

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2021

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation): 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 information.

Form 990
Department of the Treasury

For the 2021 calendar year, or tax year beginning 01-01-2021, and ending 12-31-2021

- Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: HMONG AMERICAN PARTNERSHIP
Doing business as
Number and street (or P.O. box if mail is not delivered to street address): 394 UNIVERSITY AVENUE W 2ND FLOOR
Room/suite
City or town, state or province, country, and ZIP or foreign postal code: SAINT PAUL, MN 55103

D Employer identification number: 41-1667580
E Telephone number: (651) 495-1644
G Gross receipts \$ 12,213,470

F Name and address of principal officer: MAY YER THAO, 394 UNIVERSITY AVENUE W 2ND FLOOR, ST PAUL, MN 55103

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWW.HMONG.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1991 M State of legal domicile: MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO EMPOWER THE COMMUNITY TO EMBRACE THE STRENGTHS OF OUR CULTURES WHILE ACHIEVING OUR POTENTIAL.

Table with 2 columns: Description, Amount. Rows include: 2 Check this box if the organization discontinued its operations... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income...

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue...

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses...

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances...

Part II Signature Block

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

Sign Here: Signature of officer: REONA VANG CFO, Date: 2022-11-25, Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date: 2022-11-25, Check if self-employed, PTIN: P02116806, Firm's name: COMMUNITY CPA & ASSOCIATES INC, Firm's EIN: 20-4041302, Firm's address: 3816 INGERSOLL AVE, DES MOINES, IA 503123413, Phone no. (515) 288-3188

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

HMONG AMERICAN PARTNERSHIP (HAP) IS A SOCIAL SERVICE AND COMMUNITY DEVELOPMENT ORGANIZATION WHOSE MISSION IS TO EMPOWER THE COMMUNITY TO EMBRACE STRENGTHS OF OUR CULTURES WHILE ACHIEVING OUR POTENTIAL. HAP WAS ESTABLISHED TO ADDRESS THE NEEDS OF MINNESOTA'S GROWING

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? **Yes** **No**

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? **Yes** **No**

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **2,452,650** including grants of \$ **154,201**) (Revenue \$ **32,181**)

WORKFORCE DEVELOPMENT - 940 SERVED IN 2021 - HAP HELPS PARTICIPANTS NAVIGATE AND ADAPT TO THE AMERICAN JOB MARKET AND SERVES AS A BRIDGE BETWEEN PROSPECTIVE EMPLOYERS AND THE REFUGEE AND IMMIGRANT COMMUNITY. OUR JOB PLACEMENT AND ADULT BASIC EDUCATION COURSES FOCUS ON WORKFORCE READINESS AND CAREER LADDERING IN HIGH DEMAND INDUSTRIES THAT OFFER FAMILY-SUSTAINING WAGES. HAP OFFERS TRAINING OPPORTUNITIES IN THE FIELDS OF MANUFACTURING, INFORMATION TECHNOLOGY, HEALTH CARE, AND MORE, THROUGH WHICH CLIENTS CAN DEVELOP MARKETABLE SKILLS THAT WILL EVENTUALLY LEAD THEM TO HIGHER-PAYING CAREERS. DURING THE PANDEMIC, OUR TEAM ALSO ASSIGNED PARTICIPANTS IN ACCESSING EQUIPMENT AND PROVIDED DIGITAL LITERACY TRAINING SO THAT SERVICES AND TRAINING COULD CONTINUE REMOTELY.

4b (Code:) (Expenses \$ **3,026,799** including grants of \$) (Revenue \$ **4,093,175**)

SOCIAL ENTERPRISES - 3003 SERVED IN 2021 - HAP'S SOCIAL ENTERPRISE HAP TRANSPORTATION WAS CREATED TO ADDRESS SOCIAL ISSUES THROUGH THE INTERSECTION OF ENTREPRENEURSHIP AND BUSINESS STRATEGIES. OUR BUS COMPANY PROVIDED TRANSPORTATION TO CHARTER SCHOOL STUDENTS IN THE METRO AREA AFTER THE SCHOOLS REOPENED FROM THE PANDEMIC SHUT DOWN. DRIVERS DROV ROUTES AND SUPPORTED HAP PROGRAMS BY PACKING VEGETABLES FOR FAMILIES TO PICK UP, DELIVERING REMOTE LEARNING KITS TO STUDENTS' HOMES, AND DELIVERING GROCERIES.

