a	(e) Transfer of gift ZIP 4 Relat	ionship of transferor to transferee
		<u> </u>	Schedule B (Form 990) (202
Additiona	J Data		Return to Form

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ObjectId: 202430899349300928 - Submission: 2024-03-29

TIN: 22-2553560

**SCHEDULE D** 

Department of the Treasury

(Form 990)

### **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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Interna	al Revenue Service	► Go to <u>www.irs.gov/Form</u>	990 for instructions and the l	atest information.	Inspection
	me of the orgar			Employer iden	tification number
	MBODIAN MUTUAL A SOCIATION OF GREA			22-2553560	
Pa	rt I Organ	izations Maintaining Donor Advi	sed Funds or Other Similar		
		ete if the organization answered "Ye			
			(a) Donor advised fund	s <b>(b)</b> Funds	and other accounts
1	Total number at	end of year			
2	Aggregate value	e of contributions to (during year)			
3	Aggregate value	e of grants from (during year)			
4	Aggregate value	e at end of year			
5		ration inform all donors and donor adviso property, subject to the organization's ex			e Yes No
6	charitable purp	ation inform all grantees, donors, and do oses and not for the benefit of the donor ?	or donor advisor, or for any othe	r purpose conferring imperm	issible
Pa	rt II Conse	rvation Easements.			
		ete if the organization answered "Ye		7.	
1	Purpose(s) of c	onservation easements held by the organ	ization (check all that apply).		
	Preservati	ion of land for public use (e.g., recreation	or education)  Preserv	ation of an historically impor	tant land area
	Protection	of natural habitat	Preserv	ation of a certified historic st	ructure
	Preservati	ion of open space			
2	Complete lines	2a through 2d if the organization held a	qualified conservation contributio	n in the form of a conservati	on
		ne last day of the tax year.			the End of the Year
а	Total number of	conservation easements		. 2a	
b	Total acreage re	estricted by conservation easements		2b	
c	Number of cons	servation easements on a certified historic	structure included in (a)	2c	
d		servation easements included in (c) acquire listed in the National Register	red after July 25, 2006, and not o	on a 2d	
3	Number of constax year ▶	servation easements modified, transferre	d, released, extinguished, or tern	ninated by the organization d	luring the
4	Number of state	es where property subject to conservatio	n easement is located 🕨		
5	Does the organ and enforcemen	ization have a written policy regarding th nt of the conservation easements it holds	e periodic monitoring, inspection ?	, handling of violations,	☐ Yes ☐ No
6	Staff and volun	teer hours devoted to monitoring, inspec	ting, handling of violations, and $\epsilon$	enforcing conservation easem	
7	Amount of expe	enses incurred in monitoring, inspecting,	handling of violations, and enforc	cing conservation easements	during the year
8		servation easement reported on line 2(d) 0(h)(4)(B)(ii)?			☐ Yes ☐ No
9		scribe how the organization reports cons and include, if applicable, the text of the		e and expense statement, an	d
P -		n's accounting for conservation easemen		Oth C! !!	-1-
Par	Comple	izations Maintaining Collections ete if the organization answered "Ye	s" on Form 990, Part IV, line	8.	
1a	historical treasu	tion elected, as permitted under FASB AS ures, or other similar assets held for publ ext of the footnote to its financial statem	ic exhibition, education, or resea		
b	historical treasu	tion elected, as permitted under FASB AS ures, or other similar assets held for publ nts relating to these items:			
(	(i) Revenue includ	ded on Form 990, Part VIII, line 1			
(i	ii)Assets included	d in Form 990, Part X		<b>&gt;</b> \$	
2	If the organizat	tion received or held works of art, historic nts required to be reported under FASB A	al treasures, or other similar ass		e the
а	Revenue includ	ed on Form 990, Part VIII, line 1			
b	Assets included	I in Form 990, Part X · · · · · · · ·		<b>&gt;</b> \$	

