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MINED NOV 0 6 ZUIS

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, organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2012

Open to Public Inspection

A F	or the	2012 calend	ar year, or tax year beginning , 2012, and ending			, 20	
_	heck if ap			D Empl	oyer id	entification number	
	Address cl	hange -	41-2117214				
	Name chai	nge	THE BUDDHISH ASSOCIATION OF DHARMA SOURCES INC Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telep			
	Initial retur	m "	3858 ALLENHURST DR		77	0-409-8888	
$\overline{}$	Terminated			F Grou	Group Exemption		
$\overline{}$	Amended (i		nber I	•	
_	Application		NORCROSS, GA 30092 ☐ Cash				
	Nebsit	ing Method				if the organization is not ach Schedule B	
				•		0-EZ, or 990-PF).	
			, , _ , , , , , , , , , , , , , , , , ,				
	Check ►		e organization is not a section 509(a)(3) supporting organization or a section 527 organization		_	•	
			A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may oses to file a return, be sure to file a complete return	pe rec	uirea	(see instructions) But if	
	•		b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets	(Part II			
			by to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or it total assets by) are \$500,000 or more, file Form 990 instead of Form 990-EZ	(i ait ii,	. .		
_					***	for Dort IV	
۲	art I∵		e, Expenses, and Changes in Net Assets or Fund Balances (see the			•	
			the organization used Schedule O to respond to any question in this Part I	• •			
	1		ons, gifts, grants, and similar amounts received		1	40,330	
	2		ervice revenue including government fees and contracts		2		
	3		ip dues and assessments	• •	3		
	4	Investmen		• •	4	4,417	
	5a			29,443			
	b		27,393	<u>. 17</u>			
	C	-	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	• •	5c	2,050	
	6	_	d fundraising events				
ø	а	.	ome from gaming (attach Schedule G if greater than				
Revenue			— 		3.00		
eve	b		of contributions of contributions are expected on line 1) (attack Schodule C if the	5	ging .		
ď	1		aising events reported on line 1) (attach Schedule G if the ch gross income a <u>nd contributions exc</u> eeds \$15,000) 6b				
					1		
	C		et expenses from gaming and fundraising events	troot			
	d		e or (loss) from gamıng and fundraising events (add lines 6a and 6b and sub	tract	الملكك		
		•	(6) (7) (7) (8) (7) (8) (7) (8) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8	• •	6d	· · ·	
			s of inventory, less returns and allowances				
	b				<u></u>		
	C	-	it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c 8		
	8		nue (describe in Schedule O)		9	40.707	
	10		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u>. – </u>	10	46,7 <u>97</u> 3,400	
	11		d similar amounts paid (list in Schedule O)		11	3,400	
۰,	ſ		aid to or for members		12	E 227	
Expenses	12		al fees and other payments to independent contractors		13	5,327	
ē	13				14	395	
×	14	-	y, rent, utilities, and maintenance		15	3,529	
u	15	• • •	ublications, postage, and shipping		16	2 402	
	16	•	enses (describe in Schedule O)		17	2,463	
	17	Types s	enses. Add lines 10 through 16		18	15,114	
şţs	18		(deficit) for the year (Subtract line 17 from line 9)			31,683	
SSe	19		r figure reported on prior year's return)		10	000 000	
Net Assets	00	•			19 20	238,383	
Š	20		nges in net assets or fund balances (explain in Schedule O)			ATA	
	21	Net assets	or fund balances at end of year. Combine lines 18 through 20		21	270.066	

Form **990-EZ** (2012)

