

HCCM
3000 North 2nd Street
Minneapolis, MN 55411

**INTERNAL REVENUE SERVICE CENTER
Ogden, UT 84201-0027**



Federal Mailing Slip

HCCM
3000 North 2nd Street
Minneapolis, MN 55411

**Office of Attorney General
1200 NCL Tower, 445 Minnesota Street
St. Paul, MN 55101-2130**



State Mailing Slip

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)

Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2004 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization HCCM		D Employer identification number 41-2019732
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		E Telephone number 612-312-1692
		3000 North 2nd Street		City, town, or country State ZIP + 4 Minneapolis MN 55411
		City, town, or country State ZIP + 4 Minneapolis MN 55411		
• 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: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ modified cash

I Website: ▶ www.hispanicmn.org

J Organization type (check only one)— 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 94,192

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	29,450
	2	Program service revenue including government fees and contracts	2	4,690
	3	Membership dues and assessments	3	30,267
	4	Investment income	4	
	5 a	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 (line 5a less line 5b) (attach schedule)	5c	0
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ 29,450 of contributions reported on line 1)	6a	30,055
b	Less: direct expenses other than fundraising expenses	6b	22,348	
c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	7,707	
7 a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	0	
8	Other revenue (describe ▶ See attached statement.)	8	-270	
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶	9	71,844	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	0
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	6,102
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	6,135
	15	Printing, publications, postage, and shipping	15	3,041
	16	Other expenses (describe ▶ See attached statement.)	16	16,288
17	Total expenses (add lines 10 through 16) ▶	17	31,566	
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)	18	40,278
	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	-11,600
	20	Other changes in net assets or fund balances (attach explanation)	20	-56,750
	21	Net assets or fund balances at end of year (combine lines 18 through 20) ▶	21	-28,072

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

(See page 40 of the instructions.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	1,718	2,713
23	Land and buildings		
24	Other assets (describe ▶ See attached statement.)	19,494	9,180
25	Total assets	21,212	11,893
26	Total liabilities (describe ▶ See attached statement.)	32,812	39,965
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	-11,600	-28,072

Part III Statement of Program Service Accomplishments (See page 41 of the instructions.)		Expenses	
What is the organization's primary exempt purpose? <u>Economic advancement of Hispanics in Minnesota</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	Education Series - Bilingual Online Training and Workshops Addition of 1 more to series, trained 45 Financial Literacy and Homeownership Seminars (Grants \$ 8,000)	28a	39,750
29	Networking and Business Promotion Website Enhancements to www.hispanicmn.org Impacts - 800 (Grants \$ 7,000)	29a	27,000
30	Midwest Coalition of Hispanic Chambers - under development for website and annual career and recruiting conference (Grants \$ 7,500)	30a	12,500
31	Other program services (attach schedule) (Grants \$ 6,950)	31a	6,950
32	Total program service expenses (add lines 28a through 31a)	32	86,200

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 of 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	(E) Expense account and other allowances
Name Val Vargas Str 2347 141st Lane NW City Andover ST MN ZIP 55304	Title CEO Hr/WK 17	0	0	2,000
Name George Jacobson Str 1023 Stryker City WSP ST MN ZIP 55118	Title VICE CHAIR Hr/WK 4	0	0	200
Name Julie Delgado O'Neil Str 2040 Main Street City Hopkins ST MN ZIP 55343	Title TREASURER Hr/WK 2.5	0	0	200

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)		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		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		X
38 a	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 unpaid at the start of the period covered by this return?	X	
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. 38b		39,294
39 a	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		
40 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b	501(c)(3) and (4) organizations. 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 an explanation.		X
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958. ▶		
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization. ▶		
41	List the states with which a copy of this return is filed. ▶		
42	The books are in care of ▶ Name HCCM Business check here <input checked="" type="checkbox"/> Telephone no. ▶ 612-312-1692 Located at ▶ 3000 North 2nd Street City Minneapolis ST MN ZIP + 4 ▶ 55411		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43	N/A	

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.

Please Sign Here

Signature of officer: Val Vargas Date: 5/4/2007
Type or print name and title: President & CEO

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 5/3/2007 Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. W): P00598446
Firm's name (or yours if self-employed), address, and ZIP + 4: VCI 2347 141st Lane NW, Andover, MN 55304 EIN: 41-1558551 Phone no.: 763-571-2543

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions.)

OMB No. 1545-0047

2004

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

HCCM

41-2019732

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 employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name Ana Power Str 2211 Riverside Avenue City Minneapolis ST MN Zip 55454 Country	Title Admin - Intern Avg hr/wk 18	4,021		2,000
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Total number of other employees paid over \$50,000				

Part II 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
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Total number of others receiving over \$50,000 for professional services		

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

	Yes	No
<p>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 ► \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</p> <p>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.</p>		X
<p>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.)</p>		
<p>a Sale, exchange, or leasing of property?</p>		X
<p>b Lending of money or other extension of credit?</p>	X	
<p>c Furnishing of goods, services, or facilities?</p>		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	X	
<p>e Transfer of any part of its income or assets?</p>		X
<p>3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)</p>		X
<p>b Do you have a section 403(b) annuity plan for your employees?</p>		X
<p>4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?</p>		X
<p>b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?</p>		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