4c (Code:) (Expenses \$ **1,380,845** including grants of \$ **36,812**) (Revenue \$ **649,112**)

CHILDREN & FAMILY SERVICES - 3077 SERVED IN 2021 - HAP SUPPORTS FAMILIES THROUGH PARENT EDUCATION AND TRAINING, YOUTH ENRICHMENT SERVICES, FAMILY CRISIS INTERVENTION, AND SERVICES FOR YOUTH AT RISK OF SEXUAL EXPLOITATION. HAP'S DEDICATED AND EXPERIENCED STAFF IS MULTILINGUAL AND MULTICULTURAL, ENSURING A DEPTH OF UNDERSTANDING OF THE COMPLEX ISSUES THAT CLIENTS EXPERIENCE. DURING THE PANDEMIC, HAP ALSO COORDINATED GROCERY DELIVERIES TO HELP FAMILIES FACING FOOD INSECURITY AND PARTNERED WITH OTHER AGENCIES TO SUPPORT HMONG FARMERS BY PURCHASING PRODUCE TO DISTRIBUTE TO FAMILIES IN NEED.

(Code:) (Expenses \$ **2,810,204** including grants of \$ **1,675**) (Revenue \$ **180,622**)

HEALTH AND WELLNESS - 8760 SERVED IN 2021 - HAP ASSITS INDIVIDUALS AND FAMILIES IN ACCESSING HEALTH INSURANCE AND NAVIGATING HEALTH CHALLENGES, WITH A FOCUS ON CHEMICAL AND MENTAL HEALTH, AS WELL AS TOBACCO PREVENTION AND DIABETES PREVENTION WITHIN A CULTURAL CONTEXT. PROGRAMS ARE DESIGNED TO REDUCE HEALTH DISPARITIES THAT DISPROPORTIONATELY AFFECT IMMIGRANT AND REFUGEE COMMUNITIES. EXPENSES 1,988,702. INCLUDING GRANTS OF 8,523. REVENUE 161,093. ECONOMIC AND COMMUNITY DEVELOPMENT - 420 SERVED IN 2021 MANY OF OUR CLIENTS RISKED EVERYTHING TO COME TO THE UNITED STATES TO REBUILD THEIR LIVES, AND WE HONOR THEM BY INVESTING IN THEIR ENTREPRENEURIAL POTENTIAL. HAP'S PROGRAMS HELP ENTREPRENEURS AND SMALL BUSINESS OWNERS TO ACCESS CAPITAL, LAUNCH OR EXPAND THEIR BUSINESS, AND DEVELOP FINANCIAL AND ASSET LITERACY SKILLS. DURING 2021, OUR ECD TEAM ALSO PROVIDED EXTENSIVE TECHNICAL ASSISTANCE TO HEP BUSINESS OWNERS. EXPENSES 313,999. INCLUDING GRANTS OF (6,848). REVENUE 19,529. HMONG NATIONAL DEVELOPMENT - ADVOCATES ON BEHALF OF HMONG AMERICAN COMMUNITIES AT THE NATIONAL LEVEL. HND REVIEWS ADVOCACY AS A TOOL TO RAISE THE VISIBILITY OF THE HMONG AMERICAN COMMUNITY AND ITS ISSUES TO POLICY MAKERS, LEGISLATORS, AND KEY STAKEHOLDERS. WE DO THIS THROUGH TWO APPROACHES: POLICY ADVOCACY AND CIVIC ENGAGEMENT ACTIVITIES. THIS COMPREHENSIVE APPROACH TO CIVIC ENGAGEMENT AND POLICY ADVOCACY ALLOWS HND TO NARROW ITS FOCUS IN ADDRESSING EMERGING CHALLENGES AND ISSUES FACES BY HMONG AMERICAN COMMUNITIES ACROSS THE UNITED STATES. THE BACKBONE OF THIS PROGRAM IS GUIDED BY THE PRINCIPLE OF AFFECTING LONG-TERM SOCIAL CHANGE THAT CULTIVATES THE DEVELOPMENT OF THE INDIVIDUAL, THE FAMILY, THE ORGANIZATION, AND THE COMMUNITY IN THE UNITED STATES. THE HMONG NATIONAL DEVELOPMENT CONFERENCE EMBODIES IT'S MISSION AND GOALS BY BRINGING TOGETHER COMMUNITY MEMBERS, PROFESSIONALS, YOUTH AND BUSINESS OWNERS TO NETWORK, DIALOGUE, AND CELEBRATE THE COMMUNITY'S ACCOMPLISHMENT, VARIOUS EVENTS ARE HELD TO BUILD CAPACITY, EDUCATE ATTENDEES ON HMONG ISSUES, AND DISCUSS PRESSING ISSUES IN THE HMONG COMMUNITY. EXPENSES 9,456. INCLUDING GRANTS OF 0 . REVENUE 0.

