

Return of Organization Exempt From Income Tax

2015

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.

Open to Public Inspection

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

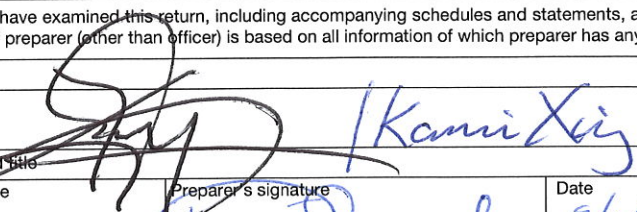
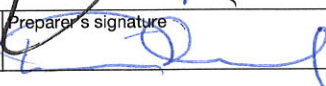
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Hmong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

Part I Summary

Activities & Governance	1 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>
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 9
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 9
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 11
	6 Total number of volunteers (estimate if necessary) 6 30
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 7b 0
Revenue	8 Contributions and grants (Part VIII, line 1h) 285,734 363,335
	9 Program service revenue (Part VIII, line 2g)
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 5 4
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3812 400
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 289,561 363,739
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
	14 Benefits paid to or for members (Part IX, column (A), line 4)
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 249,622 221,123
	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25) ▶
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 118,549 117,430	
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 368,171 338,553	
19 Revenue less expenses. Subtract line 18 from line 12 -78,620 25,186	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 102,260 129,626
	21 Total liabilities (Part X, line 26) 14,135 16,315
	22 Net assets or fund balances. Subtract line 21 from line 20 88,125 113,311

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.

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

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