EXTENDED TO NOVEMBER 15, 2019 Exempt Organization Business Income Tax Return Form 990-T (and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning , and ending ► Go to www irs gov/Form990T for instructions and the latest information Department of the Treasury Internal Revenue Service ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) D Employer identification number Name of organization ( Check box if name changed and see instructions.) Check box if (Employees' trust, see address changed instructions ) 41-1667580 HMONG AMERICAN PARTNERSHIP B Exempt under section Print E Unrelated business activity code OT X 501(c 123 Number, street, and room or suite no. If a P.O. box, see instructions. Type 394 UNIVERSITY AVENUE W 2ND FLOOR 408(e) [ ]220(e) City or town, state or province, country, and ZIP or foreign postal code 408A 530(a) 812930 SAINT PAUL, MN 55103 529(a) Book value of all assets F Group exemption number (See instructions ) 595, 301. G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated . If only one, complete Parts I-V. If more than one, trade or business here **SEE STATEMENT** 1 describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. X No During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes If "Yes," enter the name and identifying number of the parent corporation. Telephone number  $\blacktriangleright$  65 $\overline{1-495-9160}$ The books are in care of PHENG VANG (B) Expenses (C) Net Part I Unrelated Trade or Business Income (A) Income 1a Gross receipts or sales c Balance b Less returns and allowances 1c Cost of goods sold (Schedule A, line 7) 2 3 Gross profit. Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 5 5 6 Rent income (Schedule C) Unrelated debt-financed income (Schedule E) 7 7 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 9 10 Exploited exempt activity income (Schedule I) 10 11 11 Advertising income (Schedule J) 10,533. 10.533 STATEMENT 2 12 12 Other income (See instructions; attach schedule) 533 Total. Combine lines 3 through 12 Part II | Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) 14 15 15 Salaries and wages 16 Repairs and maintenance 16 RECEIVED 17 17 Bad debts 18 18 Interest (attach schedule) (see instructions) Taxes and licenses

Charitable contributions (See instructions for limitation rules) SEP 13 2019 19 19 20 20 Depreciation (attach Form 4562) 21 OGDEN. Less deprediation claimed on Schedule A and elsewhere on return 22b 22 Depletion 5 23 23 24 Contributions to deferred compensation plans 24 Employee benefit programs 25 25 26 26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule J) 27 28 28 Other deductions (attach schedule) 0 29 Total deductions Add lines 14 through 28 29 10,533. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 31 Deduction net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 10.533. 32 Unrelated business taxable income. Subtract line 31 from line 30 Form 990-T (2018) 823701 01-09-19 LHA For Paperwork Reduction Act Notice, see Instructions

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Part I	II Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33		10,5	33.
34	Amounts paid for disallowed fringes	34			
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)  STMT 3	35		10,5	33.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of				
	lines 33 and 34	36			
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37		1,0	00.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,				
	enter the smaller of zero or line 36	38			0.
Part I	V Tax Computation				
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	39			0.
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from:		_]		
	Tax rate schedule or Schedule D (Form 1041)	40	<u> </u>		
41	Proxy tax See instructions	41			
42	Alternative minimum tax (trusts only)	42			
43	Tax on Noncompliant Facility Income See Instructions	43			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44			0.
Part \	/ Tax and Payments				
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  45a	_			
b	Other credits (see instructions) 45b	4			
C	General business credit Attach Form 3800	_	i		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	┵	_		
е	Total credits. Add lines 45a through 45d	45e	+		
46	Subtract line 45e from line 44	46	<del> </del>		0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47	<del> </del>		
48	Total tax Add lines 46 and 47 (see instructions)	48			0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49			0.
	Payments: A 2017 overpayment credited to 2018	4			
b	2018 estimated tax payments	4	1		
	Tax deposited with Form 8868	4	}		
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d	4	İ		
	Backup withholding (see instructions) 50e	4			
	Credit for small employer health insurance premiums (attach Form 8941)	4			
g	Other credits, adjustments, and payments: Form 2439			•	
	Form 4136 Other Total ▶ 50g	-	4		
51	Total payments. Add lines 50a through 50g	51	<del>                                     </del>		
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	+		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	+	<del></del>	
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  Enter the amount of line 54 you want: Credited to 2019 estimated tax  Refunded	54	+		_
Part V					
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes	No
30	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			103	""
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country				
	here			-	Х
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?				Х
0,	If "Yes," see instructions for other forms the organization may have to file.				
58	Enter the amount of tax-exempt interest received or accrued during the tax year  \$\Bigs\\$				
	Under penalties of perjury, the clare that I have examined this return, including accompanying schedules and statements, and to the best of my knowl correct, and complete the claration of departer (other than taxpayer) is based on all information of which preparer has any knowledge	ledge an	d belief, it is t	rue,	
Sign			IRS discuss t		euth.
Here		-	arer shown be		WILLI
	Signature of officer Date Title	ınstructio	ons)? X	Yes	No
	Print/Type preparer's name Preparer's signature Date Check	ıf P	TIN		
Paid	Self- employed				
Prepa	arer LANCE J. BROCK TOWN 108/07/19		P0191		
Use (	Only Firm's name MAHONEY, ULBRICH, CHRYSTIANSEN & RUSS P.A   Firm's EIN	<u> </u>	<u>41-16</u>	<u>4705</u>	7
	10 RIVER PARK PLAZA, SUITE 800		1 1 2 2 2 7	660	_

