



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



SCANNED AUG 04 2010

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2009

**Open to Public
Inspection**

A For the 2009 calendar year, or tax year beginning 01/01 , 2009, and ending 12/31 , 20 09				
B Check if applicable: <input checked="" type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%"> <tr> <td style="width:10%; vertical-align:top;">Please use IRS label or print or type. See Specific Instructions.</td> <td> C Name of organization The Karen Organization of Minnesota Number and street (or P O box, if mail is not delivered to street address) Room/suite 1394 Jackson Street Suite 324 City or town, state or country, and ZIP + 4 St Paul, MN 55117 </td> <td> D Employer identification number 30-0438142 E Telephone number 651-788-7593 F Group Exemption Number ► </td> </tr> </table>	Please use IRS label or print or type. See Specific Instructions.	C Name of organization The Karen Organization of Minnesota Number and street (or P O box, if mail is not delivered to street address) Room/suite 1394 Jackson Street Suite 324 City or town, state or country, and ZIP + 4 St Paul, MN 55117	D Employer identification number 30-0438142 E Telephone number 651-788-7593 F Group Exemption Number ►
Please use IRS label or print or type. See Specific Instructions.	C Name of organization The Karen Organization of Minnesota Number and street (or P O box, if mail is not delivered to street address) Room/suite 1394 Jackson Street Suite 324 City or town, state or country, and ZIP + 4 St Paul, MN 55117	D Employer identification number 30-0438142 E Telephone number 651-788-7593 F Group Exemption Number ►		

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

G Accounting Method: ☐ Cash ☒ Accrual
Other (specify) ►

I Website: ► www.mnkaren.org

J Tax-exempt status (check only one) — ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

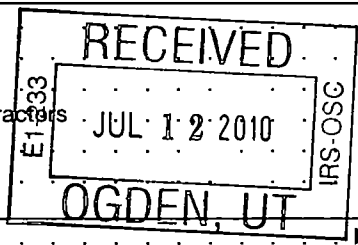
H Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ **52,651**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	52,649
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	0
	4	Investment income	4	2
	5a	Gross amount from sale of assets other than inventory	5a	0
	b	Less: cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>		
	a	Gross revenue (not including \$ <u>0</u> of contributions reported on line 1)	6a	0
	b	Less: direct expenses other than fundraising expenses	6b	0
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0	
7a	Gross sales of inventory, less returns and allowances	7a	0	
b	Less: cost of goods sold	7b	0	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe ► _____)	8	0	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	52,651	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	0
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	32,497
	13	Professional fees and other payments to independent contractors	13	2,667
	14	Occupancy, rent, utilities, and maintenance	14	6,300
	15	Printing, publications, postage, and shipping	15	363
	16	Other expenses (describe ► See Statement 2)	16	9,207
17	Total expenses. Add lines 10 through 16	17	51,034	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,617
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	0
	20	Other changes in net assets or fund balances (attach explanation)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	1,617



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	0 22	8,518
23	Land and buildings	0 23	0
24	Other assets (describe ► See Statement 3)	0 24	34,568
25	Total assets	0 25	43,086
26	Total liabilities (describe ► See Statement 4)	0 26	41,469
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	0 27	1,617

P
57

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	See Statement 5		
	(Grants \$) If this amount includes foreign grants, check here	28a	
29			
	(Grants \$) If this amount includes foreign grants, check here	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here	30a	
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a)	32	37,232

32	37,232
----	--------

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	✓
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	✓
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	✓
41 List the states with which a copy of this return is filed. ▶ MN		
42a The organization's books are in care of ▶ Chong Vang Telephone no. ▶ 651-788-7593		
Located at ▶ 1394 Jackson Street Suite 324, St Paul, MN 55117 ZIP + 4 ▶ 55117		
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)?	42b	✓
If "Yes," enter the name of the foreign country: ▶		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	✓
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/>	43	
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	✓

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

- | | Yes | No |
|--|------------|-------------------------------------|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | <input checked="" type="checkbox"/> |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization a section 527 organization? | 49b | <input type="checkbox"/> |
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

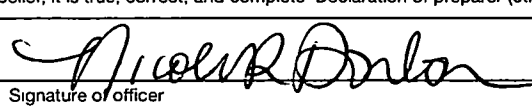
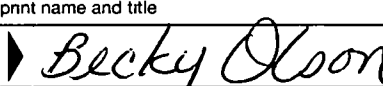
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

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 7-1-2010	
Paid Preparer's Use Only	 Preparer's signature		Date 6-25-10	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 MAP for Nonprofits 2314 University Avenue W, Saint Paul, MN 55114		Preparer's identifying number (See instructions) 651-393-2161	
	EIN 651-393-2161		Phone no. 651-393-2161	
	May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open to Public Inspection

30 0438142

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					52,649	52,649
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	0	0	0	0	52,649	52,649
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						52,649

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	0	0	0	0	52,649	52,649
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					2	2
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						52,651
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33⅓% support test—2009. If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33⅓% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

- 19a 33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- b 33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Area for supplemental information with horizontal dashed lines.