Pai	Balance Sheets (see the instructions	for Part II)		_		-
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		🗆
		<u> </u>		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[238,383	22	270,066
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			-	25	
26		(D)	i i		26	
27 Par	Net assets or fund balances (line 27 of column till Statement of Program Service Accom			238,383	21	270,066
rai	Check if the organization used Schedule				l	Expenses
Wha	t is the organization's primary exempt purpose?			<u> </u>		quired for section (c)(3) and 501(c)(4)
Desc as n	cribe the organization's program service accomplineasured by expenses. In a clear and concise n	shments for each o	f its three largest i		494	anizations and section 7(a)(1) trusts, optional others)
	ons benefited, and other relevant information for e				 	T .
28	TZU CHI FOUNDATION				1	
				·····		
	(Grants \$ 600) If this amount	ıncludes foreign gra	ints, check here .	▶ □	28a	600.00
29	300/			<u> </u>		
	THE SEELAND EDUCATION FOUNDATION					
	(Grants \$ 800.00) If this amount	includes foreign gra	ints, check here .	<u> ▶ □</u>	29a	800.00
30	YUANTONG MONASTERY					
			••••			
	(Grants \$ 2,000.00) If this amount	includes foreign gra	ents check here	▶ □	30a	2,000.00
31	Other program services (describe in Schedule O)				1000	2,000.00
٠.		includes foreign gra			31a	1
32	Total program service expenses (add lines 28a	through 31a)		>	32	3,400.00
Par	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule					
	Official into organization accuracy	(b) Average	(c) Reportable	(d) Health benefits,		
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISO (if not paid, enter -0-			Estimated amount of other compensation
JULI	HUI KIN HUANG	.]				
DIRE	CTOR	20 HR		0	<u> </u>	0
	RONG SHAO	.l				
	CTOR	10 HR		0 -	0	0
	G ZHANG	10 HB		0 •	0	0
DIKE	CTOR	10 HR		<u> </u>	-	
		-				
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		-				

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	res	NO V
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		✓
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		1
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year? 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 tax year covered by this return?	37b **** 38a		✓
b 39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved	,	s s s s s s s s s s s s s s s s s s s	
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	> × × × × × × × × × × × × × × × × × × ×	√
	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			
d e	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	* 2 1	۰	,
	transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed ► GA			
42a		770-40	9-888	3
b	Located at ► 5950 MOGNALIA MILL CT, NORCROSS, GA 30092 ZIP + 4 ► 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	Yes	No
	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.	14	33.	
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		√
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041— Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	▶ □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	≟ <u>.</u> 44a		No ✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		√
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		✓ ✓
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a 45b	*	\ \ \ \

Form 9	90-EZ (2012)						P	age 4
							Yes	<u> </u>
46	Did the organization engage, directly or						(.)	·
	to candidates for public office? If "Yes,"		, Part I	· · · ·		. 46		✓
Part	• / • • •		47 401 1	50 1.				
	All section 501(c)(3) organization 50 and 51	ns must answer que	estions 47-49b and	52, and cor	nplete the	e tables t	or line	es
	Check if the organization used So	shadula O ta raspana	to any question in t	hie Part VI				
	Officer if the organization used Sc	riedule O to respond	to any question in t	ilis i dit vi		<u> </u>	Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pa		section 501(h) electio	n in effect o	luring the	tax 47	100	1
48	Is the organization a school as described		ii)? If "Yes," complete \$	Schedule E		. 48		1
49a	Did the organization make any transfers					. 49a		1
b	If "Yes," was the related organization a s					. 49b		
50	Complete this table for the organization							
	employees) who each received more that	n \$100,000 of compe	nsation from the organ	(d) Health		e, enter "N	lone."	
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions t	o employee	(e) Estimate		
	paid more than \$100,000	devoted to position	(Forms W-2/1099-MISC)	benefit plans, a compen		other con	npensat	ion
NONE				<u> </u>				
12.4125		-						
							·	
		_						
		-						
					-			
		-						
f	Total number of other employees paid or	ver \$100,000	. >					
51	Complete this table for the organization	s five highest comp	ensated independent	contractors	who each	received	more	than
	\$100,000 of compensation from the org	anization. If there is no	one, enter "None."			<u> </u>		
(a)	Name and address of each independent contractor p	aid more than \$100,000	(b) Type of serv	ice	(c)	Compensati	on	
NONE			-					
11.4111			1					
			1					
			1					
								
