

# Return of Organization Exempt From Income Tax

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2015 calendar year, or tax year beginning** , 2015, and ending , 20

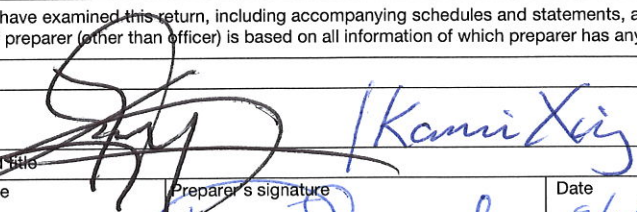
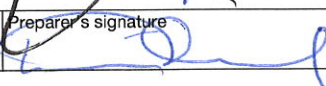
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Hmong Cultural Center of Minnesota</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>375 University Ave W 204</b> City or town, state or province, country, and ZIP or foreign postal code <b>Saint Paul, MN 55103-2060</b>		<b>D</b> Employer identification number <b>41-1752391</b>
	<b>F</b> Name and address of principal officer: <b>Kamai (Dao) Xiong</b> <b>375 University Ave W #204, Saint Paul, MN 55103</b>		<b>E</b> Telephone number <b>651-917-9937</b>
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>G</b> Gross receipts \$ <b>363,472</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
	<b>J</b> Website: ▶ <b>www.hmongcc.org</b>		<b>L</b> Year of formation: <b>1992</b> <b>M</b> State of legal domicile: <b>MN</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>To promote the personal development of children, youth and adults through cultural education while providing resources that enhance cross-cultural awareness between Hmong and non-Hmong.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>9</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>9</b>
	<b>5</b>	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	<b>11</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>30</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year <b>285,734</b>	Current Year <b>363,335</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)		
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>5</b>	<b>4</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>3812</b>	<b>400</b>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>289,561</b>	<b>363,739</b>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>249,622</b>	<b>221,123</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>118,549</b>	<b>117,430</b>	
<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>368,171</b>	<b>338,553</b>	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>-78,620</b>	<b>25,186</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year <b>102,260</b>	End of Year <b>129,626</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>14,135</b>	<b>16,315</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>88,125</b>	<b>113,311</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer			Date	9/12/16
	Type or print name and title	Kamai Xiong			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Timothy F Dornfeld		9/1/16		P01483480
	Firm's name ▶ Timothy F Dornfeld	Firm's EIN ▶		Phone no. 612-965-4674	
Firm's address ▶ 3920 Monterey Ave St Louis Park, MN 55416-5052					

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