4d Other program services (Describe in Schedule O.)

(Expenses \$ **2,810,204** including grants of \$ **1,675**) (Revenue \$ **180,622**)

4e **Total program service expenses** **9,670,498**

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1 through 21, with sub-questions 11a-e and 12a-b. Each row has a corresponding 'Yes' and 'No' checkbox column.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and related party transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

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

Table with 17 main rows (2a-17) and sub-rows (a-e). Columns include question text, a numeric column (2a-17), a 'Yes' column, and a 'No' column. Row 2a contains the value '113'. Row 2b contains 'Yes'. Row 15 contains 'No'. Row 16 contains 'No'. Row 17 contains 'No'.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body? 8b Each committee... 9 Is there any officer, director, trustee, or key employee listed in Part VII...

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe on Schedule O the process... 12a Did the organization have a written conflict of interest policy... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently monitor... 13 Did the organization have a written whistleblower policy... 14 Did the organization have a written document retention... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute assets to... 16b If "Yes," did the organization follow a written policy...

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed (MN) 18 Section 6104 requires an organization to make its Form 1023... 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents... 20 State the name, address, and telephone number of the person who possesses the organization's books and records (MAY YER THAO 394 UNIVERSITY AVE W 2ND FLOOR SAINT PAUL, MN 55103 (651) 495-1644)

Part VIII Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other Amt Similar Amounts				
1a Federated campaigns				
b Membership dues				
c Fundraising events				
d Related organizations				
e Government grants (contributions)			6,561,784	
f All other contributions, gifts, grants, and similar amounts not included above			471,468	
g Noncash contributions included in lines 1a - 1f:\$				
h Total. Add lines 1a-1f				7,033,252

