Form **990** | **Return of Organization Exempt From Income Tax** | OMB No. 1545-0047 **2007**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service — u The organization may have to use a copy of this return to satisfy state reporting requirements. — Open to Public Inspection

A For the 2007 calendar year, or tax year beginning , and ending

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: LAO FAMILY COMMUNITY OF MINNESOTA, INC.

Number and street (or P.O. box if mail is not delivered to street address): 320 W. UNIVERSITY AVENUE — Room/suite:

City or town, state or country, and ZIP + 4: ST. PAUL MN 55103-2015

D Employer identification number: 41-1434916

E Telephone number: 651-221-0069

F Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) u

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and **I** are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates u

H(c) Are all affiliates included? ☐ Yes ☐ No (If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No

I Group Exemption Number u

G Website: j WWW.LAOFAMILY.ORG

J Organization type (check only one) u ☒ 501(c) (3) t (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here u ☐ if the organization is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

M Check u ☐ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 u 2,648,864

Part I — Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	217,311		
	c	Indirect public support (not included on line 1a)	1c	246,724		
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	**Total** (add lines 1a through 1d) (cash $ 464,035 noncash $)			1e	464,035
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	1,421,800
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	
	5	Dividends and interest from securities			5	
	6a	Gross rents	6a	20,135		
	b	Less: rental expenses SEE STATEMENT 1	6b	27,815		
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c	-7,680
	7	Other investment income (describe u)			7	
	8a	Gross amount from sales of assets other than inventory — (A) Securities: ; (B) Other:	8a			
	b	Less: cost or other basis and sales expenses	8b			
	c	Gain or (loss) (attach schedule)	8c			
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)			8d	
	9	Special events and activities (attach schedule). If any amount is from **gaming,** check here u ☐				
	a	Gross revenue (not including $ of contributions reported on line 1b)	9a	732,093		
	b	Less: direct expenses other than fundraising expenses	9b	805,948		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c	-73,855
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c	
	11	Other revenue (from Part VII, line 103)			11	10,801
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	1,815,101
Expenses	13	Program services (from line 44, column (B))			13	1,585,432
	14	Management and general (from line 44, column (C))			14	345,232
	15	Fundraising (from line 44, column (D))			15	32,619
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses.** Add lines 16 and 44, column (A)			17	1,963,283
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18	-148,182
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	530,913
	20	Other changes in net assets or fund balances (attach explanation)			20	
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21	382,731

Part II **Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ ______ non-cash $ ______) If this amount includes foreign grants, check here u ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ ______ non-cash $ ______) If this amount includes foreign grants, check here u ☐	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A SEE STATEMENT 2	25a	158,809	131,970	25,092	1,747
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	936,667	770,811	155,383	10,473
27 Pension plan contributions not included on lines 25a, b, and c	27	18,756	15,586	2,963	207
28 Employee benefits not included on lines 25a – 27	28	123,217	89,150	33,330	737
29 Payroll taxes	29	134,974	110,901	22,616	1,457
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	9,048	7,510	1,513	25
34 Telephone	34	22,994	17,756	5,043	195
35 Postage and shipping	35	2,045	1,386	541	118
36 Occupancy	36	108,312	82,210	24,902	1,200
37 Equipment rental and maintenance	37	3,419	3,063	356	
38 Printing and publications	38	21,234	17,094	3,901	239
39 Travel	39	11,034	10,875	145	14
40 Conferences, conventions, and meetings	40	14,467	14,182	285	
41 Interest	41	18,304		18,304	
42 Depreciation, depletion, etc. (attach schedule)	42	41,312	27,864	13,448	
43 Other expenses not covered above (itemize):					
a SEE STATEMENT 3	43a	338,691	285,074	37,410	16,207
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	1,963,283	1,585,432	345,232	32,619

Joint Costs. Check u ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? u ☐ **Yes** ☒ **No**

If "Yes," enter **(i)** the aggregate amount of these joint costs$ ______ ; **(ii)** the amount allocated to Program services $ ______ ;

(iii) the amount allocated to Management and general$ ______ ; and **(iv)** the amount allocated to Fundraising $ ______

Part III **Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? u SERVE HMONG AND REFUGEE GROUPS All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a ENGLISH EDUCATION-PROVIDES ENGLISH LANGUAGE, PARENTING, LIFE/EMPLOYMENT SKILLS, AND CITIZENSHIP CLASSES PROMOTING SELF-SUFFICIENCY TO LOW-INCOME, LIMITED ENGLISH ADULTS. (Grants and allocations $) If this amount includes foreign grants, check here u ☐	682,597
b EMPLOYMENT-PROVIDES EMPLOYMENT COUNSELING, JOB DEVELOPMENT AND PLACEMENT, AND FOLLOW-UP SUPPORT SERVICES FOR BOTH THE REFUGEES AND THEIR EMPLOYERS. (Grants and allocations $) If this amount includes foreign grants, check here u ☐	371,219
c HEALTH-PROVIDES CULTURALLY SPECIFIC, RELEVANT, AND BILINGUAL CHEMICAL AWARENESS SERVICES TO HMONG YOUTH AND ADULTS. (Grants and allocations $) If this amount includes foreign grants, check here u ☐	199,726
d YOUTH AND FAMILY-PROVIDES AN ARRAY OF CULTURALLY DIVERSIFIED SOCIAL SERVICES TO HELP MEET THE NEEDS OF HMONG YOUTH AND FAMILIES IN THE COMMUNITY. (Grants and allocations $) If this amount includes foreign grants, check here u ☐	331,890
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here u ☐	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) u	1,585,432

Part IV Balance Sheets (See the instructions.)