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** ► _____ City _____ ST _____ Country _____
- 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.)
- 11 a** 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.)
- 11 b** 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 supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	47,405	41,000			88,405
16 Membership fees received	25,444	39,022			64,466
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	27,671	34,227			61,898
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					0
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					0
23 Total of lines 15 through 22	100,520	114,249	0	0	214,769
24 Line 23 minus line 17	72,849	80,022	0	0	152,871
25 Enter 1% of line 23	1,005	1,142	0	0	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶	26a	0
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶	26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶	26c	0
d Add: Amounts from column (e) for lines: 18 <u>0</u> 19 <u>0</u> ▶	26d	0
22 <u>0</u> 26b <u>0</u> ▶	26e	0
e Public support (line 26c minus line 26d total) ▶	26e	0
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶	26f	0.00%

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:

(2003) _____ (2002) _____ (2001) _____ (2000) _____

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 11, 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:

(2003) _____ (2002) _____ (2001) _____ (2000) _____

c Add: Amounts from column (e) for lines: 15 <u>88,405</u> 16 <u>64,466</u> ▶	27c	214,769
17 <u>61,898</u> 20 <u>0</u> 21 <u>0</u> ▶	27d	0
d Add: Line 27a total . . . <u>0</u> and line 27b total . . . <u>0</u> ▶	27e	214,769
e Public support (line 27c total minus line 27d total) ▶	27e	214,769
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶	27f	214,769
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶	27g	100.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶	27h	0.00%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	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?		
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?		
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? 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?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions? 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?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? 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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768)

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 table with columns (a) Affiliated group totals and (b) To be completed for ALL electing organizations. Rows 36-44 detailing lobbying expenditures and nontaxable amounts.

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 11 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period table with columns (a) 2004, (b) 2003, (c) 2002, (d) 2001, and (e) Total. Rows 45-50 detailing nontaxable amounts, ceilings, and expenditures.

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

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:

- 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.)

Table with columns Yes, No, and Amount for reporting lobbying activity.

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

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

2004

Name of organization	Employer identification number
HCCM	41-2019732

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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—

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 HCCM	Employer identification number 41-2019732
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	US Bank <input checked="" type="checkbox"/> Check if above is a business 221 Estates Drive Roseville CA 55305 Foreign State or Province: _____ Foreign Country: _____	\$ 7,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	State Farm Insurance <input checked="" type="checkbox"/> Check if above is a business 8500 State Farm Way Woodbury MN 55125 Foreign State or Province: _____ Foreign Country: _____	\$ 10,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Qwest Foundation <input checked="" type="checkbox"/> Check if above is a business 1801 California Street Denver CO 80202 Foreign State or Province: _____ Foreign Country: _____	\$ 3,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	American Family Insurance <input checked="" type="checkbox"/> Check if above is a business 6131 Blue Circle Drive Eden Prairie MN 55343 Foreign State or Province: _____ Foreign Country: _____	\$ 5,500	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Carlson Companies <input checked="" type="checkbox"/> Check if above is a business PO Box 1701 Minneapolis MN 55440 Foreign State or Province: _____ Foreign Country: _____	\$ 2,500	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	Comcast <input checked="" type="checkbox"/> Check if above is a business 10 River Park Plaza St. Paul MN 55101 Foreign State or Province: _____ Foreign Country: _____	\$ 1,450	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization HCCM	Employer identification number 41-2019732
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Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$

Name of organization HCCM	Employer identification number 41-2019732
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete columns (a) through (e) and the following line entry.)

For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once—see instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
.....
For. Prov. _____ Country _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
.....
For. Prov. _____ Country _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
.....
For. Prov. _____ Country _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
.....
For. Prov. _____ Country _____	

Line 6 (990-EZ) - Special events and activities

	Event A	Event B	Event C	All others	Totals
1 Special event name	Annual GALA	GOLFiesta			
1a Number of special events	1	1			
2 Gross receipts	16,535	13,520			2 30,055
3 Less contributions					3 0
4 Gross revenue	16,535	13,520	0	0	4 30,055
5 Less direct expenses	16,625	5,723			5 22,348
6 Net income or (loss)	-90	7,797	0	0	6 7,707

Line 8 (990-EZ) - Other revenue

1 Fiscal Agency Payout		1 -270
2		2
3		3
4		4
5		5
6		6
7		7
8		8
9		9
10 Total other revenue		10 -270

Line 16 (990-EZ) - Other expenses

1 Fund Raising		1 5,550
2 Misc costs		2 35
3 Transportation and Travel		3 1,575
4 Dues & Conference		4 1,640
5 Training		5 433
6 Supplies and Leased Equipment		6 3,750
7 Legal Fees		7 240
8 Banking and cost of credit		8 858
9 Technology		9 1,782
10 Business M & E		10 425
11 Total other expenses		11 16,288

Line 24 (990-EZ) - Other assets

	Beginning	End
1 Furniture and Equipment	5,000	6,980
2 Accounts Receivable	10,200	2,200
3 Organization Costs	4,294	
4		
5		
6		
7		
8		
9		
10		
11 Total other assets	19,494	9,180