Program Service Revenue		Business Code				
			(A)	(B)	(C)	(D)
2a TRANSPORTATION REVENUE		624200	3,769,902	3,769,902		
b EARNED INCOME		485000	622,711	622,711		
c RENTAL INCOME		531110	600,877	600,877		
d						
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.			4,993,490			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		90,215			90,215	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
		6b Less: rental expenses					
		6c Rental income or (loss)					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other		50,000			
		7b Less: cost or other basis and sales expenses			14,258		
		7c Gain or (loss)			35,742		
	d Net gain or (loss)			35,742	35,742		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
		8b Less: direct expenses					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19						
		9b Less: direct expenses					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances						
10b Less: cost of goods sold							
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a MISC REVENUE	624200		29,272	29,272			
b OTHER GAIN			17,241	17,241			
c							
d All other revenue							
e Total. Add lines 11a-11d			46,513				
12 Total revenue. See instructions			12,199,212	5,075,745		90,215	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	192,688	192,688		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	38,077		38,077	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	76,761		76,761	
7 Other salaries and wages	4,550,425	3,873,777	523,005	153,643
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	648,249	542,630	88,064	17,555
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses	82,562	56,829	23,424	2,309
14 Information technology	317,163	234,988	72,807	9,368
15 Royalties				
16 Occupancy	1,459,855	390,901	1,052,861	16,093
17 Travel	16,212	12,271	3,941	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,432	9,336	6,096	
20 Interest	303,784	58,282	245,502	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	505,828	505,828		
23 Insurance	231,989	212,252	16,821	2,916
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONSULTANTS - SOCIAL ENTE	519,063	519,063		
b ADMIN - SOCIAL	412,500	412,500		
c CONSULTANTS - HEALTH	399,474	399,474		
d ADMIN - WORKFORCE	372,267	372,267		
e All other expenses	1,210,496	1,877,412	-675,951	9,035
25 Total functional expenses. Add lines 1 through 24e	11,352,825	9,670,498	1,471,408	210,919
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash-non-interest-bearing	2,856,218	1	3,732,047
	2 Savings and temporary cash investments	185,216	2	
	3 Pledges and grants receivable, net	1,477,746	3	1,326,847
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	10,548,374	7	10,427,699
	8 Inventories for sale or use		8	62,303
	9 Prepaid expenses and deferred charges	212,974	9	106,681
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,349,676		
	b Less: accumulated depreciation	10b 6,104,495	5,754,650	10c 5,245,181
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	96,400	12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,902,644	15	2,041,785
16 Total assets: Add lines 1 through 15 (must equal line 33)	23,034,222	16	22,942,543	
Liabilities	17 Accounts payable and accrued expenses	2,249,632	17	2,520,029
	18 Grants payable		18	
	19 Deferred revenue	920,431	19	198,298
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	10,830,419	23	10,306,363
	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	391,631	25	430,438
	26 Total liabilities. Add lines 17 through 25	14,392,113	26	13,455,128
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	7,999,439	27	8,833,396
	28 Net assets with donor restrictions	642,670	28	654,019
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	8,642,109	32	9,487,415
33 Total liabilities and net assets/fund balances	23,034,222	33	22,942,543	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,199,212
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,352,825
3	Revenue less expenses. Subtract line 2 from line 1	3	846,387
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,642,109
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,081
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	9,487,415

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
HMONG AMERICAN PARTNERSHIP

Employer identification number
41-1667580

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 Value of services or facilities furnished; 4 Total; 5 Portion of total contributions exceeding 2%; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2021 (99.280%); 15 Public support percentage for 2020 Schedule A, Part II, line 14 (98.850%); 16a 33 1/3% support test-2021; 16b 33 1/3% support test-2020; 17a 10%-facts-and-circumstances test-2021; 17b 10%-facts-and-circumstances test-2020; 18 Private foundation.

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: Calendar year (or fiscal year beginning in), 1 Gifts, grants, contributions, and membership fees received, 2 Gross receipts from admissions, merchandise sold or services performed, 3 Gross receipts from activities that are not an unrelated trade or business under section 513, 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf, 5 The value of services or facilities furnished by a governmental unit to the organization without charge, 6 Total. Add lines 1 through 5, 7a Amounts included on lines 1, 2, and 3 received from disqualified persons, b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year, c Add lines 7a and 7b, 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: Calendar year (or fiscal year beginning in), 9 Amounts from line 6, 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources, b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975, c Add lines 10a and 10b, 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on, 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.), 13 Total support. (Add lines 9, 10c, 11, and 12.), 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

	Yes	No
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No", provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

- | | | | |
|---|----------|--|--|
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3 | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

- | | | | |
|--|-----------|--|--|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | | |
| 2 Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 Subtract line 2 from line 1d | 3 | | |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by 0.035 | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |

Section C - Distributable Amount

Current Year

- | | | |
|--|----------|--|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 Enter 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-functionally-integrated Type III supporting organization (see instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

(continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

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

Facts And Circumstances Test

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

Supplemental Financial Statements

2021

Open to Public Inspection

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
HMONG AMERICAN PARTNERSHIP

Employer identification number
41-1667580

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	96,400	93,705	85,469	94,018	84,966
b Contributions					
c Net investment earnings, gains, and losses	19,637	7,050	13,013	-4,304	13,120
d Grants or scholarships	3,582	3,586	3,557	3,479	3,330
e Other expenditures for facilities and programs					
f Administrative expenses	1,153	769	1,220	766	738
g End of year balance	111,302	96,400	93,705	85,469	94,018

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 100.000 %
 - c** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | No | No |
| (ii) Related organizations | No | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,461,400		1,461,400
b Buildings		5,150,672	1,897,301	3,253,371
c Leasehold improvements		202,003	86,717	115,286
d Equipment		4,535,601	4,120,477	415,124
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				5,245,181

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

Part VIII Investments - Program Related.