Cat. No. 52283D

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

Schedule D (Form 990) 2022

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lule D (	(Form 990) 2022										Page
III	Organizations Ma	aintaining Col	lections o	of Art, Histori	ical Trea	sures, c	or Other	Similar As	sets (conti	nued)	
			n, and other	·	any of the	following	that are a	a significant u	ise of its coll	ection	
	Public exhibition				O Lo	an or excl	hange pro	grams			
	Scholarly research			е	☐ Ot	her					
	Preservation for future	e generations									
		organization's col	lections and	explain how the	ey further	the organ	ization's e	exempt purpo	se in		
During assets	g the year, did the orga s to be sold to raise fur	anization solicit on nds rather than to	r receive dor be maintair	nations of art, h ned as part of th	istorical tre ne organiza	easures o ation's col	r other sin lection?.	nilar 	☐ Yes		lo
t IV				' on Form 990	, Part IV,	line 9, c	r reporte	ed an amou	nt on Form	990,	Part X,
									☐ Yes	□ N	lo
If "Yes	s," explain the arrange	ement in Part XIII	and comple	te the following	table:			Α	mount		_
Beginr	ning balance						1c				
Additio	ons during the year .						1d				
Distrib	outions during the year	r					1e				_
Ending	g balance						1f				_
Did th	e organization include	an amount on Fo	orm 990, Par	t X, line 21, for	escrow or	custodial	account li	ability?	☐ Yes	$\square$ N	lo
t V	Endowment Fund	ds.									
	Complete if the org	ganization ansv						I			
Reginni	ng of year halance		(a) Curren	nt year (b) F	rior year	(c) Iwo	years back	(d) Three yea	ars back (e) F	our yea	rs back
_											
		ne and losses									
		•									
	·										
Adminis	strative expenses .										
End of y	year balance										
Provid	le the estimated percei	ntage of the curre	ent year end	balance (line 1	g, column	(a)) held	as:				
Board	designated or quasi-e	ndowment 🕨		••••							
Perma	nent endowment 🕨										
	***************************************										
					لداء ما مدد م		:	41			
		not in the posses	sion or the t	organizacion cha	t are neiu	anu aunn	nisterea it	or the		Yes	No
<b>(i)</b> Un	related organizations								3a(i)		
	-								3a(ii)		
		=		=					3b		
				n's endowment	funds.						
t VI				' on Form 990	Part IV	line 11a	See Fo	rm 990 Par	t X line 10		
Descrip		(a) Cost or oth	ner basis								е
					115,7	75					115,775
and					113,7						
	as				626.7	59		146.231			480.528
Building	gs				626,7	59		146,231			480,528
Building _easeho	old improvements										480,528
Building Leaseho Equipm					626,7 121,2			78,729			42,489
	Using items  Using items  Provice part X During assets  t IV  Is the includ  If "Ye Begin Additi Distril Ending Did th If "Yes Tontrib Net inv Grants Other eand provice Administend of Provice Board Perma Term The ph Are though a company Are though a company Are though a company If "Yes Descrit VI	Using the organization's acq items (check all that apply):  Public exhibition  Scholarly research  Preservation for future Provide a description of the Part XIII.  During the year, did the organization an agent included on Form 990, Part included	Using the organization's acquisition, accessionitems (check all that apply):  Public exhibition  Scholarly research  Preservation for future generations Provide a description of the organization's col Part XIII.  During the year, did the organization solicit of assets to be sold to raise funds rather than to discuss the sold to raise funds rather than to discuss the discussion and agent, trustee, custodiction included on Form 990, Part X?	Using the organization's acquisition, accession, and other items (check all that apply):  Public exhibition  Scholarly research  Preservation for future generations  Provide a description of the organization's collections and Part XIII.  During the year, did the organization solicit or receive do assets to be sold to raise funds rather than to be maintain tive Escrow and Custodial Arrangements.  Complete if the organization answered "Yes' line 21.  Is the organization an agent, trustee, custodian or other included on Form 990, Part X?	Using the organization's acquisition, accession, and other records, check items (check all that apply):  Public exhibition  Scholarly research  Preservation for future generations Provide a description of the organization's collections and explain how the Part XIII.  During the year, did the organization solicit or receive donations of art, h assets to be sold to raise funds rather than to be maintained as part of the time 21.  Is the organization an agent, trustee, custodian or other intermediary for included on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII and complete the following Beginning balance	Using the organization's acquisition, accession, and other records, check any of the items (check all that apply):    Public exhibition	Using the organization's acquisition, accession, and other records, check any of the following items (check all that apply):    Public exhibition	Using the organization's acquisition, accession, and other records, check any of the following that are attems (check all that apply):    Public exhibition	Using the organization's acquisition, accession, and other records, check any of the following that are a significant trems (check all that apply):  □ Public exhibition □ Scholarly research □ Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpo Part XIII.  During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  If YE Scrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amou line 21.  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII and complete the following table:  Beginning balance  If Le  Additions during the year  Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.  Tr "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.  Complete If the organization answered "Yes" on Form 990, Part IV, line 10.  Beginning of year balance  (a) Current year (b) Pror year (c) Two years back (d) Three years and programs  Administrative expenses  End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment ▶  Permanent endowment Funds not in the possession of the organization that are held and administered for the organization by:  (1) Unrelated organizations  If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?  Describe in Part XIII the intended uses of the organization's endowment funds.  UL and, Buildings, and Equipmen	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collisitems (check at that apply):    Public exhibition	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):    Public exhibition

