Form 9	90
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Department of the Treasury

EXTENDED TO JULY 15, 2020 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest infor notion OMB No, 1545-0047 2 18 Open to Public ----

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.														
A	For th	e 2018 calend			UN 30, 2019									
В	Check is applicat	c Name o	C Name of organization D Employer identification number											
Γ	Addr	chinan	OWN MANPOWER PROJECT INC.											
Γ	Nam	0	usiness as		13-27	755214								
	Initia			Room/suite	E Telephone number									
	Final	20 100	BERRY STREET	noon outo	212-57									
	torm ated	0-	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,143,017.								
	Ame	NEW YO	ORK, NY 10013		H(a) Is this a group re	***************************************								
	Appl	ca- F Name a	nd address of principal officer: TONY C. WONG	*****	1	? Yes X No								
	pend	ING SAME AS	C ABOVE		H(b) Are all subordinates in	cluded? Yes No								
1	Tax-ex	empt status:	x 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c	or 527] If "No," attach a	list. (see instructions)								
J	Webs	ite: 🕨 WWW.CM	IPNY, ORG		H(c) Group exemptio	n number 🕨								
			X Corporation Trust Association Other ►	L Year	of formation: 1972	A State of legal domicile: NY								
P	art I	Summary												
¢	1		e the organization's mission or most significant activities:		THEN AND NOW, IS									
anc		TO PROVIDE	VOCATIONAL TRAINING, EMPLOYMENT SERVICES, AND EDUC	CATIONAL										
Governance	2	Check this bo	x 🕨 🛄 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass									
0 Ve	3				3	13								
8	4													
Activities &	5		of individuals employed in calendar year 2018 (Part V, line 2a)			96								
Vit	6	Total number	6	45										
Act	7 a		d business revenue from Part VIII, column (C), line 12			0.								
	b	Net unrelated	business taxable income from Form 990-T, line 38			0.								
		-			Prior Year	Current Year								
e	8		and grants (Part VIII, line 1h)	<u> </u>	1,704,901.	1,763,319.								
lent	9		ce revenue (Part VIII, line 2g)		257,589.	433,909.								
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)		96,910.	65,293.								
	111		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		28,039.	-30,557.								
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,087,439.	2,231,964.								
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.								
	14		to or for members (Part IX, column (A), line 4)		- •	1,859,012.								
Ses	15		compensation, employee benefits (Part IX, column (A), lines 5-10)	1,586,114.	1,859,012.									
ens	16a		undraising fees (Part IX, colurnn (A), line 11e)		0.	· · ·								
Expenses	b		ng expenses (Part IX, column (D), line 25)		504,789.	529,662.								
	11/		es (Part IX, column (A), lines 11a-11d, 11f-24e)		2,090,903.	2,388,674.								
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		-3,464.	-156,710.								
	19	Revenue less	expenses. Subtract line 18 from line 12											
ts or		T 1 1 1			ginning of Current Year 3,542,167.	End of Year 3,466,282.								
Assets	20	Total assets (F		220,877.	267,157.									
Vet A	21		(Part X, line 26)		3,321,290.	3,199,125.								
	art II		fund balances. Subtract line 21 from line 20		2,542,490,	-,,								
			I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is								
			Declaration of preparer (other than officer) is based on all information of wh											
	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·											

Sign Here	Signature of officer WILLIAM LEUNG, BOARD CHAIRMAN Type or print name and title	Domy	Davig	Date	7/15	20						
Paid	Print/Type preparer's name JAMES J. REILLY	Preparer's signature James D.	Reilly	Date 7/10/2020	Check [] if self-employed	PTIN P00183769						
Preparer	Firm's name 🕨 CONDON O'MEARA MCGINTY a	& DONNELLY LLP	1	Firm	's EIN 🕨	13-3628255						
Use Only	Firm's address DONE BATTERY PARK PLAZA											
	NEW YORK, NY 10004			Phor	ne no.212-66	51-7777						
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)				X Yes No						
	832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)											

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1990 (2018) CHINATOWN MANPOWER PROJECT, INC.	13-2755214 Page 2
Pa	rt III Statement of Program Service Accomplishments	v
_	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: SEE SCHEDULE 0.	
	SEE SCHEDULE U.	
	Did the second state and state and state the second state of the second state of the second state of the second	
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X No
	prior Form 990 or 990-EZ?	
-	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as n	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$766,990. including grants of \$) (Revenue	≥\$)
	OUT OF SCHOOL YOUTH PROGRAM WORKS WITH DISCONNECTED YOUTH TO PROVIDE	
	JOB TRAINING AND PLACEMENT. IN FY 2019, CMP WORKED WITH 65 YOUTH	
	HELPING THEM TO NAVIGATE AND ENTER POST-SECONDARY AND JOB PLACEMENTS.	
4b	(Code:) (Expenses \$425,908. including grants of \$) (Revenue	e\$ 406,799.)
-10	CHINESE SCHOOL PROVIDES CHINESE LANGUAGE AND CULTURAL INSTRUCTION.	······································
	THROUGHOUT THE PAST YEAR, CMP WORKED WITH 600 INDIVIDUALS.	
4c	(Code:) (Expenses \$278,755. including grants of \$) (Revenue	≥\$)
	SUMMER YOUTH EMPLOYMENT PROGRAM WORKS WITH 700 YOUTH TO PREPARE THEM	
	FOR THE WORKFORCE THROUGH WORKSHOPS AND INTERNSHIP PLACEMENTS.	
4d	Other program services (Describe in Schedule O.)	05.110
	(Expenses \$ 561,616. including grants of \$) (Revenue \$	27,110.)
4e	Total program service expenses 2,033,269.	
		Form 990 (2018)
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Form 990 (2018) CHINATOWN MANPOWER PROJECT, INC.
Part IV Checklist of Required Schedules

13-2755214 Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	<u> </u>		
•	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
-				x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
••	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
d		44-	х	
	Part VI	11a	л	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
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		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		116		x
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u> </u>
15		45		x
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		x
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Form 990 (2018) CHINATOWN MANPOWEI CHINATOWN MANPOWER PROJECT, INC.