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) EQUITY INVESTMENT - HAP PLATO	1,088,038
(2) DEFERRED COMPENSATION ASSET PLANS	430,438
(3) EQUITY INVESTMENT - HAP SYCAMORE	262,774
(4) UNEMPLOYMENT TRUST	149,233
(5) COMMUNITY FOUNDATION FUNDS	111,302
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	2,041,785

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	430,438

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	IN 1994, HAP RECEIVED A 59,899 CONTRIBUTION TO SET UP AN EDUCATION ENDOWMENT FUND. THE FUNDS WERE TRANSFERRED TO THE ST. PAUL FOUNDATION IN 1996 AND ARE SHOWN ON THE CONSOLIDATED FINANCIAL STATEMENTS AS COMMUNITY FOUNDATION FUNDS. THE BALANCE MAINTAINED AT THE ST. PAUL FOUNDATION IS PERMANENTLY RESTRICTED WITH THE GRANTS DISBURSED TO HAP FOR EDUCATION SCHOLARSHIPS.
SCHEDULE D, PAGE 3, PART X	HONG AMERICAN PARTNERSHIP IS CLASSIFIED AS A TAX-EXEMPT ORGANIZATION UNDER MINNESOTA STATUTE 290.05 AND SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE , IS EXEMPT FROM PRIVATE FOUNDATION STATUS UNDER SECTION 509(A)(2) OF THE INTERNAL REVENUE CODE, AND IS SUBJECT TO INCOME TAXES ONLY ON NET UNRELATED BUSINESS INCOME. FEDERAL AND STATE TAX AUTHORITIES GENERALLY HAVE THE RIGHT TO EXAMINE THE CURRENT AND THREE PREVIOUS YEARS OF INCOME TAX RETURNS. HAP IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION.

Additional Data

[Return to Form](#)

Software ID:
Software Version:

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Name of the organization HMONG AMERICAN PARTNERSHIP

Employer identification number 41-1667580

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) CLIENT SUPPORT	233	192,688			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	THE SCHOLARSHIP COMMITTEE, COMPRISED OF BOARD AND COMMUNITY MEMBERS, REVIEWS ALL APPLICATIONS BASED ON FINANCIAL NEED, GPA, ANSWERS TO QUESTIONS AND EDUCATION PLANS. AWARDS ARE GIVEN TO THE TOP FIVE HIGHEST SCORES. ALL CLIENT SUPPORT DOLLARS ARE MANDATED BY FUNDERS FOR QUALIFIED SUPPORT SERVICES SUCH AS HOUSING, EDUCTAION, CARE REPAIRS, RENTAL DEPOSITS, ETC. PROGRAM ELIGIBILITY AND DOLLAR AMOUNT ARE SET BY THE FUNDER.

Additional Data

Return to Form

Software ID:
Software Version:

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
HMONG AMERICAN PARTNERSHIP

Employer identification number

41-1667580

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

Part III Supplemental Information

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

Return Reference	Explanation
------------------	-------------

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE O
(Form 990)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2021