Part VII Investments - Other Securities.  Complete if the organization answered "Yes" on Form 990,	Dart IV	lina 11h Saa Far	m 000 P	art V lino 12
(a) Description of security or category (including name of security)	(b) Book value	Cost	(c) Method	d of valuation: year market value
(1) Financial derivatives				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.	-			
Complete if the organization answered 'Yes' on Form 990,  (a) Description of investment	Part IV,	(b) Book value		art X, line 13.  Method of valuation:
(1)	1	.,		end-of-year market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, F	art IV. I	ine 11d. See For	m 990, Pa	art X, line 15.
(a) Description (1)PARKING EASEMENT	,		,	(b) Book value
(2)BENEFICIAL INTEREST IN ASSETS HELD B				231,081 64,562
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			. •	295,643
Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, F	Part IV. I	ine 11e or 11f.Se	ee Form <sup>q</sup>	990, Part X. line 25.
1. (a) Description of liabilit				(b) Book value
(1) Endard income tayer				

_					
	(Column (b) must equal Form 990, Part X, col.(B) line 25.)			<u> </u>	
	ability for uncertain tax positions. In Part XIII, provide the text of the footnote		=		_
aı	nization's liability for uncertain tax positions under FIN 48 (ASC 740). Check h	ere ir tn	e text of the foothote has	-	(Form 990) 2022
				Scriedule L	(FOI III 990) 2022
_	Page 4 —				
	dule D (Form 990) 2022				Page <b>4</b>
a	t XI Reconciliation of Revenue per Audited Financial States Complete if the organization answered 'Yes' on Form 990, Pa	ments art IV	With Revenue per I	Return.	
	Total revenue, gains, and other support per audited financial statements .			1	1,561,857
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				· · · · · · · · · · · · · · · · · · ·
	Net unrealized gains (losses) on investments	2a	7,00	4	
)	Donated services and use of facilities	2b			
:	Recoveries of prior year grants	2c			
ı	Other (Describe in Part XIII.)	2d			
•	Add lines <b>2a</b> through <b>2d</b>			2e	7,004
	Subtract line <b>2e</b> from line <b>1</b>			3	1,554,853
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	Ī	1		
1	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
)	Other (Describe in Part XIII.)	4b	-55,17	_	
:	Add lines <b>4a</b> and <b>4b</b>			4c	-55,176
	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12			5 Detuum	1,499,677
aг	t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered 'Yes' on Form 990, Pa			Keturn.	
	Total expenses and losses per audited financial statements				
	rotal expenses and resease per dualities maintain statements.			1	1,232,667
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	1,232,667
1	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	 2a	 	1	1,232,667
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	i		1	1,232,667
)	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	2a		1	1,232,667
) :	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	2a 2b	55,17	_	1,232,667
) :	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	2a 2b 2c		6 2e	55,176
) :	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	2a 2b 2c		6	
) : :	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  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:	2a 2b 2c 2d		6 2e	55,176
	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	2a 2b 2c 2d 		6 2e	55,176
	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	2a 2b 2c 2d 	55,17	2e 3	55,176
	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	2a 2b 2c 2d 	55,17	2e 3	55,176 1,177,491
	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	2a 2b 2c 2d 	55,17	2e 3	55,176
a	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  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:  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3)  XIII Supplemental Information	2a   2b   2c   2d     4a   4b	55,17	2e 3 4c 5	55,176 1,177,491 1,177,491
al al	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	2a 2b 2c 2d	55,170 	2e 3 4c 5	55,176 1,177,491 1,177,491
a b c d e a b	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	2a 2b 2c 2d	55,170 	2e 3 4c 5	55,176 1,177,491 1,177,491
Provine	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	2a 2b 2c 2d 4a 4b 8.) .	t IV, lines 1b and 2b; Paritional information.	2e 3 4c 5 t V, line 4; Pa	55,176 1,177,491 1,177,491 rt X, line 2; Part XI,
a b c d e	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	2a 2b 2c 2d	t IV, lines 1b and 2b; Paritional information.  Explanation  ED UNDER CHAPTER 180  EEN GRANTED TAX-EXEI	4c 5 THE MASS MPT STATUS U	55,176 1,177,491 1,177,491 rt X, line 2; Part XI, SACHUSETTS GENER
a a a a a a a a a a a a a a a a a a a	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	2a 2b 2c 2d 4a 4b 8.) .	t IV, lines 1b and 2b; Paritional information.  Explanation  ED UNDER CHAPTER 180  EEEN GRANTED TAX-EXEI  IS, THEREFORE,GENERA NO PROVISION FOR INCO	2e 3 4c 5 t V, line 4; Pa HPT STATUS U LLY EXEMPT FI DME TAXES HA	55,176 1,177,491  1,177,491  rt X, line 2; Part XI,  SACHUSETTS GENER NDER INTERNAL RE ROM FEDERAL AND S AS BEEN INCLUDED