T ai	Checkist of Required Schedules (continued)		T	T
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			<u> </u>
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		┣
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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		─
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
a	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25h		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		<u> </u>
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
24	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
32	<i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		+
0L	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			\square
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	x	
Par	Note. All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38		<u> </u>
	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	0		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Page 4

13-2755214

	990 (2018) CHINATOWN MANPOWER PROJECT, INC. 13-275521	4	P	_{age} 5								
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)											
			Yes	No								
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,											
	filed for the calendar year ending with or within the year covered by this return 2a 96											
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х									
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)											
3a	Ba Did the organization have unrelated business gross income of \$1,000 or more during the year?											
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O											
4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a											
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х								
b	If "Yes," enter the name of the foreign country: ►											
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).											
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x								
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X								
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c										
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit											
	any contributions that were not tax deductible as charitable contributions?	6a		x								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts											
	were not tax deductible?	6b										
7	Organizations that may receive deductible contributions under section 170(c).											
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x								
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b										
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required											
	to file Form 8282?	7c		x								
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d											
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/A									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the											
	sponsoring organization have excess business holdings at any time during the year? N/A	8										
9	Sponsoring organizations maintaining donor advised funds.											
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a										
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b										
10	Section 501(c)(7) organizations. Enter:											
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a											
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1										
11	Section 501(c)(12) organizations. Enter:	1										
а	Gross income from members or shareholders N/A 11a											
	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										
	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.											
а	Is the organization licensed to issue qualified health plans in more than one state?N/A	13a										
	Note. See the instructions for additional information the organization must report on Schedule O.											
b	Enter the amount of reserves the organization is required to maintain by the states in which the											
	organization is licensed to issue qualified health plans											
с	Enter the amount of reserves on hand											
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х								
	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		x								
	If "Yes," see instructions and file Form 4720, Schedule N.											
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x								
	If "Yes," complete Form 4720, Schedule O.											
		-	000									

Form **990** (2018)

Form		755214		Page 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a "No"	respon	se
	to line 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			X
Sec	tion A. Governing Body and Management			_
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	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		x
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		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			x
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	1	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b)	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	n? 11a	1	x
b	Describe in 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	120	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	<u>15a</u>	1	X
b	Other officers or key employees of the organization	15b	,	X
	If "Yes" to line 15a or 15b, describe the process in 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	ı	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501	(c)(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy	, and finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SHALEEZA NARAIN/CMP - 212-571-1690			
	70 MULBERRY STREET, NEW YORK, NY 10013			
832006	5 12-31-18	For	m 990	(2018)
			~	
707	07 152490 63746S 2018.06000 CHINATOWN MANPOWER	PROJE	0 63	5746

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Form 990 (2018)	CHINATOWN MANPOWER PROJECT, INC.	13-2755214 Page	;7							
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
Employees, and Independent Contractors										
Check if Sch	edule O contains a response or note to any line in this Part VII									
Section A. Officers, D	irectors, Trustees, Key Employees, and Highest Compensated Empl	byees								
1a Complete this table f	or all persons required to be listed. Report compensation for the calenda	r year ending with or within the organization's tax ve	ar							

Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than o		Reportable	Reportable	Estimated
	hours per week	box	box, unless person is b officer and a director/tr				n an tee)	compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC)	from the
	related	stee c	truste		æ	pensa		(W-2/1099-MISC)		organization
	organizations below	ual tru	ional 1		ploye	t com				and related
	line)	In dividual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) WILLIAM G. LEUNG	3.00									
CHAIRMAN		Х		х				0.	0.	0.
(2) JEFFREY D. LEONG	3.00									
VICE CHAIRMAN		Х		х				0.	٥.	0.
(3) TONY C. WONG	3.00									
TREASURER		х		х				0.	0.	0.
(4) ALISON YU	3.00									
SECRETARY		Х		х				0.	٥.	0.
(5) CHONG MIN LEE	3.00									
DIRECTOR		Х						0.	٥.	0.
(6) DEBORAH CHAN	3.00									
DIRECTOR		Х						0.	0.	0.
(7) SUZANNE GOON MARK	3.00									
DIRECTOR		X						0.	0.	0.
(8) PATRICK NG	3.00									
DIRECTOR	_	Х						0.	٥.	0.
(9) ELIZABETH LEE	3.00									
DIRECTOR		Х						0.	0.	0.
(10) WILLIAM HUANG	3.00									
DIRECTOR		Х						0.	0.	0.
(11) DAVID HO	3.00									
DIRECTOR		Х						0.	0.	0.
(12) HANS JOHANNSEN	3.00									
DIRECTOR		Х						0.	0.	0.
(13) DANNY K WONG	3.00									
DIRECTOR		Х						0.	0.	0.
						<u> </u>				
	_						<u> </u>			
		-				-				
922007 10 21 19		I								Form 990 (2018)

832007 12-31-18

Form **990** (2018)

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	990 (2018) CHINATOWN MAN	POWER PROJ	ЕСТ	, I	NC.					13-27	5521	4	P	age 8
Par	t VII Section A. Officers, Directors, Trust		ploy	ees,			ghes	t C	ompensated Employee	s (continued)				
	(A) (B) Name and title Average				Desition						e Estimat			od.
	Name and title Average hours per week (list any			not check more than one , unless person is both an cer and a director/trustee) from					compensation	Reportable compensatio from related organization	on J	Estimated amount of other compensatior		
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		fr org an	om th anizat d relat anizati	e ion ed
						×								
									0.		0.			0.
с	Sub-total Total from continuation sheets to Part VII Total (add lines 1b and 1c)								0.		0. 0.			0. 0. 0.
2	Total number of individuals (including but no compensation from the organization) wh	o re	eceived more than \$100,	000 of reportable	; ;			0
2	Did the organization list any former officer,	director or tru	oto			-		.	high act componented or		ſ		Yes	No
3	line 1a? If "Yes," complete Schedule J for su	,		,					e	1 2		3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		4		x
5	Did any person listed on line 1a receive or a	ccrue compen	Isati	on fi	rom	any	unre	elate	ed organization or individ	dual for services				
Sec	rendered to the organization? If "Yes." com tion B. Independent Contractors	plete Schedule	e J fo	or si	ıch i	oers	on .				<u></u>	5		Х
1	Complete this table for your five highest cor the organization. Report compensation for t										pensat	ion fro	om	
	(A) Name and business		NO		<u>ig w</u>		<u>, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		(B) Description of s		С	(C ompe	C) nsatio	n
2	Total number of independent contractors (ir	ncluding but no	ot lin	nited	d to t	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	ation 🕨				(0							

Form	990	(2018)
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832008 12-31-18