Statement 1 : General Explanations
Statement 2 : Other Expenses Schedule
Statement 3 : Other Assets
Statement 4 : Liabilities Schedule
Statement 5 : Program Service Accomplishments
Statement 6 : Officers, Directors, Trustees and Key Employees Compensation

Statement 1
Form 990-EZ
Page 1
Line Number

The Karen Organization of Minnesota
30-0438142

General Explanations

Reference	Explanation
Form 990-EZ, Part III, Line (28-31)	Organization's primary exempt purpose To provide resettlement and adjustment services, and foster cultural knowledge and understanding for the Karen community of Minnesota

Statement 2

Form 990-EZ

Page 1

Line Number Part I Line 16

The Karen Organization of Minnesota**30-0438142****Other Expenses Schedule**

Description	Amount
Equipment and maintenance	\$3,394
Computer hardware and software	\$1,643
Office supplies	\$1,128
Travel	\$1,011
Telephone	\$601
Internet	\$420
Client support	\$290
Other expenses	\$720
Total:	\$9,207

Statement 3

Form 990-EZ

Page 1

Line Number: Part II Line 24

The Karen Organization of Minnesota

30-0438142

Other Assets

Description	BOY Amount	EOY Amount
Grant payments receivable	\$0	\$34,568
Total:	\$0	\$34,568

Liabilities Schedule

Description	BOY Amount	EOY Amount
Grant advance payable	\$0	\$41,469
Total	\$0	\$41,469

Program Service Accomplishments

Achievement	Grants And Allocations	includes Foreign Grants	Program Service Expenses
Under the social services grant, the grantee consortium strives to achieve specified outcomes in five areas, in four of which KOM provides services: (1) refugee families have stable housing, (2) refugees have adjusted their immigration status (KOM does not handle this one), (3) refugee families are living in safe environments; (4) refugee families are engaged with community services and programs, and (5) refugee families are independently functioning 73 persons are benefited	\$0		\$18,531
Under the employment services grant, KOM strives to place clients in jobs and/or enroll them in short term vocational programs 7 persons are benefited	\$0		\$9,548
Under the ORR grant (1) KCM will connect Karen and other refugees from Burma to mainstream community resources, (2) KCM will facilitate the cultural adjustment and integration of Karen and other refugees from Burma by assisting Karen to obtain job training, employment and/or enroll in ESL; and (3) KCM will deliver mutually supportive functions such as information exchange, civic participation, resource enhancement, orientation and support to refugees from Burma 80 persons are benefited	\$0		\$9,153
Total			\$37,232

Statement 6

Form. 990-EZ

Page 2

Line Number: Part IV

The Karen Organization of Minnesota

30-0438142

Officers, Directors, Trustees and Key Employees Compensation

Name and address	Title and Hours	Compensation	Benefits	Expense
Sara Chute 1394 Jackson Street Suite 324 St Paul, MN 55117	Board Chair 4	\$0	\$0	\$0
Eh Taw Dwe 1394 Jackson Street Suite 324 St Paul, MN 55117	Board Vice Chair 2 00	\$0	\$0	\$0
Jennifer Dunbar 1394 Jackson Street Suite 324 St Paul, MN 55117	Board Secretary 2 00	\$0	\$0	\$0
Nicole Donlon 1394 Jackson Street Suite 324 St Paul, MN 55117	Board Treasurer 2 00	\$0	\$0	\$0
Hser Nei 1394 Jackson Street Suite 324 St Paul, MN 55117	Board Assistant Treasurer 0 50	\$0	\$0	\$0
Benjamin Aung 1394 Jackson Street Suite 324 St Paul, MN 55117	Board Member 0 50	\$0	\$0	\$0
Aye Mya Phyu 1394 Jackson Street Suite 324 St Paul, MN 55117	Board Member 0 50	\$0	\$0	\$0
Saw Josiah 1394 Jackson Street Suite 324 St Paul, MN 55117	Board Member 0 50	\$0	\$0	\$0
Tun Naing 1394 Jackson Street Suite 324 St Paul, MN 55117	Board Member 0 50	\$0	\$0	\$0
PawWah Toe 1394 Jackson Street Suite 324 St Paul, MN 55117	Board Member 0 50	\$0	\$0	\$0
Pastor William Englund 1394 Jackson Street Suite 324 St Paul, MN 55117	Board Member 0 50	\$0	\$0	\$0
Peggy Kennedy 1394 Jackson Street Suite 324 St Paul, MN 55117	Board Member 0 50	\$0	\$0	\$0
Steve Messick	Board Member	\$0	\$0	\$0

Statement 6**The Karen Organization of Minnesota**

1394 Jackson Street Suite 324 St Paul, MN 55117	0 50			
John P James 1394 Jackson Street Suite 324 St Paul, MN 55117	Legal Counsel 0 50	\$0	\$0	\$0
Tonya Cook 1394 Jackson Street Suite 324 St Paul, MN 55117	Special Advisor 0 50	\$0	\$0	\$0
Wilfred Tunbaw 1394 Jackson Street Suite 324 St Paul, MN 55117	Executive Director 40 00	\$35,400	\$0	\$0
Total:		\$35,400	\$0	\$0