Line 26 (990-EZ) - Liabilities

		Beginning	End
1	Accounts Payable - Contract	32,812	39,294
2	Current Liabilities		671
3			
4			
5			
6			
7			
8			
9			
10			
11	Total liabilities	32,812	39,965

Sch A Lines 2 b and 2 d

		Total:	
1	2b - VCI extends credit to organization for unpaid management contract	1	39,294
2	2d - VCI invoices organization 3750 per month for direct program management services	2	45,000
3		3	
4		4	
5		5	

Allocated Program Management Costs

		Total:	
1	Education Series - Bilingual Online Training and Workshops for Financial Literacy for individuals	1	-31,750
2	Business Assistance via Website Enhancements to www.hispanicmn.org	2	-20,000
3	Midwest Coalition of Hispanic Chambers - under development for website and annual career and recruiting	3	-5,000
4		4	
5		5	

990EZ Board of Directors continued from part IV

		Total:	
1	Ricardo Vallejos - Corp Secretary appox 2 hr per week	1	
2	Jorge Restrepo Board Member appox. 1.5 hr per week	2	
3	Uri Camrena Board Member on LOA	3	
4	Mario Duarte Board Member appox 1.5 hr per week	4	
5	Edgardo Rodriguez Board Member appox 1.5 hr per week	5	
6	Marcela Soto Board Member appox .25 hr per week	6	
7	Julie Zimmer Board Member appox .25 hr per week	7	
8	Adolfo Cardona Board Member appox .25 hr per week	8	

MN Outstate Development

		Total:	
1	Funds directed towards partners in six MN towns	1	6,950
2		2	
3		3	
4		4	
5		5	

Credit Extended to Organization by Vargas Company

		Total:	
1	Organization unable to pay salaries; therefore utilizes a contract with Vargas CO.	1	
2	Vargas Co. invoices the organization 3750 per month; and carries the invoice until paid	2	
3	YREND 12-31-04 principal due to Vargas Co.	3	39,294
4		4	
5		5	

Franchise Tax for Nonprofit Organizations 2004

For organizations with unrelated business income

Print or type	For calendar year 2004 or fiscal year beginning				2004, and ending			
	Name of organization				Minnesota tax ID		FEIN	
	HCCM				5203005		41-2019732	
	Street				This organization files federal Form (check one)			
3000 North 2nd Street				<input type="checkbox"/> 990-T	<input type="checkbox"/> 990-C	<input type="checkbox"/> 1120-H	<input type="checkbox"/> 1120-POL	
City		County		State		Zip code		
Minneapolis		Hennepin		MN		55411		
Check all that apply:								
<input checked="" type="checkbox"/> Amended return or claim for refund		<input type="checkbox"/> Filing under an extension		<input type="checkbox"/> Final return				

Figure your income and tax	1 Federal taxable income (from the taxable income line of your federal form)	1	0
	2 Federal net operating loss deduction, if any	2	0
	3 Add lines 1 and 2	3	0
	4 990-T filers only: Charitable contributions not deducted on federal return (see instructions)	4	
	5 Minnesota net income (or loss) (subtract line 4 from line 3)	5	0
	If all activities are conducted in Minnesota, enter this amount on line 6. If activities are conducted partly outside Minnesota, or you have a net operating loss on your federal return, complete Schedule A on the back and check here <input type="checkbox"/>		
	6 Taxable income (if zero or less, enter zero)	6	0
	7 Regular tax (multiply line 6 by 9.8% [.098])	7	0
	8 Additional charge for underpaying estimated tax (attach Schedule M15NP)	8	0
9 Add lines 7 and 8	9	0	

Payments	10 Amount credited from your 2003 return (from line 16 of 2003 M4NP)	10	
	11 2004 estimated tax payments	11	
	12 2004 extension payment	12	0
	13 Add lines 10, 11 and 12	13	0

Refund or amount due	14 AMOUNT DUE. If line 9 is more than or equal to line 13, subtract line 13 from line 9. Check method of payment: <input type="checkbox"/> Electronic payment <input type="checkbox"/> Check	14	0
	15 OVERPAYMENT. If line 13 is more than line 9, subtract line 9 from line 13	15	0
	16 Amount of line 15 to be credited to your 2005 estimated tax	16	
	17 Refund (subtract line 16 from line 15)	17	0

I declare that this return is correct and complete to the best of my knowledge and belief.

Sign here	Authorized signature	Title	Date	Daytime phone	<input type="checkbox"/> I authorize the Minnesota Department of Revenue to discuss this tax return with the person listed here.
	Paid preparer's signature	Minnesota tax ID, SSN or PTIN	Date	Daytime phone	
	E-mail address for correspondence, if desired	This e-mail address belongs to (check one):			
		41-1558551	5/3/2007	763-571-2543	<input type="checkbox"/> Employee <input type="checkbox"/> Paid preparer

Attach a copy of your complete federal return including schedules.
 Mail to: Minnesota Revenue, Mail Station 1257, St. Paul, MN 55146-1257