			Check if Schedule O contains a	response		(A)	(B)		(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue exclud from tax undo sections 512 - 514
ts	1 a	a	Federated campaigns	. 1a					
our			Membership dues						
Am			Fundraising events		139,425.				
ar			Related organizations						
and Other Similar Amounts			Government grants (contributions)	1e	1,458,132.				
Ъ	f		All other contributions, gifts, grants, and		165 560				
Ê.			similar amounts not included above	-	165,762.				
pc			Noncash contributions included in lines 1a-1f: \$			1 762 210			
a	ł	n	Total. Add lines 1a-1f			1,763,319.			
	_		QUINEGE GOUGOI		Business Code	406 700	406 700		
	2 8	-	CHINESE SCHOOL		900099	406,799.	406,799.		
ne	-	•	CMP ACADEMY		900099 900099	22,735.	22,735.		+
/eni			OTHER		900099	4,375.	4,375.		+
Revenue		d							
		e	All other program service revenue						+
			Total. Add lines 2a-2f			433,909.			
	3		Investment income (including divide						1
	U		other similar amounts)			46,608.			46,6
	4		Income from investment of tax-exer			,			· · · · ·
	5		Royalties		ſ				
			-	(i) Real	(ii) Personal				
	6 a	а	Gross rents	()					
	k	b	Less: rental expenses						
			Rental income or (loss)						
	c	d	Net rental income or (loss)						
				Securities	(ii) Other				
			assets other than inventory	838,136					
	k	b	Less: cost or other basis						
			and sales expenses	819,451					
	c	C	Gain or (loss)	18,685					
	C	d	Net gain or (loss)		►	18,685.			18,6
,	8 4		Gross income from fundraising ever						
			including \$ 139,425.						
			contributions reported on line 1c). S						
			Part IV, line 18						
			Less: direct expenses		·	20.555			
			Net income or (loss) from fundraisin	-	►	-30,557.			-30,5
	9 a		Gross income from gaming activitie						
			Part IV, line 19						
			Less: direct expenses		»L				
			Gross sales of inventory, less return						
	10 6		and allowances						
	ŀ		Less: cost of goods sold						
			Net income or (loss) from sales of in						
F		-		iventory .	Business Code				
	11 a	a							
		b							1
		0							1
			All other revenue						1
			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			2,231,964.	433,909.	0	. 34,7

CHINATOWN MANPOWER PROJECT, INC.

Form 990 (2018)

9

Page **9**

13-2755214

CHINATOWN MANPOWER PROJECT, INC.

13-2755214 Page 10

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,673,462. 1,546,654. 101,931. 24,877. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 84,964 78,879 5,064 1,021. 9 Other employee benefits 100,586 93,382. 5,995 1,209. 10 Payroll taxes 11 Fees for services (non-employees): Management а b Legal 29,016. 29,016 С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees 18,021. 18,021 f Other. (If line 11g amount exceeds 10% of line 25, g 26,330 23,262 2,739 329. column (A) amount, list line 11g expenses on Sch O.) 16,652 16,652, 12 Advertising and promotion 780. 125,376. 119,220. 5,376 13 Office expenses _____ 14 Information technology Royalties 15 70,813. 34,255. 36,190 368. 16 Occupancy 25,394 19,405, 5,989 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 39,900 39,336, 564. 22 Depreciation, depletion, and amortization 34,087 19,250. 14,562 275. 23 Insurance Other expenses. Itemize expenses not covered 24 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 0.) OTHER 119,500. 35,644. 4,411 79,445. а REPAIRS & MAINTENANCE 12,133 3,619. 448 8,066. b STAFF DEVELOPMENT 9,641. 2,876, 356, 6,409. С UNRELATED BUS. INC. TAX 2,799. 835. 103 1,861. d All other expenses е 125,204. Total functional expenses. Add lines 1 through 24e 2,388,674, 2,033,269 230,201 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720) Check here

10

832010 12-31-18

Form 990 (2018)

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14070707 152490 63746s

3,321,290.

3,542,167.

32

33

34

	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete		
		Part II of Schedule L	5	
	6	Loans and other receivables from other disgualified persons (as defined under		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		
		employers and sponsoring organizations of section 501(c)(9) voluntary		
		employees' beneficiary organizations (see instr). Complete Part II of Sch L	6	
	7	Notes and loans receivable, net	7	
	8	Inventories for sale or use	8	
	9	Prepaid expenses and deferred charges 42,250		
	10a	Land, buildings, and equipment: cost or other		
		basis. Complete Part VI of Schedule D 10a 269,925.		
	b	Less: accumulated depreciation 10b 119,800. 123,269	· 10c	
	11	Investments - publicly traded securities 1,577,414	· 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	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34) 3,542,167	· 16	
T	17	Accounts payable and accrued expenses 91,844	· 17	
	18	Grants payable	18	
	19	Deferred revenue 129,033	· 19	
	20	Tax-exempt bond liabilities	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	21	
	22	Loans and other payables to current and former officers, directors, trustees,		
		key employees, highest compensated employees, and disqualified persons.		
		Complete Part II of Schedule L	22	
	23	Secured mortgages and notes payable to unrelated third parties	23	
	24	Unsecured notes and loans payable to unrelated third parties	24	
	25	Other liabilities (including federal income tax, payables to related third		
		parties, and other liabilities not included on lines 17-24). Complete Part X of		
		Schedule D	25	
╡	26	Total liabilities. Add lines 17 through 25 220,877	· 26	
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔟 and		
		complete lines 27 through 29, and lines 33 and 34.		
	27	Unrestricted net assets 3,144,348		
	28	Temporarily restricted net assets 176,942		
	29	Permanently restricted net assets	29	
		Organizations that do not follow SFAS 117 (ASC 958), check here		
		and complete lines 30 through 34.		
	30	Capital stock or trust principal, or current funds	30	
	31	Paid-in or capital surplus, or land, building, or equipment fund	31	

CHINATOWN MANPOWER PROJECT, INC.

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net Accounts receivable, net

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

13-2755214

(B) End of year

(A) Beginning of year

75,718.

685,056.

1,038,460.

1

2

3

4

117,449.

747,281.

699,471.

39,546.

150,125. 1,712,410.

3,466,282. 130,180.

136,977.

267,157.

3,092,595. 106,530.

3,199,125.

3,466,282.

Form 990 (2018)

Form 990 (2018) Part X Balance Sheet

1

2

3

4

Assets

Liabilities

Net Assets or Fund Balances

32

33

34

Form 990 (2018) CHINATOWN MANPOWER PROJECT, INC.	13-27	55214	Pa	_{ge} 12
Part XI Reconciliation of Net Assets				4
Check if Schedule O contains a response or note to any line in this Part XI				
1 Total revenue (must equal Part VIII, column (A), line 12)	1	2	,231,	964.
2 Total expenses (must equal Part IX, column (A), line 25)	2	2	,388,	674.
3 Revenue less expenses. Subtract line 2 from line 1			-156,	710.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	,321,	290.
5 Net unrealized gains (losses) on investments	5		34,	545.
6 Donated services and use of facilities	6			
7 Investment expenses	7			
8 Prior period adjustments	8			
9 Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
column (B))	10	3	,199,	125.
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 X Accrual Other		-		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedul	e O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ed on a			
separate basis, consolidated basis, or both:				
Separate basis Consolidated basis Both consolidated and separate basis				
b Were the organization's financial statements audited by an independent accountant?		2 b	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	ite basis,			
consolidated basis, or both:				
X Separate basis Consolidated basis Both consolidated and separate basis				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t				
review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
If the organization changed either its oversight process or selection process during the tax year, explain in Sc				
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit			
Act and OMB Circular A-133?		<u>3a</u>		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?				
or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b	000	