	Line	Description			(A) Beginning of year		(B) End of year
		Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.					
Assets	45	Cash—non-interest-bearing			54,486	45	32,887
	46	Savings and temporary cash investments			8,649	46	64,207
	47a	Accounts receivable	47a	293,230			
	b	Less: allowance for doubtful accounts	47b		298,602	47c	293,230
	48a	Pledges receivable	48a				
	b	Less: allowance for doubtful accounts	48b			48c	
	49	Grants receivable			85,000	49	25,000
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)				50b	
	51a	Other notes and loans receivable (attach schedule)	51a				
	b	Less: allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges			10,149	53	10,808
	54a	Investments—publicly-traded securities	☐ Cost ☐ FMV			54a	
	b	Investments—other securities (attach schedule)	☐ Cost ☐ FMV			54b	
	55a	Investments—land, buildings, and equipment: basis	55a				
	b	Less: accumulated depreciation (attach schedule)	55b			55c	
	56	Investments—other (attach schedule)				56	
	57a	Land, buildings, and equipment: basis	57a	1,114,859			
	b	Less: accumulated depreciation (attach schedule) SEE STATEMENT 4	57b	480,276	668,937	57c	634,583
	58	Other assets, including program-related investments (describe)				58	
	59	**Total assets** (must equal line 74). Add lines 45 through 58			1,125,823	59	1,060,715
Liabilities	60	Accounts payable and accrued expenses			130,099	60	104,191
	61	Grants payable				61	
	62	Deferred revenue				62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a	Tax-exempt bond liabilities (attach schedule)				64a	
	b	Mortgages and other notes payable (attach schedule) SEE WORKSHEET			464,811	64b	513,793
	65	Other liabilities (describe SEE STATEMENT 5)				65	60,000
	66	**Total liabilities.** Add lines 60 through 65			594,910	66	677,984
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ☒ and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted			337,745	67	266,261
	68	Temporarily restricted			193,168	68	116,470
	69	Permanently restricted				69	
		Organizations that do not follow SFAS 117, check here ☐ and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equipment fund				71	
	72	Retained earnings, endowment, accumulated income, or other funds				72	
	73	**Total net assets or fund balances.** Add lines 67 through 69 **or** lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			530,913	73	382,731
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73			1,125,823	74	1,060,715

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements			a	1,871,400
b	Amounts included on line **a** but not on Part I, line 12:				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2	56,299		
3	Recoveries of prior year grants	b3			
4	Other (specify):	b4			
	Add lines **b1** through **b4**			b	56,299
c	Subtract line **b** from line **a**			c	1,815,101
d	Amounts included on Part I, line 12, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines **d1** and **d2**			d	
e	**Total revenue** (Part I, line 12). Add lines **c** and **d**			e	1,815,101

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			a	2,019,582
b	Amounts included on line **a** but not Part I, line 17:				
1	Donated services and use of facilities	b1	56,299		
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify):	b4			
	Add lines **b1** through **b4**			b	56,299
c	Subtract line **b** from line **a**			c	1,963,283
d	Amounts included on Part I, line 17, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines **d1** and **d2**			d	
e	**Total expenses** (Part I, line 17). Add lines **c** and **d**			e	1,963,283

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 6				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings u 11			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."	75c		X
	If "Yes," attach a statement that includes the information described in the instructions.			
d	Does the organization have a written conflict of interest policy?	75d		X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
N/A				

Part VI Other Information (See the instructions.)

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a	X	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization u .... and check whether it is ☐ exempt **or** ☐ nonexempt			
81a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0			
b	Did the organization file **Form 1120-POL** for this year?	81b		X

Part VI Other Information (continued)

				Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) SEE STMT 7	82b 56,299			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	83b		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	84b		
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	N/A	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.				
c	Dues, assessments, and similar amounts from members	85c			
d	Section 162(e) lobbying and political expenditures	85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	85h		
86	501(c)(7) orgs. Enter: **a** Initiation fees and capital contributions included on line 12	86a			
b	Gross receipts, included on line 12, for public use of club facilities	86b			
87	501(c)(12) orgs. Enter: **a** Gross income from members or shareholders	87a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI u		88b		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 u 0 ; section 4912 u 0 ; section 4955 u 0				
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 u	0			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization u	0			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		89g		X

90a List the states with which a copy of this return is filed u MN

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) | 90b | 33

91a The books are in care of u SHARON NELSON Telephone no. u 651-221-0069

Located at u 320 W. UNIVERSITY AVENUE ST. PAUL, MN ZIP + 4 u 55103

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
	If " Yes," enter the name of the foreign country u			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts.			

Part VI Other Information (continued)

			Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		X
	If "Yes," enter the name of the foreign country u			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of **Form 1041—**Check here u ☐			
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶	92		

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.	Unrelated business income (A) Business code	Unrelated business income (B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	Excluded by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a PROGRAM SERVICE FEES					11,840
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					1,409,960
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property	531120	-7,680			
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					-73,855
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b MISCELLANEOUS INCOME			1	10,801	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		-7,680		10,801	1,347,945
105 **Total** (add line 104, columns (B), (D), and (E)) u					1,351,066

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. q	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	FEES CHARGED FOR TRANSLATION SERVICES, FEES FOR PROVISION
	OF LEGAL SERVICES AND FEES FOR YOUTH CRIME PREVENTION
	SERVICES.
101	HMONG NEW YEAR/4TH OF JULY CELEBRATION

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to **(b),** file Form 8870 **and** Form 4720 (see instructions).

Part XI **Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

Please Sign Here

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.

Signature of officer | Date

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ☐	Preparer's SSN or PTIN (See Gen. Instr. X) P00302187
Firm's name (or yours if self-employed), address, and ZIP + 4	HARRINGTON LANGER & ASSOCIATES 563 PHALEN BLVD SAINT PAUL, MN 55130	EIN 41-1532347	Phone no. 651-481-1128

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2007

Name of the organization: LAO FAMILY COMMUNITY OF MINNESOTA, INC.

Employer identification number: 41-1434916

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	**(b)** Title and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to empl. benefit plans & deferred comp.	**(e)** Expense account and other allowances
YAO LO ST. PAUL 320 W. UNIVERSITY AVENUE MN 55103-2015	PROGRAM DIRE 40	51,504	12,899	0
DEBRA KALISZEWSKI ST. PAUL 320 W. UNIVERSITY AVENUE MN 55103-2015	ACCOUNTANT 40	47,221	14,424	0
JEAN HANSLIN ST. PAUL 320 W. UNIVERSITY AVENUE MN 55103-2015	INST. COORD. 40	44,070	7,316	0
Total number of other employees paid over $50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	**(b)** Type of service	**(c)** Compensation
NONE		
Total number of others receiving over $50,000 for professional services ▶ 0		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than $50,000	**(b)** Type of service	**(c)** Compensation
NONE		
Total number of other contractors receiving over $50,000 for other services ▶		

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

Part III **Statements About Activities** (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ ____________ (Must equal amounts on line 38, Part VI-A, or line **i** of Part VI-B.)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property? SEE STATEMENT 8	2a	X	
b	Lending of money or other extension of credit? SEE STATEMENT 9	2b	X	
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE PART V-A, FORM 990	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966?	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		

d	Enter the total number of donor advised funds owned at the end of the tax year ▶	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶	
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶	0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶	0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ ....