			1					
d	Total number of other independent conti	actors each receiving	over \$100,000					
52	Did the organization complete Schedule				(1)	- -		
	nonexempt charitable trusts must attach					► ✓ Yes	-	No
Under p	penalties of perjury, I declare that I have examined this prect, and complete. Declaration of preparer (other that	return, including accompar an officer) is based on all info	lying schedules and stateme ormation of which preparer h	ents, and to the l has any knowled	best of my kn lge	owledge and	belief,	IT IS
	1 1 01	111-	. ~ ~					
Sign	Signature of officer	y wyma	7	Date	10/3	1, 2		
Here	JUI HUI LIN HUANG				/13	15		
	Type or print name and title		V					
Paid	Print/Type preparer's name	Preparer's signature	Da	te	Check 🗀			
Dwar	SANDRA SHEU				self-employ	yea		

Preparer

Use Only

► SANDRA T SHEU, CPA, PC

Firm's address > 1858 C INDEPENDENCE SQUARE, DUNWOODY, GA 30338

May the IRS discuss this return with the preparer shown above? See instructions.

58-2183802

770-668-9288

Firm's ElN ▶

Phone no

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the organization							Employer ic	ientification	n number	
			MA SOURCES INC							17214	
Pai			rity Status (All orga						nstruction	ons.	
The o			ation because it is: (Fo								
1			hes, or association of			ed in sec	tion 170	(b)(1)(A)(i).		
2	A school desc	ribed in section	170(b)(1)(A)(ii). (Attac	ch Sched	ule E.)						
3			spital service organiza								
4			on operated in conjun-	ction with	i a hospit	tal descri	bed in se	ction 170	D(b)(1)(A)	(iii). Enter	the
		ne, city, and state									
5		on operated for)(1)(A)(iv). (Com	the benefit of a colle plete Part II)	ge or uni	versity o	wned or	operated	by a go	vernmen	tal unit de	scribed in
6 7	An organization	on that normally	nment or government receives a substantia (A)(vi). (Complete Par	al part of					nit or fron	n the gene	rai public
8	☐ A community	trust described i	n section 170(b)(1)(A)(vi). (Cor	mplete Pa	art II.)					
9			receives: (1) more that		· ·	-	am contr	hutione	mamhar	chin face	and arose
	receipts from support from	activities related gross investme	to its exempt functent income and unre lifter June 30, 1975. Se	ions—sul lated bus	bject to o	certain e xable ind	xceptions come (les	s, and (2) ss sectio	no more	e than 331.	/₃% of its
10	An organization	on organized and	l operated exclusively	to test fo	or public :	safety. Se	e sectio	n 509(a)(4).		
11	-	-	nd operated exclusive		•	•				or to carr	v out the
			olicly supported organ								
			describes the type of								
	a 🗌 Type I									tionally inte	arated
e		• •	that the organization								
	other than fou or section 509	ındation manage	ers and other than on	e or more	e publicly	support	ed organ	zations o	described	in section	1 509(a)(1)
f	If the organiz	ation received a	a written determinatio	on from	the IRS	that it is	а Туре	I, Type I	II, or Typ	e III supp	orting
		check this box .									🗀
g	Since August following pers		he organization accep	pted any	gift or co	ontributio	n from a	ny of the	;		_
			ndirectly controls, eitlody of the supported						d ın (iı) aı	nd [11g(i)]	Yes No
	(ii) A family m	ember of a perso	on described in (i) abo	ove?						11g(ii)	
		•	a person described in							11g(iii)	
h			on about the support								
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see Instructions))	in col (i) lis	organization sted in your document?	the organ	ou notify nization in of your port?	organizat	s the son in col- zed in the S ?	(vii) Amount supp	•
			(00000000000))	Yes	No	Yes	No	Yes	No	1	
(A)		<u> </u>		<u> </u>		 			<u> </u>	<u> </u>	
(A)			,	ļ	1	}	ļ			,	
(B)											
(C)					-						
(D)											
(E)											
Total	I										