Form **990** (2018)

(Rev. January 2019)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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

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

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

				Enter file	er's identif	ying number
Type or print	Name of exempt organization or other filer, see instru	Employe	Employer identification number (EIN) o			
File by the	CHINATOWN MANPOWER PROJECT, INC.			55214		
due date for filing your return. See	ue date for Number, street, and room or suite no. If a P.O. box, see instructions. Southing your 70 MULBERRY STREET					lber (SSN)
instructions.	City, town or post office, state, and ZIP code. For a for NEW YORK, NY 10013					
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1
Applicati	on	Return	Application			Return
ls For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	-BL	02	Form 1041-A			08
Form 472	0 (individual)	03	Form 4720 (other than individual)		09
Form 990	-PF	04	Form 5227			10
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	-T (trust other than above)	06	Form 8870			12
 If the c If this is box ▶ [1 I reaction the the the the the the the the the the	anone No. ▶ 212-571-1690 organization does not have an office or place of business is for a Group Return, enter the organization's four digit of . If it is for part of the group, check this box ▶ quest an automatic 6-month extension of time until organization named above. The extension is for the organization named above. The extension is for the organization ramed above. The extension ramed above ramed above. The extension ramed above ram	Group Exe and atta MAY 1 anization's , an	mption Number (GEN)	. If this is fo of all memb	r the whole ers the ext npt organiz 	e group, check this
<u>any</u> b If th <u>esti</u>	his application is for Forms 990-BL, 990-PF, 990-T, 4720, onnrefundable credits. See instructions. his application is for Forms 990-PF, 990-T, 4720, or 6069 imated tax payments made. Include any prior year overp), enter any payment all	refundable credits and owed as a credit.	3a 3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pang EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.
	If you are going to make an electronic funds withdrawal			8453-EO an	d Form 88	79-EO for payment

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

Form 8868 (Rev. 1-2019)

823841 12-19-18

SCHEDUL	E A.
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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2018
Open to Public

Inspection

Nan	ne of t	the organization						Employer	identification number		
			OWN MANPOWER PROJECT, INC.				13-2755214				
Pa	nrt I	Reason for Public C	Charity Status 🖟	All organizations must co	omplete th	is part.) Se	e instruction:	3.			
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)					
1		A church, convention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)(1	I)(A)(i).				
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 99	90-EZ).)					
3	\square	A hospital or a cooperative		· · ·			ii).				
4	\square	A medical research organize					•)(iii). Enter	the hospital's name.		
•		city, and state:		· · · · · · · · · · · · · · · · · · ·				,,,. =	·····,		
5		An organization operated for	or the benefit of a co	llege or university owned	or operat	ed by a do	vernmental u	nit describe	ed in		
Ũ		section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	x	An organization that norma	-					ao gonoral r	aublic described in		
'		-	-	Initial part of its support if	on a gove	ennentai		ie general j			
•		section 170(b)(1)(A)(vi). (C		(1)(A)();) (Complete Der							
8	\square	A community trust describe						المسمية مسمع			
9		An agricultural research org	-			-		-	-		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or		
40		university:		11 00 1 /00/					-l		
10		An organization that norma									
		activities related to its exem		• •	. ,			• •			
		income and unrelated busir		(less section 511 tax) fro	m busines	sses acqui	red by the ore	ganization a	ifter June 30, 1975.		
		See section 509(a)(2). (Cor	. ,			/					
11		An organization organized a	-	•	•						
12		An organization organized a	•	•	•			•	• •		
		more publicly supported or	-						Check the box in		
		lines 12a through 12d that	• •			-		-			
а		Type I. A supporting orga	-	-	• • • •	-					
		the supported organization			majority c	of the direc	tors or truste	es of the su	ipporting		
		organization. You must o	-								
b		Type II. A supporting org	-				-		•		
		control or management o			ame perso	ns that co	ntrol or mana	ge the supp	ported		
	_	organization(s). You mus	-								
С		Type III functionally inte	• •					lly integrate	d with,		
	_	its supported organization		-							
d		Type III non-functionally	integrated. A supp	porting organization oper	ated in co	nnection w	vith its suppo	rted organiz	zation(s)		
		that is not functionally int			•		-	an attentiv	/eness		
	_	requirement (see instructi									
е		Check this box if the orga					Туре I, Туре	II, Type III			
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.					
f		er the number of supported o	0								
g		vide the following information (i) Name of supported		<u> </u>	(iv) is the ora:	anization listed	() A manual a	6			
	(organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount o support (see in		(vi) Amount of other support (see instructions)		
		organization		above (see instructions))	Yes	No		131140110113/			
Tota											
LHA	For F	Paperwork Reduction Act N	lotice, see the Instru	uctions for Form 990 or	990-EZ.	832021 10-	11-18 Sche	dule A (For	m 990 or 990-EZ) 2018		

Schedule A (Form 990 or 990 EZ) 2018 CHINATOWN MANPOWER PROJECT, INC.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,458,672.	1,530,038.	1,606,821.	1,704,901.	1,763,319.	8,063,751.
2	Tax revenues levied for the organ-						
	ization'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	1,458,672.	1,530,038.	1,606,821.	1,704,901.	1,763,319.	8,063,751.
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)						
	Public support. Subtract line 5 from line 4.						8,063,751.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	1,458,672.	1,530,038.	1,606,821.	1,704,901.	1,763,319.	8,063,751.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	29,361.	31,384.	34,018.	38,268.	46,608.	179,639.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						8,243,390.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	1,870,179.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)	
_	organization, check this box and stor						
	ction C. Computation of Publi						
14	Public support percentage for 2018 (I					14	97.82 %
15	Public support percentage from 2017					15	97.92 %
16a	33 1/3% support test - 2018. If the c	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2017. If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			▶∟
17a	10% -facts-and-circumstances test	- 2018. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac	ts-and-circumstanc	es" test, check thi	s box and stop h	ere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances test	- 2017. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets the	ne "facts-and-circur	nstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	
	organization meets the "facts-and-circ	umstances" test. 7	The organization qu	ualifies as a public	ly supported orga	nization	
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	

Schedule A (Form 990 or 990-EZ) 2018

832022 10-11-18

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Schedule A (Form 990 or 990-EZ) 2018 CHINATOWN MANPOWER PROJECT, INC.