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
HMONG AMERICAN PARTNERSHIP

Employer identification number

41-1667580

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	HMONG AMERICAN PARTNERSHIP (HAP) IS A SOCIAL SERVICE AND COMMUNITY DEVELOPMENT ORGANIZATION WHOSE MISSION IS TO EMPOWER THE COMMUNITY TO EMBRACE STRENGTHS OF OUR CULTURES WHILE ACHIEVING OUR POTENTIAL. HAP WAS ESTABLISHED TO ADDRESS THE NEEDS OF MINNESOTA'S GROWING
FORM 990, PAGE 2, PART III, LINE 4D	HEALTH AND WELLNESS - 8760 SERVED IN 2021 - HAP ASSITS INDIVIDUALS AND FAMILIES IN ACCESSING HEALTH INSURANCE AND NAVIGATING HEALTH CHALLENGES, WITH A FOCUS ON CHEMICAL AND MENTAL HEALTH, AS WELL AS TOBACCO PREVENTION AND DIABETES PREVENTION WITHIN A CULTURAL CONTEXT. PROGRAMS ARE DESIGNED TO REDUCE HEALTH DISPARITIES THAT DISPROPORTIONATELY AFFECT IMMIGRANT AND REFUGEE COMMUNITIES. EXPENSES 1,988,702. INCLUDING GRANTS OF 8,523. REVENUE 161,093. ECONOMIC AND COMMUNITY DEVELOPMENT - 420 SERVED IN 2021 MANY OF OUR CLIENTS RISKED EVERYTHING TO COME TO THE UNITED STATES TO REBUILD THEIR LIVES, AND WE HONOR THEM BY INVESTING IN THEIR ENTREPRENEURIAL POTENTIAL. HAP'S PROGRAMS HELP ENTREPRENEURS AND SMALL BUSINESS OWNERS TO ACCESS CAPITAL, LAUNCH OR EXPAND THEIR BUSINESS, AND DEVELOP FINANCIAL AND ASSET LITERACY SKILLS. DURING 2021, OUR ECD TEAM ALSO PROVIDED EXTENSIVE TECHNICAL ASSISTANCE TO HEP BUSINESS OWNERS. EXPENSES 313,999. INCLUDING GRANTS OF (6,848). REVENUE 19,529. HMONG NATIONAL DEVELOPMENT - ADVOCATES ON BEHALF OF HMONG AMERICAN COMMUNITIES AT THE NATIONAL LEVEL. HND REVIEWS ADVOCACY AS A TOOL TO RAISE THE VISIBILITY OF THE HMONG AMERICAN COMMUNITY AND ITS ISSUES TO POLICY MAKERS, LEGISLATORS, AND KEY STAKEHOLDERS. WE DO THIS THROUGH TWO APPROACHES: POLICY ADVOCACY AND CIVIC ENGAGEMENT ACTIVITIES. THIS COMPREHENSIVE APPROACH TO CIVIC ENGAGEMENT AND POLICY ADVOCACY ALLOWS HND TO NARROW ITS FOCUS IN ADDRESSING EMERGING CHALLENGES AND ISSUES FACES BY HMONG AMERICAN COMMUNITIES ACROSS THE UNITED STATES. THE BACKBONE OF THIS PROGRAM IS GUIDED BY THE PRINCIPLE OF AFFECTING LONG-TERM SOCIAL CHANGE THAT CULTIVATES THE DEVELOPMENT OF THE INDIVIDUAL, THE FAMILY, THE ORGANIZATION, AND THE COMMUNITY IN THE UNITED STATES. THE HMONG NATIONAL DEVELOPMENT CONFERENCE EMBODIES IT'S MISSION AND GOALS BY BRINGING TOGETHER COMMUNITY MEMBERS, PROFESSIONALS, YOUTH AND BUSINESS OWNERS TO NETWORK, DIALOGUE, AND CELEBRATE THE COMMUNITY'S ACCOMPLISHMENT, VARIOUS EVENTS ARE HELD TO BUILD CAPACITY, EDUCATE ATTENDESS ON HMONG ISSUES, AND DISCUSS PRESSING ISSUES IN THE HMONG COMMUNITY. EXPENSES 9,456. INCLUDING GRANTS OF 0. REVENUE 0.
FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 IS SENT TO THIS FINANCE COMMITTEE FOR REVIEW. A MEETING IS SET UP TO DISCUSS ANY CONCERNS IN THE FORM 990. IF NONE ARE MADE, THE COMMITTEE MOTIONS FOR APPROVAL OF THE FORM990. THEIR MOTION IS BROUGHT TO THE FULL BOARD FOR APPROVAL ALONG WITH JUSTIFICATION FOR APPROVAL. THIS CAN OCCUR VIA EMAIL OR TELECONFERENCE DEPENDING ON MEMBERS' AVAILABILITY.
FORM 990, PAGE 6, PART VI, LINE 12C	THE CONFLICT OF INTEREST POLICY COVERS ABY INDIVIDUALS SERVING AS OFFICERS, EMPLOYEES, AND MEMBERS OF THE BOARD OF DIRECTORS. PRIOR TO BOARD OR COMMITTEES ACTION ON A CONTRACT OR TRANSACTION INVOLVING A CONFLICT OF INTEREST, A DIRECTOR OR COMMITTEE MEMBER HAVING A CONFLICT OF INTEREST AND WHO IS IN ATTENDANCE AT THE MEETING DISCLOSES ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST, SUCH DISCLOSURE IS DOCUMENTED IN THE MINUTES OF THE MEETING. A PERSON WHO HAS A CONFLICT OF INTEREST DOES NOT PARTICIPATE IN OR IS NOT PERMITTED TO HEAR THE BOARD'S OR COMMITTEE'S