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:

☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	(d) No	(e) Amount of support
Total .... u					

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

	Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	585,228	552,444	539,267	467,158	2,144,097
16	Membership fees received					0
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,294,468	1,325,803	1,465,028	2,562,796	6,648,095
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975				38	38
19	Net income from unrelated business activities not included in line 18					0
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets STMT 10	20,140	227,343	82,573	28,807	358,863
23	Total of lines 15 through 22	1,899,836	2,105,590	2,086,868	3,058,799	9,151,093
24	Line 23 minus line 17	605,368	779,787	621,840	496,003	2,502,998
25	Enter 1% of line 23	18,998	21,056	20,869	30,588	

26 **Organizations described on lines 10 or 11:** **a** Enter 2% of amount in column (e), line 24 ▶ **26a** 50,060

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ **26b** 361,760

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ **26c** 2,502,998

d Add: Amounts from column (e) for lines: 18 38 19 ______ 22 358,863 26b 361,760 ▶ **26d** 720,661

e Public support (line 26c minus line 26d total) ▶ **26e** 1,782,337

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f** 71.2081 %

27 **Organizations described on line 12:** **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year: N/A

(2006) ______ (2005) ______ (2004) ______ (2003) ______

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2),** enter the sum of these differences (the excess amounts) for each year: N/A

(2006) ______ (2005) ______ (2004) ______ (2003) ______

c Add: Amounts from column (e) for lines: 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ **27c** ______

d Add: Line 27a total ______ and line 27b total ______ ▶ **27d** ______

e Public support (line 27c total minus line 27d total) ▶ **27e** ______

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ **27f** ______

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g** %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27h** %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

Check ▶ **a** ☐ if the organization belongs to an affiliated group. Check ▶ **b** ☐ if you checked **"a"** and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		**(a)** Affiliated group totals	**(b)** To be completed for **all** electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table-			
If the amount on line 40 is- / **The lobbying nontaxable amount is-**			
Not over $500,000 / 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 / $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 / $175,000 plus 10% of the excess over $1,000,000 ▶	41		
Over $1,500,000 but not over $17,000,000 / $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 / $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	**(a)** 2007	**(b)** 2006	**(c)** 2005	**(d)** 2004	**(e)** Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B **Lobbying Activity by Nonelecting Public Charities**
(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	**Yes**	**No**	**Amount**
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.)**			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines **c** through **h.)**			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

			Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of:			
(i)	Cash	51a(i)		X
(ii)	Other assets	a(ii)		X
b	Other transactions:			
(i)	Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii)	Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii)	Rental of facilities, equipment, or other assets	b(iii)		X
(iv)	Reimbursement arrangements	b(iv)		X
(v)	Loans or loan guarantees	b(v)		X
(vi)	Performance of services or membership or fundraising solicitations	b(vi)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

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

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization
LAO FAMILY COMMUNITY OF MINNESOTA, INC.

Employer identification number
41-1434916

Organization type (check one):

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

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

General Rule—

[ ] For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules—

[X] For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of $5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than $1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than $1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year.) . . . . ▶ $ ________

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
LAO FAMILY COMMUNITY OF

Employer identification number
41-1434916

Part I **Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	GREATER TWIN CITIES UNITED WAY 166 FOURTH STREET EAST, SUITE 100 ST. PAUL MN 55101-1448	$ 246,724	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	H.B. FULLER COMPANY FOUNDATION 1200 WILLOW LAKE BOULEVARD ST. PAUL MN	$ 7,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3	GENERAL MILLS FOUNDATION NUMBER ONE GENERAL MILL BLVD MINNEAPOLIS MN 55426	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4	THOMPSON WEST GROUP 610 OPPERMAN DRIVE EAGAN MN 55123	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5	PATRICK AND AIMEE BUTLER FAMILY FDN 332 MINNESOTA ST E-1420 ST. PAUL MN 55101-1369	$ 20,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
6	MARBROOK FOUNDATION 1450 US TRUST BLDG 730 SECOND AVE SOUTH MINNEAPOLIS MN 55402	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization
LAO FAMILY COMMUNITY OF

Employer identification number
41-1434916

Part I **Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	BEST BUY CHILDREN'S FOUNDATION 7601 PENN AVE SOUTH MINNEAPOLIS MN 55423	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
8	ELANOR L. ZYLKA CHARITY SECURIAN TRUST COMPANY 400 ROBERT STREET NORTH ST. PAUL MN 55101	$ 63,462	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
9	ALLIANZ LIFE INSURANCE CO PO BOX 1344 MINNEAPOLIS MN 55440	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
10	POHLAD FAMILY FOUNDATION 60 SOUTH SIXTH STREET SUITE 3900 MINNEAPOLIS MN 55402	$ 7,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
11	IMATION CORP 1 IMATION PLACE OAKDALE MN 55128	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
12	WELLS FARGO FOUNDATION 90 S. 7TH ST. N9305-192 MINNEAPOLIS MN 55479	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization LAO FAMILY COMMUNITY OF

Employer identification number 41-1434916

Part I **Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	DOLLAR GENERAL LITERACY FOUNDATION 100 MISSION RIDGE GOODLETTSVILLE TN 37072	$ 12,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
14	DELUXE CORPORATION FOUNDATION PO BOX 64235 ST. PAUL MN 55164	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
15	RIPLEY MEMORIAL FOUNDATION 43 MAIN STREET SE SUITE 300 MINNEAPOLIS MN 55414	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Special Events Schedule

Form **990** | **2007**

For calendar year 2007, or tax year beginning , and ending

Name
LAO FAMILY COMMUNITY OF
MINNESOTA, INC.