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

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

Sec	clion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectior	n 501(c)(3) organiza	ation,
	check this box and stop here	-				-	
Sec	ction C. Computation of Publi	ic Support Per	rcentage				
15	Public support percentage for 2018 (I	line 8, column (f), d	livided by line 13, (column (f))		15	%
16	Public support percentage from 2017	7 Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Invest	stment Income	Percentage				
17	Investment income percentage for 20	018 (line 10c, colur	mn (f), divided by li	ine 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2018. If the					3 1/3%, and line 17	
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2017. If the						
~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 10-11-18			, <u>.</u> ,,		edule A (Form 990) or 990-EZ) 2018
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Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

16

832024 10-11-18

1 2 3a 3b 3c 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a

Schedule A (Form 990 or 990-EZ) 2018

10b

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	110
•				
	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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		2		
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	2		
Sec	supported organizations played in this regard. Ition E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		N
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
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17

832025 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

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Sche	dule A (Form 990 or 990-EZ) 2018 CHINATOWN MANPOWER PROJECT, INC.			13-2755214	Page 6
	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instr	uctions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
с	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions)	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	'ear
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
_	emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functional	lv integrat	ed Type III supporting org	anization (see	

instructions).

Schedule A (Form 990 or 990-EZ) 2018

832026 10-11-18

Schedule A (Form 990 or 990 EZ) 2018 CHINATOWN MANPOWER PROJECT, INC.

Pa	rt V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continued)	r ago r
Sect	ion D - Distributions		v 7	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2018 distributable amount			
<u> i</u>	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>	Excess from 2014			
b	Excess from 2015			
C	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

Part VD Supplemental Information. Provide the explanations required by Part II, line 10: Part II, line 17: an 71%. Part II, line 12: A settion 6, line 1: 23: A set 45: 66: 65: 65: 65: 65: 65: 65: 65: 65: 6	Schedule A	(Form 990 or 990-EZ) 2018 CHINATOWN MANPOWER PROJECT, INC.	13-2755214	Page 8
2020 T0-11-0 Schedule A (Form 990 or 990-EZ) 20	Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any a	Part V, Section B, line 1e; P	n C,
20 Schedule A (Form 990 or 990-EZ) 20				
20 Schedule A (Form 990 or 990-E2) 20				
20 Schedule A (Form 990 or 990-EZ) 20				
20 Schedule A (Form 990 or 990-EZ) 20				
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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2018

Employer identification number

CHINATOWN	MANPOWER	PROJECT,	INC.
Organization type (check one):			

13-2755214

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable.

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

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name	of	organization
INALLE	UI.	organization

Employer identification number

13-2755214

CHINATOWN MANPOWER PROJECT, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NYC DEPT OF YOUTH & COMMUNITY DEVELOP. 123 WILLIAM STREET NEW YORK, NY 10038	\$1,323,790.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	EMPIRE STATE DEVELOPMENT CORPORATION 633 THIRD AVENUE NEW YORK, NY 10017	\$77,192.	Person X Payroll Image: 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, 990-EZ, or 990-PF) (2018)

22 2018.06000 CHINATOWN MANPOWER PROJEC 63746S_1

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Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

13-2755214

CHINATOWN MANPOWER PROJECT, INC.

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
— <u>—</u>		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

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Page **4**

ame of org	anization	Employer identification numbe		
HINATOWN	MANPOWER PROJECT, INC.			13-2755214
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line en charitable, etc., contributions of \$1,000 or	try For organizations	hat total more than \$1,000 for the ye
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
Part I				
-		(e) Transfer of gif	 t	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
_		(e) Transfer of gif	 t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
_		(e) Transfer of gif	 t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
—				
		(e) Transfer of gif	t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
3454 11-08-1	0		Schedule	B (Form 990, 990-EZ, or 990-PF) (20

24 2018.06000 CHINATOWN MANPOWER PROJEC 63746S_1

SC	SCHEDULE D Supplemental Financial Statements						
	m 990)		2018				
Depart	tment of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public Inspection		
Interna	ternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						
Name of the organization Employer ident CHINATOWN MANPOWER PROJECT, INC. 13-2							
Pa			d Funds or Other Similar Funds or	r Accou			
		ered "Yes" on Form 990, Part IV, lin					
			(a) Donor advised funds	(b) Fu	nds and other accounts		
1	Total number at end of ye	ear					
2		butions to (during year)					
3		from (during year)					
4	· · · · · · · · · · · · · · · · · · ·						
5	-		vriting that the assets held in donor advised				
6			exclusive legal control? dvisors in writing that grant funds can be us		Yes No		
6	•	•	r donor advisor, or for any other purpose co	•			
	• •			•			
Pa			ganization answered "Yes" on Form 990, Pa				
1		n easements held by the organization					
	Preservation of land	d for public use (e.g., recreation or e	ducation) Preservation of a histor	ically impo	ortant land area		
	Protection of natura	al habitat	Preservation of a certifie	ed historic	structure		
	Preservation of ope	•					
2		h 2d if the organization held a qualif	ied conservation contribution in the form of	a conserva			
_	day of the tax year.				Held at the End of the Tax Year		
a k	Total number of conserva						
b	•		ucture included in (a)	···· —			
J b			fter 7/25/06, and not on a historic structure				
u							
3			eased, extinguished, or terminated by the or		during the tax		
	year 🕨	_		-	-		
4	Number of states where p	property subject to conservation eas	ement is located				
5	Does the organization have	ve a written policy regarding the per	iodic monitoring, inspection, handling of				
	,	ent of the conservation easements it					
6	Staff and volunteer hours	devoted to monitoring, inspecting,	handling of violations, and enforcing conser	vation eas	ements during the year		
-							
7	Amount of expenses incu \$	rred in monitoring, inspecting, hand	ling of violations, and enforcing conservatio	n easemei	hts during the year		
8		easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i)			
•					Yes No		
9			on easements in its revenue and expense st				
	include, if applicable, the	text of the footnote to the organizat	ion's financial statements that describes the	e organizat	tion's accounting for		
	conservation easements.		· · · · · · · · · · · · · · · · · · ·		. .		
Pa		=	Art, Historical Treasures, or Othe	er Simila	ar Assets.		
		ganization answered "Yes" on Form					
1a			C 958), not to report in its revenue statemer				
			ibition, education, or research in furtherance	e or public	service, provide, in Part XIII,		
h		its financial statements that descril as permitted under SEAS 116 (AS	C 958), to report in its revenue statement ar	nd halance	sheet works of art historical		
5	-		lucation, or research in furtherance of public				
	relating to these items:						
	-	Form 990, Part VIII, line 1		►	\$		
	(ii) Assets included in Fo				\$		
2	If the organization receive	ed or held works of art, historical trea	asures, or other similar assets for financial g	ain, provic	le		
	the following amounts rec	quired to be reported under SFAS 1	16 (ASC 958) relating to these items:				
а	Revenue included on For	m 990. Part VIII. line 1			\$		

b	Assets included	in	Form	990,	Part X

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25 2018.06000 CHINATOWN MANPOWER PROJEC 63746S_1