DISCUSSION OF THE MATTER EXCEPT TO DISCLOSE MATERIAL FACTS AND TO RESPOND TO QUESTIONS, SUCH PERSON MAY NOT ATTEMPT TO EXERT HIS OR HER PERSONAL INFLUENCE WITH RESPECT TO THE MATTER, EITHER AT OR OUTSIDE THE MEETING. A PERSON WHO HAS A CONFLICT OF INTEREST WITH RESPECT TO A CONTRACT OR TRANSACTION THAT WILL BE VOTED ON AT A MEETING SHALL NOT BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM FOR PURPOSES OF THE VOTE. THE PERSON HAVING A CONFLICT OF INTEREST MAY NOT VOTE ON THE CONTRACT OR TRANSACTION AND IS NOT ALLOWED NOT TO BE PRESENT IN THE MEETING ROOM WHEN THE VOTE IS TAKEN, UNLESS THE VOTE US BY SECRET BALLOT. SUCH PERSON'S INELIGIBILITY TO VOTE IS DOCUMENTED IN THE MINUTES OF THE MEETING. A DIRECTOR OR COMMITTEE MEMBER WHO PLANS NOT TO STTEND A MEETING AT WHICH HE OR SHE HAS REASON TO BELIEVE THAT THE BOARD OR COMMITTEE WILL ACT ON A MATTER IN WHICH THE PERSON HAS A CONFLICT OF INTEREST SHALL DISCLOSE TO THE CHAIR OF THE MEETING ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST. THE CHAIR REPORTS THE DISCLOSURE AT THE MEETING AND THE DISCLOSURE IS DOCUMENTED IN THE MINUTES OF THE MEETING.
FORM 990, PAGE 6, PART VI, LINE 15A	THE SALARY STUDY IS CONDUCTED EVERY THREE TO FIVE YEARS AS DIRECTED BY THE BOARD OF DIRECTORS UTILIZING MULTIPLE SOURCES SUCH AS GUIDESTAR, MINNESOTA COUNCIL OF NONPROFITS AND SALARY.COM. THE MOST RECENT SALARY STUDY WAS CONDUCTED BY AN OUTSIDE CONSULTANT IN 2012. THE PROCESS FOR DETERMINING THE COMPENSATION OF ALL STAFF COMPRISED OF UTILIZING COMPARABLE POSITIONS IDENTIFIED WITH OTHER NONPROFITS OF SIMILAR ANNUAL BUDGET, SIZE AND SCOPR OF SERVICES. OPON COMPLETION OF THE SALARY STUDY, A REPORT ALONG WITH RECOMMENDATIONS WERE FORWARDED TO THE BOARD FOR REVIEW, DISCUSSION AND APPROVAL.
FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE FINANCIAL STATEMENTS ARE ALSO INCLUDED IN THE ANNUAL REPORT.
FORM 990, PART IX, LINE 24E	CONSULTANTS - WORKFORCE 329,836 0 0 ADMIN - HEALTH 279,003 0 0 CONSULTANTS - MANAGEMENT 0 239,720 0 PROGRAM EXPENSE - HEALTH 206,221 0 0 VEHICLE EXP - SOCIAL 181,120 0 0 PROFESSIONAL EXP - MANAGE 0 171,043 0 CLIENT SUPPORT - WORKFORC 154,201 0 0 CONSULTANTS - CHILDREN 154,004 0 0 PROGRAM EXPENSE - CHILDRE 151,152 0 0 ADMIN - CHILDREN 116,079 0 0 EQUIPMENT EXP - CHILDREN 46,864 0 0 PROGRAM EXPENSE - WORKFOR 44,789 0 0 LOAN LOSS EXP - ECONOMIC 42,717 0 0 BAD DEBT EXP - MGMT 0 42,632 0 CLIENT SUPPORT - CHILDREN 36,812 0 0 ADMIN - ECONOMIC 34,015 0 0 MEMBERSHIP DUE - MANAGEME 0 29,945 0 PROGRAM EXPENSE - MANAGEM 0 26,186 0 EQUIPMENT EXP - WORKFORCE 23,650 0 0 PROFESSIONAL EXP - SOCIAL 22,111 0 0 EQUIPMENT EXP - MANAGEMEN 0 20,239 0 CONSULTANTS - ECONOMIC 12,186 0 0 EQUIPMENT EXP - HEALTH 10,848 0 0 PROGRAM EXPENSE - ECONOMI 9,052 0 0 CLIENT SUPPORT - HEALTH 8,523 0 0 CONSULTANTS - FUNDRASING 0 0 8,254 PROGRAM EXPENSE - SOCIAL 5,860 0 0 EQUIPMENT EXP - ECONOMIC 4,609 0 0 MEMBERSHIP DUE - ECONOMIC 3,541 0 0 MISC EXP 0 2,898 0 MISC EXP - CHILDREN 2,791 0 0 VEHICLE EXP - MGMT 0 2,760 0 EQUIPMENT EXP - SOCIAL 2,526 0 0 MEMBERSHIP DUE - CHILDREN 2,283 0 0 MISC EXP - MGMT 0 1,990 0 MEMBERSHIP DUE - WORKFORC 1,708 0 0 MEMBERSHIP DUE - HEALTH 1,179 0 0 PROFESSIONAL EXP - FUNDAI 0 0 781 MISC EXP - WORKFORCE 623 0 0 CLIENT SUPPORT - MANAGEME 0 500 0 PROFESSIONAL EXP - WORKFO 31 0 0 VEHICLE EXP - HEALTH 24 0 0 PROFESSIONAL EXP - CHILDR -30 0 0 MISC EXP - ECONOMIC -49 0 0 MEMBERSHIP DUE - SOCIAL -497 0 0 MISC EXP - SOCIAL -3,522 0 0 CLIENT SUPPORT - ECONOMIC -6,848 0 0 ADMIN - MANAGEMENT 0 -1,213,864 0 TOTAL 1,877,412 -675,951 9,035
FORM 990, PAGE 12, PART XII, LINE 2C	THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Additional Data