Employer Identification Number
41-1434916

	(A)	(B)	(C)	Others	Total
Gross receipts	732,093	0	0	0	732,093
Less contributions	0	0	0	0	0
Gross revenue	732,093	0	0	0	732,093
Less direct expenses	805,948	0	0	0	805,948
Net income (loss)	-73,855	0	0	0	-73,855

Description: (A) HMONG NEW YEAR/4TH OF JULY

(B)

(C)

Others

Forms **990 / 990-PF**

Mortgages and Other Notes Payable

2007

For calendar year 2007, or tax year beginning , and ending

Name: LAO FAMILY COMMUNITY OF MINNESOTA, INC.

Employer Identification Number: 41-1434916

FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION

	Name of lender	Relationship to disqualified person
(1)	CITY OF ST. PAUL	
(2)	ASSOCIATED BANK-LOC	
(3)	ASSOCIATED BANK	
(4)	LOANS FROM BOARD MEMBERS	
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	200,000	4/01/94	4/01/12	FORGIVEN AFTER 18 YRS	2.000
(2)	125,000	9/01/07	9/01/09	INTEREST ONLY PMTS	9.250
(3)	215,874	9/01/06	9/01/09	$2,167/MONTH	8.700
(4)	64,800	VARIOUS	7/31/08	DUE ON DEMAND	0.000
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

	Security provided by borrower	Purpose of loan
(1)	PROPERTY AT 320 UNIVERSITY AVE	
(2)	PROPERTY AT 320 UNIV AVE & ASSETS	
(3)	PROPERTY AT 320 UNIV AVE & ASSETS	
(4)	UNSECURED	
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)		200,000	200,000
(2)		50,699	42,297
(3)		214,112	206,696
(4)			64,800
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals		464,811	513,793

Filing Instructions

LAO FAMILY COMMUNITY OF MINNESOTA, INC.

Exempt Organization Business Tax Return

Taxable Year Ended December 31, 2007

Date Due: AS SOON AS POSSIBLE

Remittance: None is required. Your Form 990-T for the tax year ended 12/31/07 shows no balance due. The return should be signed and dated on Page 2 by an officer representing the organization.

Mail To:
Department of the Treasury
Internal Revenue Service
Center
Ogden, UT 84201-0027

If a private delivery service is used, mail to:
OSPC
1973 N. Rulon White Blvd.
Ogden, UT 84404

Other: Initial and date the copy of the return, and retain it for your records.

Form **990-T** Department of the Treasury Internal Revenue Service (77)

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2007 or other tax year beginning . . . . , and ending . u **See separate instructions.**

OMB No. 1545-0687 **2007** Open to Public Inspection for 501(c)(3) Organizations Only

A ☐ Check box if address changed

B Exempt under section ☒ 501(C)(3) ☐ 408(e) ☐ 220(e) ☐ 408A ☐ 530(a) ☐ 529(a)

C Book value of all assets at end of year **1,060,715**

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
LAO FAMILY COMMUNITY OF MINNESOTA, INC.

Number, street, and room or suite no. If a P.O. box, see page 9 of instructions.
320 W. UNIVERSITY AVENUE

City or town, state, and ZIP code
ST. PAUL MN 55103-2015

D **Employer identification number** (Employees' trust, see instructions for Block D on page 9.)
41-1434916

E **Unrelated business activity codes** (See instructions for Block E on page 9.)
531120

F Group exemption number (See instructions for Block F on page 9.) u

G Check organization type u ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity.
u **DEBT FINANCED BUILDING RENTAL**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . u ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation.
u

J The books are in care of u **SHARON NELSON** Telephone number u **651-221-0069**

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance . . . . . . u	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from partnerships and S corporations (attach statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7	6,500	8,979	-2,479
8	Interest, annuities, royalties, & rents from controlled organizations (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See page 11 of the instructions; attach schedule.)	12			
13	**Total.** Combine lines 3 through 12	13	6,500	8,979	-2,479

Part II Deductions Not Taken Elsewhere (See page 12 of the instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule)			18	
19	Taxes and licenses			19	
20	Charitable contributions (See page 14 of the instructions for limitation rules.)			20	
21	Depreciation (attach Form 4562)	21	9,081		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	9,081	22b	0
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)			28	
29	**Total deductions.** Add lines 14 through 28			29	
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			30	-2,479
31	Net operating loss deduction (limited to the amount on line 30)			31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			32	-2,479
33	Specific deduction (Generally $1,000, but see line 33 instructions for exceptions.)			33	1,000
34	**Unrelated business taxable income.** Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			34	-2,479

Part III Tax Computation

35	**Organizations Taxable as Corporations.** See instructions for tax computation on page 15. Controlled group members (sections 1561 and 1563) check here ☐ **See instructions** and:	
a	Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order): (1) $ (2) $ (3) $	
b	Enter organization's share of: (1) Additional 5% tax (not more than $11,750) $	
	(2) Additional 3% tax (not more than $100,000) $	
c	Income tax on the amount on line 34	35c
36	**Trusts Taxable at Trust Rates.** See instructions for tax computation on page 16. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	36
37	**Proxy tax.** See page 16 of the instructions	37
38	Alternative minimum tax	38
39	**Total.** Add lines 37 and 38 to line 35c or 36, whichever applies	39

Part IV Tax and Payments

40a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a			
b	Other credits (see page 17 of the instructions)	40b			
c	General business credit. Check here and indicate which forms are attached: ☐ Form 3800 ☐ Form(s) (specify)	40c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	40d			
e	**Total credits.** Add lines 40a through 40d			40e	
41	Subtract line 40e from line 39			41	
42	Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other			42	
43	**Total tax.** Add lines 41 and 42			43	0
44a	Payments: A 2006 overpayment credited to 2007	44a			
b	2007 estimated tax payments	44b			
c	Tax deposited with Form 8868	44c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	44d			
e	Backup withholding (see instructions)	44e			
f	Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total	44f			
45	**Total payments.** Add lines 44a through 44f			45	
46	Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached ☐			46	
47	**Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed			47	
48	**Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid			48	
49	Enter the amount of line 48 you want: Credited to 2008 estimated tax Refunded			49	