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory valuation N/A			
1 Inventory at beginning of year	1		6 Inventory at end of yea	r	6	
2 Purchases	2		7 Cost of goods sold. Su	ubtract line 6		
3 Cost of labor	3		from line 5. Enter here	and in Part I,		
4a Additional section 263A costs			line 2			
(attach schedule)	4a		8 Do the rules of section	263A (with respect to		Yes No
<ul> <li>Other costs (attach schedule)</li> </ul>	4b		property produced or a	equired for resale) apply to		
5 Total. Add lines 1 through 4b	5		the organization?			<u>,ll</u>
Schedule C - Rent Income ( (see instructions)	From Real F	Property and	Personal Property L	eased With Real Pro	operty 	) 
Description of property		_				
(1)						
(2)						
(3)						
(4)			<u> </u>			
		d or accrued		2/a) Deductions dire	etly conne	cted with the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	ge columns 2(	a) and 2(b)	(attach schedule)
(1)						
(2)						
(3)						
(4)						
Total	0.	Total		0.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		er ••••••••••••••••••••••••••••••••••••		(b) Total deduction: Enter here and on page Part I, line 6, column (B)	1,	0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)			
			Gross income from     or allocable to debt-		nanced pro	perty
Description of debt-fir	nanced property		financed property	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)				-		
(2)				-	f	
(3)					1	
(4)						<del></del>
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis liocable to nced property i schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)		8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%			
(2)			%			
(3)			%			
(4)			%			
				Enter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (8)
Totals			•		0.	0.
Total dividends-received deductions	ncluded in column	18	•		▶	0.

Schedule F - Interest, A	nnuitie	s, Royalt	ies, an	T	From Controlled O			tions	(see ins	structions	)
1 Name of controlled organizati	on	2. Emp identific num!	ation	3. Net unre			tal of specified ments made 5 Part of column 4 that is included in the controlling organization's gross income		rolling	ing connected with income	
(1)								<b>†</b> – –			
(2)											
(3)											
(4)											
Nonexempt Controlled Organiz	zations									_	
7. Taxable Income		nrelated incom ee instructions		9. Total	of specified payi made	nents	10 Part of colu in the controll gross	mn 9 tha ing orgar s income	iization's		luctions directly connected income in column 10
(1)											
(2)											
(3)											
(4)											
							Add colur Enter here and line 8,		1, Part I,	Enter he	d columns 6 and 11 are and on page 1, Part I, ine 8, column (B)
Totals						<b></b>			0.		0.
Schedule G - Investme		ne of a S	ection	501(c)(7	'), (9), or (	17) Org	ganization				
(see instr	uctions)				ı						T
1. Desc	ription of inco	me			2. Amount of	ıncome	3 Deduction directly connected (attach scheen	ected	4. Set- (attach s	asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)									ļ		
(3)											ļ <u> </u>
(4)					<u></u>						
					Enter here and Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B)
Totals						0.				<del></del>	0.
Schedule I - Exploited (see instru	=	Activity	Income	e, Other	Than Adv	vertisir	ng Income				
			3. Ex	penses	4 Net incor						7 Excess exempt
1 Description of exploited activity	unrelated incom	Gross business le from business	directly of with pro of uni	connected oduction related is income	from unrelated business (co minus colum gain, comput through	olumn 2 in 3) If a e cols 5	5. Gross inc from activity is not unrela business inco	that ted	attribut	penses table to mn 5	expenses (column 6 minus column 5, but not more than column 4)
(1)									<u> </u>		
(2)											
(3)											
(4)											
	page 1	re and on , Part I, col (A)	page 1	ere and on 1, Part I, , col (B)							Enter here and on page 1, Part II, line 26
Totals		0.		0.	<u> </u>						0.
Schedule J - Advertision											
Part I Income From I	Periodic	als Rep	orted o	n a Con	solidated	Basis					
1. Name of periodical		2 Gross advertising income		3. Direct ertising costs	or (loss) (o	tising gain of 2 minus ain, compu hrough 7			6 Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					<u> </u>						
(2)					1						
(3)											
(4)					`	·					
Totals (carry to Part II, line (5))	<b>▶</b>	(	0.	0							0.

Part II	Inco	me From	n Periodicals	Reported of	on a Separate	Basis	(For each penodical	listed in	Part II, fill	ın
	colun	nns 2 throug	gh 7 on a line-by-l	line basis)						

•							
1. Name of periodical		2 Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	•	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.				0.

Schedule K - Compensation of O	fficers, Directors, and Trust	es (see instructions)
••···•		

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<b></b>	0.

Form 990-T (2018)

			<del></del>	
FORM 990-T	DESCRIPTION	OF ORGANIZATION'S	PRIMARY UNRELATED	STATEMENT 1
		BUSINESS ACTIVIT	Y	

## QUALIFIED TRANSPORTATION FRINGE BENEFITS

TO FORM 990-T, PAGE 1

FORM 990-T OTHER INCOME	STATEMENT 2
DESCRIPTION	AMOUNT
QUALIFIED TRANSPORTATION FRINGE BENEFITS	10,533.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	10,533.

FORM 990-T	NET	OPERATING LOSS I	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/13	353,580.	0.	353,580.	353,580.
12/31/14	62,519.	0.	62,519.	62,519.
12/31/15	202,512.	0.	202,512.	202,512.
12/31/16	537,515.	0.	537,515.	537,515.
12/31/17	595,706.	0.	595,706.	595,706.
NOL CARRYO	VER AVAILABLE THIS	YEAR	1,751,832.	1,751,832.