Return to Form

Software ID:

Software Version:

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2021

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
HMONG AMERICAN PARTNERSHIP

Employer identification number

41-1667580

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) EASTSIDE HOMES LLC 1075 ARCADE STREET SUITE 12 ST PAUL, MN 55106 45-4853222	HOUSING	MN		496,607	HMONG AMER HMONG AMERICAN PARTNERSHIP
(2) LONG CHENG PLAZA LLC 1075 ARCADE STREET SUITE 12 ST PAUL, MN 55106 81-1369035	HOUSE PROG	MN		1,775,652	HMONG AMER HMONG AMERICAN PARTNERSHIP
(3) HAP TRANSPORTATION LLC 1075 ARCADE STREET SUITE 12 ST PAUL, MN 55106 41-1667580	PROGRAM	MN			HMONG AMER HMONG AMERICAN PARTNERSHIP

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HMONG NATIONAL DEVELOPMENT INC 1628 16TH STREET NW SUITE 405 WASHINGTON, DC 20009 52-1804060	CAPACITY	VA	501C3	7	HMONG AMER HMONG AMERICAN PARTNERSHIP	Yes	No
(2) HAP PLATO HOLDING CO 394 UNIVERSITY AVENUE W 2ND FLOOR SAINT PAUL, MN 55103 85-0829308	SUPPORTING	MN	501C3	12A	HMONG AMER		No
(3) HAP SYCMORE HOLDING CO 394 UNIVERSITY AVENUE W 2ND FLOOR SAINT PAUL, MN 55103 85-0826065	SUPPORTING	MN	501C3	12A	HMONG AMER		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K- 1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m		No
1n	Yes	
1o	Yes	
1p		No
1q	Yes	
1r	Yes	
1s	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HMONG NATIONAL DEVELOPMENT	S	1,193,867	CASH RECEIVABLE

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference

Explanation

Schedule R (Form 990) 2021

Additional Data[Return to Form](#)**Software ID:****Software Version:**