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 18)

		Yes	No
1	At any time during the 2007 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1. If YES, enter the name of the foreign country here		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year $		

Schedule A—Cost of Goods Sold. Enter method of inventory valuation

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	**Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional sec. 263A costs (attach sch.)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b	Other costs (attach schedule)	4b					
5	**Total.** Add lines 1 through 4b	5					

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer | Date | Title

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

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ☐	Preparer's SSN or PTIN P00302187
Firm's name (or yours if self-employed), address, and ZIP code	HARRINGTON LANGER & ASSOCIATES 563 PHALEN BLVD SAINT PAUL, MN 55130	EIN 41-1532347	Phone # 651-481-1128

DAA

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions on page 20)

1 Description of property

(1) N/A
(2)
(3)
(4)

	2 Rent received or accrued		
	(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	**(b)** From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	**3** Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)			
(2)			
(3)			
(4)			
	Total	Total	**Total deductions.** Enter here and on page 1, Part I, line 6, column (B) u

Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . u

Schedule E—Unrelated Debt-Financed Income (see instructions on page 20)

	1 Description of debt-financed property	**2** Gross income from or allocable to debt-financed property	**3** Deductions directly connected with or allocable to debt-financed property SEE STMT 1 **(a)** Straight line depreciation (attach schedule)	**(b)** Other deductions (attach schedule)
(1)	DEBT FINANCED BUILDING RE	20,135	9,081	18,734
(2)				
(3)				
(4)				

	4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	**5** Average adjusted basis of or allocable to debt-financed property (attach 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)	210,404	651,760	32.28 %	6,500	8,979
(2)			%		
(3)			%		
(4)			%		
Totals . . . . u				Enter here and on page 1, Part I, line 7, column (A). 6,500	Enter here and on page 1, Part I, line 7, column (B). 8,979

Total dividends-received deductions included in column 8 . . . . u

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 21)

			Exempt Controlled Organizations			
	1 Name of Controlled Organization	**2** Employer Identification Number	**3** Net unrelated income (loss) (see instructions)	**4** Total of specified payments made	**5** Part of column 4 that is included in the controlling organization's gross inc.	**6** Deductions directly connected with income in column 5
(1)	N/A					
(2)						
(3)						
(4)						

Nonexempt Controlled Organizations

	7 Taxable Income	**8** Net unrelated income (loss) (see instructions)	**9** Total of specified payments made	**10** Part of column 9 that is included in the controlling organization's gross income	**11** Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
Totals . . . . u				Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 22)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col.4)
(1) N/A				
(2)				
(3)				
(4)				
Totals . . . . . . u	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 22)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals . . . . . . u	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.

Schedule J—Advertising Income (see instructions on page 22)

Part I Income From Periodicals Reported on a Consolidated 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) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) . u						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1) N/A						
(2)						
(3)						
(4)						
(5) **Totals from Part I**						
Totals, Part II (lines 1-5) . . . . u	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.

Schedule K—Compensation of Officers, Directors, and Trustees (see instructions on page 23)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
N/A		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14 . . . . . . u			

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

▶ **See separate instructions.** ▶ **Attach to your tax return.**

OMB No. 1545-0172

2007

Attachment Sequence No. **67**

Name(s) shown on return: LAO FAMILY COMMUNITY OF MINNESOTA, INC.

Identifying number: 41-1434916

Business or activity to which this form relates: INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	125,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	500,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	50,399

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B-Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C-Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.	22	50,399
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

Federal Statements

Statement 1 - Form 990, Part I, Line 6b - Rental Expenses

Description	Deduction
DEBT FINANCED BUILDING RENT	
INTEREST	5,330
CLEANING & MAINTENANCE	4,435
SUPPLIES	675
TAXES	158
UTILITIES	8,136
DEPRECIATION	9,081
TOTAL	27,815

Statement 2 - Form 990, Part II, Line 25a - Compensation of Current Officers

Name	Program Services	Management & General	Fundraising
EXPENSES	$	$	$
OFFICER COMPENSATION COMPENSATION	131,970	25,092	1,747
TOTAL	$ 131,970	$ 25,092	$ 1,747

Federal Statements

Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
EXPENSES	$	$	$	$
CONTRACT SERVICES	179,935	154,318	9,410	16,207
SPECIAL ASSISTANCE TO INDIV.	68,758	68,758		
PROGRAM SUPPLIES	37,890	37,890		
CLIENT ACTIVITIES	6,490	6,490		
INSURANCE	28,690	3,509	25,181	
MISCELLANEOUS	9,840	7,572	2,268	
ADVERTISING	7,088	6,537	551	
TOTAL	$ 338,691	$ 285,074	$ 37,410	$ 16,207

Federal Statements

Statement 4 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Depr	End of Year	Accum Depr
BUILDINGS AND EQUIPMENT	$ 1,023,312	$ 429,884	$ 1,039,350	$ 480,276
LAND	75,509		75,509	
TOTAL	$ 1,098,821	$ 429,884	$ 1,114,859	$ 480,276

Statement 5 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
REFUNDABLE ADVANCES	$	$ 60,000
TOTAL	$ 0	$ 60,000

Federal Statements

Form 990, Part IV-B - Other Expenses included on Financial Statements

Description	Amount
BOOK / TAX DEPREC DIFFERENCE	$ 41,318
TOTAL	$ 41,318

Statement 6 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
YING VANG 320 W. UNIVERSITY AVE ST. PAUL MN 55103-2015	EXEC DIR	40	66,484	20,634	0
SHARON NELSON 320 W. UNIVERSITY AVENUE ST. PAUL MN 55103-2015	ASST EXE DIR	40	69,080	2,611	0
KAHOUA YANG 320 W. UNIVERSITY AVENUE ST. PAUL MN 55103-2015	PRESIDENT	0	0	0	0
CHUPHENG LEE 320 W. UNIVERSITY AVENUE ST. PAUL MN 55103-2015	VICE PRES.	0	0	0	0
TOU XIONG 320 W. UNIVERSITY AVENUE ST. PAUL MN 55103-2015	SECRETARY	0	0	0	0
PA KOU VANG 320 W. UNIVERSITY AVENUE ST. PAUL MN 55103-2015	TREASURER	0	0	0	0
CHERZON VANG 320 W. UNIVERSITY AVENUE ST. PAUL MN 55103-2015	BOARD MEMBER	0	0	0	0
BLIA VUE 320 W. UNIVERSITY AVENUE ST. PAUL MN 55103-2015	BOARD MEMBER	0	0	0	0
SONG T. XIONG 320 W. UNIVERSITY AVENUE ST. PAUL MN 55103-2015	BOARD MEMBER	0	0	0	0