▶ \$

Sche		ANPOWER PROJECT					13-275		Pa	_{age} 2
Par	t III Organizations Maintaining C	ollections of Art,	Historical Tre	easures, or	Other S	Similar	Assets	contii	nued)	
3	Using the organization's acquisition, accession	on, and other records,	check any of the f	following that a	ire a signi	ificant u	se of its c	ollection	items	i
	(check all that apply):									
а	Public exhibition	d	Loan or exc	hange program	าร					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organization	's exemp	ot purpos	e in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	art, historical treas	sures, or other	similar as	ssets		_		_
_	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		e if the organizatio	n answered "Y	es" on Fo	orm 990	, Part IV, I	ine 9, or		
_	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi		•						_	7
	on Form 990, Part X?						∟	Yes		No
D	If "Yes," explain the arrangement in Part XIII	and complete the folic	owing table:					A.m.o.un	+	
	Designing belongs							Amoun	τ	
	Beginning balance					1c 1d				
	Additions during the year					1e				
f	Ending balance					16 1f				
2a	Did the organization include an amount on Fe							Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Par		f the organization ans	wered "Yes" on Fo	orm 990, Part I\	/, line 10.					
		(a) Current year	(b) Prior year	(c) Two years			ears back	(e) Fou	r years	back
1a	Beginning of year balance	656,942.	626,321.	609,	663.	17	70,958.		115,	324.
b	Contributions						500.			
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	105,412.	29,379.	13,	342.	-40	08,705.		21,	866.
f	Administrative expenses									
g	End of year balance	586,530.	•	;	321.	60	09,663.		170,	958.
2	Provide the estimated percentage of the curr	•	(line 1g, column (a)) held as:						
а	Board designated or quasi-endowment	81.84	_%							
b	Permanent endowment	%								
с	Temporarily restricted endowment									
-	The percentages on lines 2a, 2b, and 2c show									
3a	Are there endowment funds not in the posse	ssion of the organizati	ion that are held ar	nd administered	d for the o	organiza	tion		V.	
	by:							2=(1)	Yes	No X
	(i) unrelated organizations							3a(i)		X
h	(ii) related organizations If "Yes" on line 3a(ii), are the related organiza	tions listed as require						3a(ii) 3b		
4	Describe in Part XIII the intended uses of the							30		L
Par	t VI Land, Buildings, and Equipm		ment funds.							
	Complete if the organization answere		Part IV. line 11a. S	ee Form 990. F	Part X. lin	ne 10.				
	Description of property	(a) Cost or oth		or other		umulate	d	(d) Boo	k valu	e
	······································	basis (investme		(other)	• •	eciation		, , 200		
1a	Land									
	Buildings									
	Leasehold improvements			124,913.		84,0	018.		40,	895.
	Equipment			145,012.		35,	782.		109,	230.
	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	. column (B), line 1	0c.)					150,	125.
						:	Schedule	D (Forn	n 990)	2018

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

<u>1.</u>	(a) Description of liability	(b) BOOK Value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

Sche	dule D (Form 990) 2018 CHINATOWN MANPOWER PROJECT, INC.			13-2755214	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,064,288.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	34,545.		
b	Donated services and use of facilities	. 2b	815,800.		
с	Recoveries of prior year grants	2 c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	850,345.
3	Subtract line 2e from line 1			3	2,213,943.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	18,021.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	18,021.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,231,964.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With E	Expenses per F	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total expenses and losses per audited financial statements			1	3,186,453.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a	815,800.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	815,800.
3	Subtract line 2e from line 1			3	2,370,653.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	18,021.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	18,021.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,388,674.
Pa	t XIII Supplemental Information.				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	t IV, lines 1b ar	nd 2b; Part V, line 4	; Part X, line 2; I	Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	ditional informa	tion.		

PART V - QUESTION 4 PART V - QUESTION 4

THE INTENDED USE OF THE TEMPORARILY RESTRICTED FUNDS ARE FOR THE THE

INTENDED USE OF THE TEMPORARILY RESTRICTED FUNDS ARE FOR THE FOLLOWING

PURPOSES: 1) CASH FLOW - TO USE FOR THE INTENDED PROGRAMS IN INSTANCES

WHERE THERE IS A LAG BETWEEN EXPENDITURES AND CHECKS RECEIVED FROM THE

FUNDING SOURCE; 2) DEFICITS - TO USE FOR DEFICITS INCURRED IN SUBSEQUENT

YEARS FOR PROGRAMS FOR WHICH THE FUNDS HAVE BEEN DESIGNATED; 3) EXPANSION

- TO USE FOR PROGRAMS WHERE THE FUNDS HAVE BEEN DESIGNATED TO SERVE

CLIENTS ON A WAITLIST, AND THUS EXPANSION OF THE PROGRAM.

832054 10-29-18

Schedule D (Form 990) 2018	CHINATOWN MANPOWER PROJECT, INC.	13-2755214 Page 5
Schedule D (Form 990) 2018 Part XIII Supplemental Info	ormation (continued)	
		Schedule D (Form 990) 2018
832055 10-29-18		

29 2018.06000 CHINATOWN MANPOWER PROJEC 63746S_1

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	raisi	ing or Gaming A	ctiv	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$1				or 19,	or if the	2018
Department of the Treasury Internal Revenue Service		Attach to Form 990						Open to Public Inspection
Name of the organization		to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.	Employer ide	entification number
-	CHINATOWN 1	MANPOWER PROJECT, INC.					13-27552	14
	complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	Z filers are not
 a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written o ed in Form 990, Pa) highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover iising o ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have cr or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (Amount paid or retained by) fundraiser sted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
								+
								1
								+
								<u> </u>
Total 3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	▶ utions	or has been notified	it is	exempt from re	egistration
LHA For Paperwork R	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z. 9	Sche	dule G (Form	990 or 990-EZ) 2018

832081 10-03-18

Schedule G (Form 990 or 990-EZ) 2018 CHINATOWN MANPOWER PROJECT, INC.

