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2015

Open to Public Inspection

Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
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.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016

B Check if applicable	C Name of organization Chinese American Real Estate Association USA Inc	D Employer identification number 13-4016452
<input type="checkbox"/> Address change	Number and street (or P O box, if mail is not delivered to street address) 37-08 Main Street	E Telephone number
<input type="checkbox"/> Name change	Room/suite	
<input type="checkbox"/> Initial return		
<input type="checkbox"/> Final return/terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		F Group Exemption Number ►

G Accounting Method Cash Accrual Other (specify) ►**H** Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**I Website:** ► careausa.com**J Tax-exempt status** (check only one) - 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527**K** Form of organization Corporation Trust Association Other**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 108,084**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1
	2 Program service revenue including government fees and contracts	2 15,894
	3 Membership dues and assessments	3 14,875
	4 Investment income	4 2
	5a Gross amount from sale of assets other than inventory	5a
	5b Less cost or other basis and sales expenses	5b
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Gaming and fundraising events	
	6a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
	6b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 77,313
Expenses	6c Less direct expenses from gaming and fundraising events	6c 63,029
	6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 14,284
	7a Gross sales of inventory, less returns and allowances	7a
	7b Less cost of goods sold	7b
	7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe in Schedule O)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 45,055
	10 Grants and similar amounts paid (list in Schedule O)	10 2,200
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
Net Assets	13 Professional fees and other payments to independent contractors	13
	14 Occupancy, rent, utilities, and maintenance	14 10,787
	15 Printing, publications, postage, and shipping	15 4,086
	16 Other expenses (describe in Schedule O)	16 34,577
	17 Total expenses. Add lines 10 through 16 ►	17 51,650
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -6,595
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 23,232
	20 Other changes in net assets or fund balances (explain in Schedule O)	20
	21 Net assets or fund balances at end of year Combine lines 18 through 20 ►	21 16,637

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

	Yes	No
33	33	No
34	34	No
35a	35a	No
b	35b	
c	35c	No
36	36	No
37a	37a	
b	37b	
38a	38a	No
b	38b	
39	39a	
a	39b	
40a	40b	
b	40c	
c	40d	
d	40e	No
41		
42a	Telephone no	(718) 886-2210
	Located at	ZIP + 4 11354
b	42b	No
If "Yes," enter the name of the foreign country	42c	No
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c	42c	No
If "Yes," enter the name of the foreign country		
43	43	
44a	44a	No
b	44b	No
c	44c	No
d	44d	
45a	45a	No
45b	45b	No

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. ►

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A ► Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer	2016-12-12 Date
	William Seto President Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Sharon Yang	Preparer's signature	Date 2016-12-13	Check <input type="checkbox"/> if self-employed	PTIN P00970061
	Firm's name ► YJ CPA Business Services Inc		Firm's EIN ► 20-8357075		
	Firm's address ► 118-21 Queens Blvd Suite 418 Forest Hills, NY 11375		Phone no (718) 905-9884		

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

Additional Data

Software ID:

Software Version:

EIN: 13-4016452

Name: Chinese American Real Estate Association USA Inc

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)
28 na (Grants \$)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/> 28a

SCHEDULE G
(Form 990 or 990-EZ)Supplemental Information Regarding
Fundraising or Gaming Activities

2015

Open to Public
InspectionComplete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a

► Attach to Form 990 or Form 990-EZ

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990Department of the Treasury
Internal Revenue ServiceName of the organization
Chinese American Real Estate Association USA Inc

Employer identification number

13-4016452

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

- a** Mail solicitations
- e** Solicitation of non-government grants
- b** Internet and email solicitations
- f** Solicitation of government grants
- c** Phone solicitations
- g** Special fundraising events
- d** In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

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

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

Part II Fundraising Events.

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

	(a) Event #1 Annual Event (event type)	(b) Event #2 Holiday Party (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue				
1 Gross receipts	55,795	16,709		72,504
2 Less Contributions				
3 Gross income (line 1 minus line 2)	55,795	16,709		72,504
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	30,710	19,010		49,720
7 Food and beverages				
8 Entertainment		515		515
9 Other direct expenses	7,149			7,149
10 Direct expense summary Add lines 4 through 9 in column (d) ►				57,384
11 Net income summary Subtract line 10 from line 3, column (d) ►				15,120

Part III Gaming.

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

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ►				
8 Net gaming income summary Subtract line 7 from line 1, column (d) ►				

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes No

13 Indicate the percentage of gaming activity conducted in

- a** The organization's facility
- b** An outside facility

13a	%
13b	%

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

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes No

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

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

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer

Employee

Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes No

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

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

Return Reference

Explanation

**SCHEDULE O
(Form 990 or
990-EZ)**Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

- Attach to Form 990 or 990-EZ.
- Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

2015**Open to Public
Inspection**Name of the organization
Chinese American Real Estate Association USA Inc**Employer identification number**

13-4016452

990 Schedule O, Supplemental Information

Return Reference	Explanation
List of grants and similar amounts paid Part I line 10	Activity Scholarship Grantee New York Chinese School Street 62 Mott Street City, State, Zip New York, NY 10013Relationship None Amount 1,600Activity Donation-National Anthem Performenc Grantee Francis Lew is High School JROTC Street 58-20 Utopia Pkwy City, State, Zip Fresh Meadow s, NY 11365Relationship None Amount 600
Description of other expenses Part I line 16	Description AmountAdvertising Marketing & Dues 5,562Bank Charge and Credit Card Mechant 1,048Accounting 1,500Board of Directors monthly meeting 6,660Phone & Internet Exp 1,849Computer Exp 1,272Netw orking Exp 5,300Event Rental and Restaurant Fees 6,346Event Preparation and Supplies 4,190Training Professional & Misc Exp 850

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of other assets Part II line 24	Category Beginning of Year End of Year Rental Security Deposit 400 400