Statement 6 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
NHIA GE VANG 320 W. UNIVERSITY AVENUE ST. PAUL MN 55103-2015	BOARD MEMBER	0	0	0	0
NHIA XOU THAO 320 W. UNIVERSITY AVENUE ST. PAUL MN 55103-2015	BOARD MEMBER	0	0	0	0
KING GORGE W. LEE 320 W. UNIVERSITY AVENUE ST. PAUL MN 55103-2015	BOARD MEMBER	0	0	0	0
SHOUA GER FAITENG YANG 320 W. UNIVERSITY AVENUE ST. PAUL MN 55103-2015	BOARD MEMBER	0	0	0	0

Federal Statements

Statement 7 - Form 990, Part VI, Line 82b - Donated Services

Description	Amount
RENTAL SPACE	$ 12,609
TEACHER VOLUNTEER	43,615
EQUIPMENT	75
TOTAL	$ 56,299

Federal Statements

Statement 8 - Schedule A, Part III, Line 2a - Sale, Exchange, or Lease of Property

Description
THE ORGANIZATION LEASES OFFICE FACILITIES FROM THE PRESIDENT OF ITS BOARD OF DIRECTORS. THE ORGANIZATION PAID $75,612 IN RENTS TO THIS BOARD MEMBER FOR 2007.

Statement 9 - Schedule A, Part III, Line 2b - Lending of Money or Extension of Credit

Description
MEMBERS OF THE ORGANIZATION'S BOARD OF DIRECTORS OR BUSINESSES OWNED BY MEMBERS OF THE ORGANIZATION'S BOARD OF DIRECTORS LOANED A TOTAL OF $64,800 TO THE ORGANIZATION DURING 2007. THESE LOANS ARE AT 0% INTEREST, UNSECURED AND MATURE JULY 31, 2008.

Federal Statements

Statement 10 - Schedule A, Part IV-A, Line 22 - Other Income

Description	2006	2005	2004	2003
MISCELLANEOUS	$ 10,119	$ 12,884	$ 17,781	$ 2,982
RENT INCOME	-1,702	21,811	42,696	47,669
SPECIAL EVENTS	11,723	8,550	22,096	-21,844
GAIN ON SALE OF ASSETS		184,098		
TOTAL	$ 20,140	$ 227,343	$ 82,573	$ 28,807

Federal Statements

Statement 1 - Form 990-T, Schedule E, Column 3b - Other Deductions

Description	Deduction
DEBT FINANCED BUILDING RENT	
INTEREST	5,330
CLEANING & MAINTENANCE	4,435
SUPPLIES	675
TAXES	158
UTILITIES	8,136
TOTAL	18,734