	ANNUAL BASIS. THESE INFORMATIONAL RETURNS ARE GENERALLY SUBJECT TO AUDIT AND REVIEW BY THE GOVERNMENTAL AGENCIES FOR A PERIOD OF THREE YEARS AFTER FILING. SUBSTANTIALLY ALL OF THE ASSOCIATION'S INCOME, EXPENDITURES AND ACTIVITIES RELATE TO ITS EXEMPT PURPOSE, THEREFORE, MANAGEMENT HAS DETERMINED THAT THE ASSOCIATION IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAXES AND WILL CONTINUE TO QUALIFY AS A TAX EXEMPT NOT-FOR-PROFIT ENTITY.
SCHEDULE D, PAGE 4, PART XI, LINE 4B	RENTAL EXPENSE - AMORTIZATION -15,667 FUNDRAISING EVENT EXPENSES -39,509
SCHEDULE D, PAGE 4, PART XII, LINE 2D	RENTAL EXPENSE - AMORTIZATION 15,667 FUNDRAISING EVENT EXPENSES 39,509

Schedule D (Form 990) 2022

**Additional Data** 

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ObjectId: 202430899349300928 - Submission: 2024-03-29

TIN: 22-2553560 OMB No. 1545-0047

**SCHEDULE G** (Form 990)

Department of the Treasury

# **Supplemental Information Regarding**

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

Attach to Form 990 or Form 990-EZ.

**Open to Public** 

Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer identification number** CAMBODIAN MUTUAL ASSISTANCE

ASSOCIATION	OF GREATER LOWELL	INC				22-2553560	
	Fundraising Activi	· ·				orm 990, Part IV, line	17.
1 Indicate	whether the organiza	tion raised funds th	rough an	y of the f	ollowing activities. Check	all that apply.	
a	solicitations			•	Solicitation of nor	n-government grants	
<b>b</b> Inte	rnet and email solicita	tions		1	f Solicitation of gov	ernment grants	
c Pho	ne solicitations				☐ Special fundraisin	g events	
_	erson solicitations			•		<b>5</b>	
					vidual (including officers, on with professional fund	raising services?	'es 🗆 No
	" list the 10 highest pa ompensated at least \$5			draisers)	pursuant to agreements	under which the fundrais	
	l address of individual ty (fundraiser)	(ii) Activity	fundrai custo cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
「otal				. ▶			
3 List all sta licensing.		nization is registered	d or licens	sed to sol	licit contributions or has l	peen notified it is exempt	from registration or
or Paperworl	Reduction Act Notice,	see the Instructions	for Form	990 or 99	O-EZ. Cat. No.	. 50083H <b>S</b>	Schedule G (Form 990) 2022