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

			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
Ð			(event type)	(event type)	(total number)	col. (c))
Peverine	1	Gross receipts	200,470.			200,470
	2	Less: Contributions	139,425.			139,425
	3	Gross income (line 1 minus line 2)	61,045.			61,045
	4	Cash prizes				
	5	Noncash prizes				
DILECT EXPENSES	6	Rent/facility costs	74,486.			74,486
	7	Food and beverages	8,445.			8,445
5	8	Entertainment				
	9	8,671				
	3	Other direct expenses				
	-	Direct expense summary. Add lines 4 throug	h 9 in column (d)		►	
	10 11	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from	h 9 in column (d)		►	· · · · · ·
	10	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from II Gaming. Complete if the organization	h 9 in column (d)		►	,
	10 11	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from	h 9 in column (d)	990, Part IV, line 19, or	►	-30,557
) aı	10 11	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from II Gaming. Complete if the organization	h 9 in column (d)		►	
) aı	10 11	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from II Gaming. Complete if the organization	h 9 in column (d) line 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	
a	10 11	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	h 9 in column (d) line 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	-30,557
a	10 11	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from II Gaming. Complete if the organization	h 9 in column (d) line 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	- 30 , 557
	10 11	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	h 9 in column (d) line 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	- 30 , 557
	10 11 t I	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	h 9 in column (d) line 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	- 30 , 557
) aı	10 11 11 11 1 1 2	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	h 9 in column (d) line 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	(d) Total gaming (add col. (a) through col. (c
	10 11 rt I 2 3	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	h 9 in column (d) line 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	- 30 , 557
	10 11 tl 2 3 4	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	h 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than (c) Other gaming	(d) Total gaming (add col. (a) through col. (c
	10 11 tl 2 3 4	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	h 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or (b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (a
	10 11 11 1 2 3 4 5	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	h 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo (a) Bingo (b) Bingo (c) Bingo (990, Part IV, line 19, or (b) Pull tabs/instant bingo/progressive bingo	reported more than (c) Other gaming	(d) Total gaming (add col. (a) through col. (c

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

a Is the organization licensed to conduct gaming activities in each of these states?
 b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
 Image: Second Se

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

Yes

No

No

Sch	edule G (Form 990 or 990-EZ) 2018 CHINATOWN MANPOWER PROJECT, INC.	13-275521	4	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No No
13	Indicate the percentage of gaming activity conducted in:			
a	The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
k	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amour	nt		
	of gaming revenue retained by the third party \blacktriangleright \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	· 🗌 י	Yes	No
ł	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	he		
	organization's own exempt activities during the tax year > \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and 15b, 15b, 15b, 15b, 15b, 15b, 15b, 15b,	nd Part III, line	es 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
		/Ferm 000		EZ) 0040
8320	33 10-03-18 Schedule G 32	(Form 990 o	1 990-	EZ) 2018

	Schedule G (Form 990 or 990-EZ)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



Employer identification number 13-2755214

CHINATOWN MANPOWER PROJECT, INC.

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

PROGRAMS TO PEOPLE FROM DIVERSE BACKGROUNDS.

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

ESTABLISHED IN 1972, CHINATOWN MANPOWER PROJECT, INC. ("CMP") IS A

PRIVATE, NOT-FOR-PROFIT, COMMUNITY-BASED ORGANIZATION WITH A MISSION TO

PROMOTE ECONOMIC SELF-SUFFICIENCY AND CAREER ADVANCEMENT THROUGH

EQUIPPING INDIVIDUALS WITH JOB & EDUCATIONAL SKILLS, CREDENTIAL

PREPARATION, LEADERSHIP DEVELOPMENT, AND ENTREPRENEURSHIP

OPPORTUNITIES. WE WORK WITH ALL SEGMENTS OF SOCIETY, WITH A DISTINCT

TRACK RECORD SERVING THE ASIAN AMERICAN COMMUNITY.

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

ADULT LITERACY PROGRAM, WORK LEARN GROW, NEIGHBORHOOD DEVELOPMENT

ASSISTANCE, OSY FOLLOW UP YEAR, BUSINESS OUTREACH CENTER, JOBS TO BUILD

ON, FOOD STAMP EMPLOYMENT TRAINING, CMP ACADEMY, MANAGEMENT AND

DEVELOPMENT/FUNDRAISING

EXPENSES \$ 561,616. INCLUDING GRANTS OF \$ 0. REVENUE \$ 27,110.

FORM 990, PART VI, SECTION A, LINE 8B:

THE BOARD ACTS AS A COMMITTEE OF A WHOLE.

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

THE TREASURER REVIEWS THE RETURN PRIOR TO FILING WITH THE INTERNAL REVENUE

SERVICE.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832211 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization

CHINATOWN MANPOWER PROJECT, INC.

Page 2 Employer identification number 13-2755214

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

THE CHAIRMAN OF THE BOARD SPEAKS WITH OTHER BOARD MEMBERS AND KEY

EMPLOYEES TWICE PER YEAR TO FOLLOW UP ON ANY CONFLICTS THAT MAY ARISE AFTER

THEY SIGNED THE CONFLICT OF INTEREST FORM.

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

CMP MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS AVAILABLE UPON REQUEST OR ON THE CMP'S WEBSITE.

832212 10-10-18

35 2018.06000 CHINATOWN MANPOWER PROJEC 63746S_1

Form	990-T	E	Exempt Orga				Fax Return		OMB No. 1545-0687
			•	nd proxy tax unde		• ••	20 0010		2010
		For ca	lendar year 2018 or other tax ye					·	2018
	ment of the Treasury I Revenue Service		► Go to www • Do not enter SSN numbe	.irs.gov/Form990T for in rs on this form as it may					Open to Public Inspection for 501(c)(3) Organizations Only
Α	Check box if address changed		Name of organization (Check box if name cl	hanged	and see instructions.)		(Emp	oyer identification number loyees' trust, see uctions.)
B Ex	empt under section	Print	CHINATOWN MANPOW	ER PROJECT, INC.					13-2755214
X]501(c)(3)	or	Number, street, and roon	n or suite no. If a P.O. box	k, see ir	structions.			ated business activity code instructions.)
]408(e)220(e)	Туре	70 MULBERRY STRE	ET					
	408A 530(a) 529(a)		City or town, state or pro NEW YORK, NY 10	vince, country, and ZIP or 013	r foreig	n postal code		9000	99
C Boo	ok value of all assets nd of year		F Group exemption num						
	3,466,	282.	G Check organization typ	e 🕨 🛛 🗴 501(c) corp	oratior	ı 📃 501(c) trust	401(a)) trust	Other trust
H En	ter the number of the o	organiza	tion's unrelated trades or I	ousinesses. 🕨	1		e the only (or first) ur		
	de or business here 🖡	-					e, complete Parts I-V.		
			ce at the end of the previo	us sentence, complete Pa	rts I an	d II, complete a Schedul	e M for each addition	al trade	or
	siness, then complete			- (C)	4				
			ooration a subsidiary in an tifying number of the parer		it-sudsi	diary controlled group?	P [Ye	es X No
			SHALEEZA NARAIN/CM			Telen	hone number 🕨 2	12-57	1-1690
			le or Business Inc			(A) Income	(B) Expenses		(C) Net
	Gross receipts or sale					()	(-)	-	(-)
	Less returns and allow			c Balance ►	1c				
2	Cost of goods sold (S	chedule	A, line 7)	•	2				
			rom line 1c		3				
4 a	Capital gain net incom	ne (attac	h Schedule D)		4a				
b	Net gain (loss) (Form	4797, P	art II, line 17) (attach Forn	n 4797)	4b				
			sts		4c				
			ship or an S corporation (a		5				
	Rent income (Schedu				6				
			ne (Schedule E)		7				
		,	nd rents from a controlled (17)	u	8				
			on 501(c)(7), (9), or (17) o		9 10				
			me (Schedule I) 9 J)		11				
	Other income (See ins				12				
	•		gh 12		13	0.			
Pa	rt II Deductio	ns No	t Taken Elsewher	e (See instructions fo		ations on deductions.)		
	(Except for a	contribu	utions, deductions must	be directly connected	with t	he unrelated busines	s income.)		
14	Compensation of off	icers, di	rectors, and trustees (Sche	edule K)				14	
15								15	
16								16	
17								17	
18			ee instructions)					18	
19	Taxes and licenses							19	
20			e instructions for limitation					20	
21			562)					22b	
22 23			n Schedule A and elsewher					220	
23 24	• • • • • • • • • • • • • • • • • • • •		mpensation plans					23	
25	Employee benefit pro							25	
26		•	chedule I)					26	
27			hedule J)					27	
28			nedule)					28	
29			14 through 28					29	0.
30			ncome before net operating					30	0.
31	Deduction for net op	erating I	loss arising in tax years be	ginning on or after Januar	ry 1, 20	18 (see instructions)		31	
32			ncome. Subtract line 31 fro					32	0.
82370	1 01-09-19 LHA Fo	or Paper	work Reduction Act Notic	e, see instructions.					Form 990-T (2018)