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Other Depreciation:												
5	BUILDING	4/25/94	850,000				850,000	31	MO	S/L	338,500	26,984
7	OFFICE FURNITURE	6/30/94	1,213				1,213	5	MO	S/L	1,213	0
8	SIGNS	7/31/94	2,000				2,000	5	MO	S/L	2,000	0
9	SIGN OUTDOOR OF BLDG	8/31/94	4,721				4,721	5	MO	S/L	4,721	0
10	EXIT, BATHROOM SIGNS	10/31/94	1,908				1,908	5	MO	S/L	1,908	0
11	OFFICE FURNITURE	7/31/94	1,451				1,451	5	MO	S/L	1,451	0
12	MACH 7 SECURITY SYSTEM	3/03/95	2,959				2,959	5	MO	S/L	2,959	0
13	LOCKS AND INSTALLATION	3/03/95	617				617	32	MO	S/L	218	19
17	CHAIRS	3/03/95	600				600	5	MO	S/L	600	0
19	LAND	4/25/94	75,509				75,509	0	--	Land	0	0
22	INTERNET NETWORK EQUIPMENT	12/19/97	1,000				1,000	5	MO	S/L	1,000	0
26	SLIDE PROJECTOR	4/18/97	800				800	5	MO	S/L	800	0
27	VOICEMAIL SYSTEM	11/14/97	8,204				8,204	5	MO	S/L	8,204	0
28	OFFICE CHAIR, VIOLET,HIGH BACK	9/12/97	1,086				1,086	5	MO	S/L	1,086	0
29	RETILE AUDITORIUM FLOOR	6/30/97	33,300				33,300	31	MO	S/L	10,061	1,057
38	WINDOW GLASS WORK	1/16/98	1,295				1,295	10	MO	S/L	1,101	130
39	CURTAIN TRACK AND CURTAIN	6/05/98	2,055				2,055	7	MO	S/L	2,055	0
43	BUILDING IMPROVEMENTS	6/18/99	13,300				13,300	10	MO	S/L	9,975	1,330
51	AUTOSCRUBBER	5/19/00	2,700				2,700	5	MO	S/L	2,700	0
61	NEW PHONE SYSTEM	9/30/00	1,882				1,882	5	MO	S/L	1,882	0
62	NEW PHONE SYSTEM	12/01/00	2,173				2,173	5	MO	S/L	2,173	0
63	NEW PHONE SYSTEM	2/16/00	2,846				2,846	5	MO	S/L	2,846	0
67	NEW FENCE	9/15/00	9,257				9,257	15	MO	S/L	3,908	618
96	11 ARM CHAIRS COMPUTE CLASS	7/20/01	2,260				2,260	5	MO	S/L	2,260	0
109	DELL 4400 COMPUTER	12/31/02	1,675				1,675	3	MO	S/L	1,675	0
110	DELL 4500 COMPUTER	12/31/02	1,296				1,296	3	MO	S/L	1,296	0
113	INSPIRON 4150 COMPUTER	12/31/02	2,017				2,017	3	MO	S/L	2,017	0
122	2000 TOYOTA SIENNA	5/07/03	17,366				17,366	5	MO	S/L	12,445	3,474
123	LENNOX UNIT WITH ECONOMIZER UN	9/12/05	5,395				5,395	5	MO	S/L	1,439	1,079
124	EPSON LCD WIDESCREEN PROJECTOR	5/12/05	1,300				1,300	5	MO	S/L	433	260
125	DELL-INSPIRON 6000 D I	6/03/05	1,841				1,841	3	MO	S/L	972	613
126	APPLE iMAC	8/21/06	1,794				1,794	3	MO	S/L	199	598
127	ACER BLACK MONITOR	8/21/06	153				153	3	MO	S/L	17	51
128	iMAC COMPUTERS 20"/2.16GHZ	10/03/06	1,616				1,616	3	MO	S/L	135	538
129	6 CHAIRS AND 15 RECTANGLE TABLE:	12/19/06	4,410				4,410	7	MO	S/L	0	630
130	DELL 5150C INTEL PENTIRUM 4	10/11/06	1,511				1,511	3	MO	S/L	126	504
131	APPLE MACBOOK CORE DUO LAPTOP	12/14/06	1,067				1,067	3	MO	S/L	30	355
132	APPLE COMPUTERS FOR ORR	8/31/06	2,795				2,795	3	MO	S/L	311	931
134	TELEPHONE EQUIPMENT UPGRADE	7/01/06	1,846				1,846	5	MO	S/L	185	369
136	ACER BLACK MONITOR	8/21/06	153				153	3	MO	S/L	17	51
137	ACER BLACK MONITOR	8/21/06	153				153	3	MO	S/L	17	51
138	ACER BLACK MONITOR	8/21/06	153				153	3	MO	S/L	17	51
139	ACER BLACK MONITOR	8/21/06	153				153	3	MO	S/L	17	51
140	ACER BLACK MONITOR	8/21/06	153				153	3	MO	S/L	17	51
141	ACER BLACK MONITOR	8/21/06	153				153	3	MO	S/L	17	51
142	ACER BLACK MONITOR	8/21/06	153				153	3	MO	S/L	17	51
143	ACER BLACK MONITOR	8/21/06	153				153	3	MO	S/L	17	51
144	ACER BLACK MONITOR	8/21/06	153				153	3	MO	S/L	17	51
145	ACER BLACK MONITOR	8/21/06	153				153	3	MO	S/L	17	51
146	ACER BLACK MONITOR	8/21/06	153				153	3	MO	S/L	17	51
147	ACER BLACK MONITOR	8/21/06	153				153	3	MO	S/L	17	51
148	ACER BLACK MONITOR	8/21/06	153				153	3	MO	S/L	17	51
149	ACER BLACK MONITOR	8/21/06	153				153	3	MO	S/L	17	51
150	ACER BLACK MONITOR	8/21/06	153				153	3	MO	S/L	17	51
151	ACER BLACK MONITOR	8/21/06	153				153	3	MO	S/L	17	51
152	ACER BLACK MONITOR	8/21/06	153				153	3	MO	S/L	17	51
153	ACER BLACK MONITOR	8/21/06	153				153	3	MO	S/L	17	51
154	ACER BLACK MONITOR	8/21/06	153				153	3	MO	S/L	17	51
155	ACER BLACK MONITOR	8/21/06	153				153	3	MO	S/L	17	51
156	ACER BLACK MONITOR	8/21/06	153				153	3	MO	S/L	17	51
157	ACER BLACK MONITOR	8/21/06	153				153	3	MO	S/L	17	51
158	ACER BLACK MONITOR	8/21/06	153				153	3	MO	S/L	17	51
160	ACER BLACK MONITOR	8/21/06	153				153	3	MO	S/L	17	51
161	iMAC COMPUTERS 20"/2.16GHZ	10/03/06	1,616				1,616	3	MO	S/L	135	538
162	PRINTER & CABLE	10/03/06	1,009				1,009	3	MO	S/L	84	336
163	APPLE MACBOOK CORE DUO LAPTOP	12/14/06	1,067				1,067	3	MO	S/L	30	355
164	MAC MINI 1.5/512/60/COMBO/AP/BT CC	6/12/06	581				581	3	MO	S/L	113	194
165	MAC MINI 1.5/512/60/COMBO/AP/BT CC	6/12/06	581				581	3	MO	S/L	113	194