Page 2

Schedule G (Form 990) 2022 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events (add col. (a) through
		ANNIVERSARY CEL	CAMBODIAN NEW Y	(total mumber)	col. <b>(c)</b> )
		(event type)	(event type)	(total number)	
115210					
Revenue					
eve					
ă					
	<b>1</b> Gross receipts	68,423	36,145		104,568
	<ul><li>2 Less: Contributions</li><li>3 Gross income (line 1 minus</li></ul>	55,850	32,387		88,237
	line 2)	12,573	3,758		16,331
	<b>4</b> Cash prizes				
SS	5 Noncash prizes				
ense	<b>6</b> Rent/facility costs				
Direct Expenses	<b>7</b> Food and beverages	12,573	3,758		16,331
ŭ	8 Entertainment				
Ö	9 Other direct expenses	8,957	4,987		13,944
	10 Direct expense summary. Add lines 4 t	hrough 9 in column (d)			30,275
	11 Net income summary. Subtract line 10	from line 3, column (d)		•	-13,944
Par	<b>Gaming.</b> Complete if the organization on Form 990-EZ, line 6a.	anization answered "Ye	es" on Form 990, Part I	V, line 19, or reported	more than \$15,000
ø)	on roini 990-L2, line oa.				
Revenue		(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
Sevi					
	1 Gross revenue				
enses	2 Cash prizes				
bed	3 Noncash prizes				
Direct Exp					
ije	4 Rent/facility costs				
	5 Other direct expenses				
		☐ Yes%	☐ Yes%	☐ Yes%	
	<b>6</b> Volunteer labor	☐ No	☐ No	□ No	
	<b>7</b> Direct expense summary. Add lines 2 t	hrough 5 in column (d)			
	Not appoin a income automorphy Cubbung	tino 7 fuoro lino 1 colum	~ (4)	_	
	8 Net gaming income summary. Subtract	t line / from line 1, colum	п(а)	· · · · · ·	<u> </u>
9	Enter the state(s) in which the organization licensed to conduct ga				
a b	If "No," explain:				U Yes ∪ No
10>	Were any of the organization's gaming lic	renses revoked suspende	d or terminated during the	tax vear?	
b	If "Yes," explain:				∪ Yes ∪ No
		·			J
				S	chedule G (Form 990) 2022

Sche	dule G (Form 990) 2022										F	Page <b>3</b>
11	Does the organization c	onduct gaming	activities with nonmer	mbers? .						☐ Yes	□No	
12	Is the organization a graformed to administer ch							,		Yes		
13	Indicate the percentage	of gaming acti	vity conducted in:							<b>□ 163</b>	_ 110	
а	The organization's facili	ty							13a			%
b	An outside facility .								13b			%
14	Enter the name and add	dress of the per	son who prepares the	organization's	gaming/spe	cial event	s books a	and re	cords:			
	Name •											
	Address											
15a	_	nave a contract	• •			_	_			Yes	□No	
b	If "Yes," enter the amou amount of gaming reve											
c	If "Yes," enter name an	d address of th	e third party:									
	Name											
	Address											
16	Gaming manager inform  Name   Gaming manager comp											
	Description of services	provided										
	☐ Director/officer		Employee		☐ Indepe	endent co	ntractor					
17	Mandatory distributions	<b>:</b> !										
а	Is the organization requ retain the state gaming	uired under stat			_		oceeds to			□ v	□ N =	
b	Enter the amount of dis						ons or sp	ent		☐ Yes	∪ INO	
	in the organization's ow			· · · · · · · · · · · · · · · · · · ·								
Pai			<b>on.</b> Provide the expl 5c, 16, and 17b, as									s.
	Return Reference	e			E>	xplanatior	1					
							S	Sched	ule G (Fo	orm 990) 2	022	
۸	lditional Data									Datuma	to Fa	