instructions

••	· · · · · · · · · · · · · · · · · · ·		_				·g
Part	Support Schedule for Organiza	ations Descr	ibed in Secti	ons 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi)
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, p	lease comple	te Part III.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			,			
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						
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				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	on B. Total Support	T	· · · · · · · · · · · · · · · · · · ·		r 		
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	<u></u>					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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	i de la companya de l					
12	Gross receipts from related activities, etc	•	•			12	·——·
13	First five years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support	re	<u> </u>		•	ear as a section	n 501(c)(3) . ► □
14	Public support percentage for 2013 (line			1 column (ft)	······	14	%
15	Public support percentage from 2012 Sci		•	1, COIdi1111 (1)		15	
16a	331/3% support test – 2013. If the organi box and stop here. The organization qua	zation did not	check the box	on line 13, and			
b	331/3% support test—2012. If the organicheck this box and stop here. The organic					15 is 33 ¹ /3%	or more, ► □
	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts- facts-and-circu	and-circumsta imstances" tes	nces" test, che st. The organiza	eck this box ar ation qualifies	nd stop here. E as a publicly su 	xplain in ipported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part IV how the organization or supported organization	tion meets the	facts-and-ci	rcumstances"	test, check th	is box and sto	p here.
18	Private foundation. If the organization di	id not check a	box on line 13.	16a, 16b, 17a	, or 17b, chec	k this box and	see

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 or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

	if the organization falls to quality	ariadi trio to	0.0 1.0.00 001	orr, produce or	on proto : art	·	
	on A. Public Support			r		,	
_	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received (Do not include any "unusual grants.")			<u></u>			
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the]]		j 1	
	organization's tax-exempt purpose			ļ		j l	
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513					!	
4	Tax revenues levied for the					 	
-7	organization's benefit and either paid		})]	
	to or expended on its behalf		l		İ	į į	
_						 	
5	The value of services or facilities			1		}	
	furnished by a governmental unit to the organization without charge						
_	•	 _	 	 	 	 	
6	Total. Add lines 1 through 5		 		 	 	
/a	Amounts included on lines 1, 2, and 3			1]	
	received from disqualified persons	<u> </u>				 	
þ	Amounts included on lines 2 and 3] !	
	received from other than disqualified					}	
	persons that exceed the greater of \$5,000		l	Į.		<u> </u>	
	or 1% of the amount on line 13 for the year					<u> </u>	
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from		e Period	BESCHA.		65. C.	
	line 6.)	TO THE PERSON AND A PROPERTY OF THE PERSON AND A PERSON A	Late Assess	学界為	网络公司	16-18 14-1	
	on B. Total Support	, 				· · · · · · · · · · · · · · · · · · ·	
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	ļ					
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,			ł		1	
	royalties and income from similar sources .		1	1		}	
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses		1)] 1	
	acquired after June 30, 1975					į l	
С	Add lines 10a and 10b						
11	Net income from unrelated business					1	
	activities not included in line 10b, whether		J				
	or not the business is regularly carried on]		1	
12	Other income. Do not include gain or					1	
	loss from the sale of capital assets		ļ				
	(Explain in Part IV.)					1	
13	Total support. (Add lines 9, 10c, 11,				<u>-</u> -	t	
	and 12.)]	
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	, or fifth tax vi	ear as a section	1 501(c)(3)
	organization, check this box and stop he				•		. ▶ 🗆
Secti	on C. Computation of Public Support						
15	Public support percentage for 2013 (line			3, column (f))		15	%
16	Public support percentage from 2012 Scl						%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2013 (y line 13, colur	mn (f))	17	%
18	Investment income percentage from 2012						%
19a	331/3% support tests - 2013. If the organ						
	17 is not more than 331/3%, check this box						
b	331/a% support tests – 2012. If the organiz						
D	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di						
20	i ilare ionionioni il me digamization di	a not onech a	DOX OIL HITE 14	, ישמ, טו ושט, נ	MICON HIIS DOX	and see mstruc	tions 🕨 🔲

chedule A (F	orm 990 or 990-EZ) 2013 Page 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

•••••••	