411434916 LAO FAMILY COMMUNITY OF 09/18/2008 1:14 PM
41-1434916
FYE: 12/31/2007

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
166	MAC MINI 1.5/512/60/COMBO/AP/BT CO	6/12/06	581				581	3	MO	S/L	113	194
167	MAC MINI 1.5/512/60/COMBO/AP/BT CO	6/12/06	581				581	3	MO	S/L	113	194
168	MAC MINI 1.5/512/60/COMBO/AP/BT CO	6/12/06	581				581	3	MO	S/L	113	194
169	MAC MINI 1.5/512/60/COMBO/AP/BT CO	6/12/06	581				581	3	MO	S/L	113	194
170	MAC MINI 1.5/512/60/COMBO/AP/BT CO	6/12/06	581				581	3	MO	S/L	113	194
171	MAC MINI 1.5/512/60/COMBO/AP/BT CO	6/12/06	581				581	3	MO	S/L	113	194
172	MAC MINI 1.5/512/60/COMBO/AP/BT CO	6/12/06	581				581	3	MO	S/L	113	194
173	MAC MINI 1.5/512/60/COMBO/AP/BT CO	6/12/06	581				581	3	MO	S/L	113	194
174	MAC MINI 1.5/512/60/COMBO/AP/BT CO	6/12/06	581				581	3	MO	S/L	113	194
175	MAC MINI 1.5/512/60/COMBO/AP/BT CO	6/12/06	581				581	3	MO	S/L	113	194
176	MAC MINI 1.5/512/60/COMBO/AP/BT CO	6/12/06	581				581	3	MO	S/L	113	194
177	MAC MINI 1.5/512/60/COMBO/AP/BT CO	6/12/06	581				581	3	MO	S/L	113	194
178	MAC MINI 1.5/512/60/COMBO/AP/BT CO	6/12/06	581				581	3	MO	S/L	113	194
179	MAC MINI 1.5/512/60/COMBO/AP/BT CO	6/12/06	581				581	3	MO	S/L	113	194
180	MAC MINI 1.5/512/60/COMBO/AP/BT CO	6/12/06	581				581	3	MO	S/L	113	194
181	MAC MINI 1.5/512/60/COMBO/AP/BT CO	6/12/06	581				581	3	MO	S/L	113	194
182	MAC MINI 1.5/512/60/COMBO/AP/BT CO	6/12/06	581				581	3	MO	S/L	113	194
183	MAC MINI 1.5/512/60/COMBO/AP/BT CO	6/12/06	581				581	3	MO	S/L	113	194
184	MAC MINI 1.5/512/60/COMBO/AP/BT CO	6/12/06	581				581	3	MO	S/L	113	194
185	MAC MINI 1.5/512/60/COMBO/AP/BT CO	6/12/06	581				581	3	MO	S/L	113	194
186	MAC MINI 1.5/512/60/COMBO/AP/BT CO	6/12/06	581				581	3	MO	S/L	113	194
187	MAC MINI 1.5/512/60/COMBO/AP/BT CO	6/12/06	581				581	3	MO	S/L	113	194
188	MAC MINI 1.5/512/60/COMBO/AP/BT CO	6/12/06	581				581	3	MO	S/L	113	194
189	MAC MINI 1.5/512/60/COMBO/AP/BT CO	6/12/06	581				581	3	MO	S/L	113	194
190	MAC MINI 1.5/512/60/COMBO/AP/BT CO	6/12/06	581				581	3	MO	S/L	113	194
191	MAC MINI 1.5/512/60/COMBO/AP/BT CO	6/12/06	581				581	3	MO	S/L	113	194
192	DONATED VEHICLE	12/31/05	5,000				5,000	5	MO	S/L	1,000	1,000
193	HP A1610N MEDIA CTR & LCD MONIT(	6/30/06	970				970	3	MO	S/L	162	323
194	DELL D830 INTEL CORE DUO	12/20/07	1,067				1,067	3	MO	S/L	0	0
195	SNOW THROWER	12/07/07	555				555	5	MO	S/L	0	9
196	IMAC 24"/2.16/A250/SD73GTBTAE	11/29/07	1,329				1,329	3	MO	S/L	0	37
197	2 MACBOOK 13"W 2GHZ/180/COMBO	11/16/07	2,207				2,207	3	MO	S/L	0	61
198	MACMINI 1.83 GHZ/1/80/COM, CAMCOI	10/26/07	1,493				1,493	3	MO	S/L	0	83
199	3 IMACS	9/06/07	5,582				5,582	3	MO	S/L	0	620
200	LATITUDE D520 1.66 GHZ 667 MHZ	8/06/07	818				818	3	MO	S/L	0	114
201	LACASSE DESK W/KEYBOARD, MOUSI	5/10/07	605				605	3	MO	S/L	0	134
202	1 IMAC 20"/2.16 GHX	5/10/07	1,620				1,620	3	MO	S/L	0	360
203	LCD DISPLAY & MICROWAVE	1/22/07	762				762	3	MO	S/L	0	233
	Total Other Depreciation		1,114,858				1,114,858				429,884	50,399
	Total ACRS and Other Depreciation		1,114,858				1,114,858				429,884	50,399
	Grand Totals		1,114,858				1,114,858				429,884	50,399
	Less: Dispositions		0				0				0	0
	Less: Start-up/Org Expensed		0				0				0	0
	Net Grand Totals		1,114,858				1,114,858				429,884	50,399

Federal Statements

Form 990, Part I, Line 1b - Direct Public Support

Description	Cash	Noncash	Total
CONTRIBUTIONS FROM SCHEDULE B	$ 175,462	$	$ 175,462
TOTAL	$ 175,462	$ 0	$ 175,462

Form 990, Part I, Line 1c - Indirect Public Support

Description	Cash	Noncash	Total
CONTRIBUTIONS FROM SCHEDULE B	$ 246,724	$	$ 246,724
TOTAL	$ 246,724	$ 0	$ 246,724

Federal Statements

Schedule A, Part IV-A, Line 26b - Excess Gifts

Donor Name	Total	Excess
A.W. CHERNE FOUNDATION	$ 45,000	$
AMERICAN RED CROSS	28,151	
BEST BUY CHILDREN'S FOUNDATION	20,000	
BLUE CROSS BLUE SHEILD	52,000	1,940
BREMRER FOUNDATION	10,000	
BUTLER FAMILY FOUNDATION	16,500	
CARL & ELOISE POHLAD FAMILY FUND	25,000	
DREGAN	30,000	
GANNET	5,000	
GENERAL MILLS FOUNDATION	70,000	19,940
HB FULLER CO FOUNDATION	32,500	
HMONG AMER. MUTUAL	8,000	
JAY & ROSE PHILLIPS FAMILY FDN	10,000	
MARBROOK	15,000	
MCKNIGHT FOUNDATION	350,000	299,940
PATRICK & AIMEE BUTLER FAMILY FDN	20,000	
PHILLIPS FOUNDATION	10,000	
PIPER JAFFRAY FOUNDATION	10,000	
SHELTERING ARMS FOUNDATION	5,000	
ST. PAUL COMPANIES	90,000	39,940
ST. PAUL FOUNDATION	42,500	
STAR TRIBUNE FOUNDATION	5,000	
THOMPSON WEST GROUP	22,500	
WEYERHAEUSER FAMILY FOUNDATION	22,000	
ST. PAUL TRAVELERS	35,000	
ALLIANZ LIFE INS.	5,000	
ST. PAUL CHILDREN'S COLLABORATIVE	45,000	
IMATION CORP.	5,000	
TOTAL	$ 1,034,151	$ 361,760

Federal Statements

Special Events Direct Expenses

Description	Amount
COLUMN A	$
HMONG NEW YEAR/4TH OF JULY	
DIRECT EXPENSES	805,948
SUBTOTAL	805,948
TOTAL	805,948

DIRECT EXPENSES OTHER THAN FUNDRAISING EXPENSES
REPORTED ON FORM 990, PAGE 1, LINE 9B.