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Note: To capture the full cor Schedule I	ntent of this o	• •	•	` ′				O	MB No. 1545-0047
(Form 990)		Grants and C		U		,			2022
		Governments							2022
Department of the freasury	C	omplete if the organiza ► Go to <u>ww</u> ı	Attach to						Open to Public Inspection
Internal Revenue Service							E	l mployer identifica	ntion number
CAMBODIAN MUTUAL ASSISTANCE ASSOCIATION OF GREATER LOWELI Part I General Informat		s and Assistance					2	2-2553560	
Does the organization mainta			he grants or assista	ince the grantees' elic	ibility f	or the grants or assistance	and		
the selection criteria used to  Describe in Part IV the organi	award the grants	s or assistance?				• • • • •	, unu		✓ Yes □ No
Part II Grants and Other As	sistance to Dor		nd Domestic Gove	rnments. Complete if	the org	ganization answered "Yes"	on Form 9	90, Part IV, line 2	21, for any recipient
(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of c		non-	(f) Method of valuation	(a) D	escription of	(h) Purpose of grant
organization or government	(2) 2	(if applicable)	grant	cash assistance		(book, FMV, appraisal, other)		sh assistance	or assistance
(1) LATINX COMMUNITY CENTER FOR EMPOWERMENT INC 9 CENTERAL ST SUITE 201	84-4196744	501C3	3	7,118					GENERAL OPERATIONS
LOWERLL, MA 01852  2 Enter total number of section	501(c)(3) and c	government organizations	listed in the line 1 t	able				. •	1
3 Enter total number of other o	rganizations list	ed in the line 1 table						▶	
or Paperwork Reduction Act Notice,	see the Instruction	ons for Form 990.		Cat. No.	50055P			Sche	edule I (Form 990) 2022
Schedule I (Form 990) 2022  Part III Grants and Other As: Part III can be duplica  (a) Type of grant or assistan	ted if additional :	mestic Individuals. Com space is needed. (b) Number of	plete if the organiza	ation answered "Yes" o		990, Part IV, line 22.  (e) Method of valuation (t	nook	(f) Description of	Page <b>2</b> of noncash assistance
(a) Type of grant of assistant	ice	recipients	cash grant	noncash assist		FMV, appraisal, other)		(1) Description c	in noncasii assistance
(1) IMMIGRANT ASSISTANCE		2	2,800						
(2) FUEL/ENERGY ASSISTANCE		13	8,721						
(3) FUNERAL ASSISTANCE		6	1,684						
3)									
4)									
(5)									
(6)									
7)									
Part IV Supplemental 1	Information.	Provide the informatio	n required in Part	I, line 2; Part III,	column	(b); and any other ad	ditional ir	nformation.	
Return Reference	Explanation								
SCHEDULE I, PAGE 1, PART I, LINE	THE EXECUTIV	E DIRECTOR FOLLOWS U	P WITH SUBGRANT	PARTNERS TO ENSUR	THAT	FUNDS ARE USED FOR TH	EIR INTEN	DED PURPOSE.	
<u>-                                      </u>	1							Schedul	e I (Form 990) 2022
Additional Data									Return to Form

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ObjectId: 202430899349300928 - Submission: 2024-03-29

TIN: 22-2553560

OMB No. 1545-0047

Open to Public Inspection

#### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Name of the organization CAMBODIAN MUTUAL ASSISTANCE ASSOCIATION OF GREATER LOWELL INC **Employer identification number** 

22-2553560

Return Reference	Explanation
FORM 990 - ORGANIZATIO MISSION	THE CAMBODIAN MUTUAL ASSISTANCE ASSOCIATION IS DEDICATED TO IMPROVING THE QUALITY OF LIFE FOR INSTRUMENTAL ASSISTANCE ASSOCIATION IS DEDICATED TO IMPROVING THE QUALITY OF LIFE FOR INSTRUMENTAL ASSISTANCE AND SOCIAL PROGRAMS.
FORM 990, PAGE 6, PART VI, LINE 11B	PRIOR TO ITS BEING FILED, THE FORM 990 IS REVIEWED BY THE EXECUTIVE COMMITTEE. ONCE THE RETURN HAS BEEN APPROVED BY THE EXECUTIVE COMMITTEE IT IS PRESENTED TO THE FULL BOARD OF DIRECTORS.
FORM 990, PAGE 6, PART VI, LINE 12C	THE ASSOCIATION SENDS OUT A QUESTIONNAIRE ANNUALLY TO DETERMINE THE INDEPENDENCE OF ITS BOARD OF DIRECTORS AND OTHER APPROPRIATE PARTIES AND TO REVIEW FOR THE PRESENCE OF ANY CONFLICTS OF INTEREST.
FORM 990, PAGE 6, PART VI, LINE 15A	COMPENSATION FOR THE ASSOCIATIONS EXECUTIVE DIRECTOR IS REVIEWED AND APPROVED BY ITS BOARD MEMBERS ON AN ANNUAL BASIS AND ANY INCREASES ARE BASED ON PERFORMANCE AND THE ECONOMIC STATE OF THE ORGANIZATION.
FORM 990, PAGE 6, PART VI, LINE 15B	COMPENSATION FOR THE ASSOCIATIONS EXECUTIVE DIRECTOR IS REVIEWED AND APPROVED BY ITS BOARD MEMBERS ON AN ANNUAL BASIS AND ANY INCREASES ARE BASED ON PERFORMANCE AND THE ECONOMIC STATE OF THE ORGANIZATION.
FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST AT THE ASSOCIATION'S BUSINESS ADDRESS.
FORM 990, PART XI, LINE 9	RENTAL EXPENSE - AMORTIZATION 15,667 FUNDRAISING EVENT EXPENSES 39,509 RENTAL EXPENSE - AMORTIZATION -15,667 FUNDRAISING EVENT EXPENSES -39,509

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

Cat. No. 51056K

Schedule O (Form 990) 2022

Additional Data

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