14070707 152490 63746s

36 2018.06000 CHINATOWN MANPOWER PROJEC 63746S_1

Part		13-275		Pa
33	Total of unrelated business taxable income computed from all unrelated trades as human from the			
34				
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		34	
36	a subject the second before specific deduction. Subtract line 35 from the sum of		35	
37		•••••	36	1 00
38			37	1,00
Part	enter the smaller of zero or line 36 IV Tax Computation		38	
39			00	
40	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) Trusts Taxable at Trust Rates. See instructions for tax computations losses to tax		39	(
10				
41	Schedule D Schedule D (Form 1041)		40	
42			41	
43	Alternative minimum fax (trusts only) Tax on Noncompliant Facility Income. See instructions		42	
44	Tax on Noncompliant Facility Income. See instructions Total. Add lines 41, 42, and 43 to line 39 or 40 whichever applies		43	
Part			44	0
45 a	Foreign tax credit (corporations attach Form 1119: truste attach Form 1119:		······	
b				
C	General business credit. Attach Form 3800			
d	General business credit. Attach Form 3800 45b Credit for prior year minimum tax (attach Form 8801 or 8827) 45c Total credits Add lines 45c			
е	Total credits. Add lines 45a through 45d			
46	Total credits. Add lines 45a through 45d		45e	
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8007 Form 9007		46	0
48	rotar tax. Add lines to and 47 (see instructions)		47	
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		48	0
50 a		638.	49	0
	a o lo commutou tax payments	030.		
-	En al	2,762.		
	solutions, tax paid of withheld at source (see instructions)	,		
C	Backup withholding (see instructions)			
1	orecut for small employer nealth insurance premiums (attach Form 8941)			
g	Other credits, adjustments, and payments: Form 2439			
	FOIN 4136 Total >			
51	Total payments. Add lines 50a through 50g		51	3,400.
			52	
	and due in mile of is less than the total of miles 48, 49, and 52 onter amount owod		53	
	and by and by another amount overbaid		54	3,400.
Part V	and the uncount of mile of you want. Cleaned to 2019 estimated tax		55	3,400.
	see instructions)			
00 /	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes No
	wer a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	inCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
				x
1	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign true "Yes," see instructions for other forms the organization may have to file.	st?		x
58 E	nter the amount of tax-exempt interest received or accrued during the tax year \$			
	Under penalties of perjury, I declare that I have axamined this return, including accompanying schedules and statements, and to the best of me correct, and complete. Declaration of preparer to the than taxpayer) is based on all information of which preparer has any knowledge.	knowledge	and half of the	
Sign	correct, and complete. Declaration of proparer (other than taxpayer) is pased on all information of which preparer has any knowledge.	Knowledge	e and bener, it is	irud,
Here	BOARD CHAIRMAN		the IRS discuss	
	Signaturé of officer Date Title	the p	uctions)?	Yes No
	Print/Type preparer's name Preparer's signature Date Check	if	PTIN	
Paid	self- em		1 110	
Prepar	Primes J. REILLY (amon (), $Prime 7/10/2020$		P001837	59
Use On	Iy Firm's name ► CONDON O'MEARA MCGINTY & DONNELAY LLP Firm's		13-362	
	ONE BATTERY PARK PLAZA			
	Firm's address NEW YORK, NY 10004			
23711 01-09	, Phone i	10. 212	-661-7777	

14070707 152490 63746s

37 2018.06000 CHINATOWN MANPOWER PROJEC 63746S 1 (Rev. January 2019)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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

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

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

				Enter file	Enter filer's identifying number		
Type or print	Name of exempt organization or other filer, see instructions.			Employe	mployer identification number (EIN) or		
File by the	CHINATOWN MANPOWER PROJECT, INC.				13-2755214		
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. Sc 70 MULBERRY STREET Sc			Social se	Social security number (SSN)		
instructions.	City, town or post office, state, and ZIP code. For a fond NEW YORK, NY 10013	oreign addi	ress, see instructions.				
Enter the Return Code for the return that this application is for (file a separate application for each return)						0 7	
Application		Return	Application			Return	
Is For		Code	Is For			Code	
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07	
Form 990-BL		02	Form 1041-A			08	
Form 4720 (individual)		03	Form 4720 (other than individual)			09	
Form 990-PF		04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11	
Form 990-T (trust other than above)		06	Form 8870			12	
 If the c If this box ▶ [1 I re the ▶ [none No. ▶ 212-571-1690 organization does not have an office or place of business is for a Group Return, enter the organization's four digit	Group Exe and atta MAY 1 anization's , an	mption Number (GEN) ch a list with the names and EINs 5, 2020 , to return for: d ending 30, 2019	. If this is fo of all memb	r the whole ers the extension opt organiz	group, check this	
<u>any</u> b If th <u>est</u>	 any nonrefundable credits. See instructions. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 				\$	3,400. 638.	
	ng EFTPS (Electronic Federal Tax Payment System). See If you are going to make an electronic funds withdrawal ns.			8453-EO an	\$ d Form 88	2,762. 79-EO for payment	

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

Form 8868 (Rev. 1-2019)

823841 12-19-18