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Department of the Treasury Internal Revenue Service

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)

Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public

A F	or the	2012 calendar year, or tax year beginning NOV 1, 2012 and e	ending (CT 31, 2013						
В	heck if	C Name of organization		D Employer identific	ation number					
	Address	FRIENDS OF FALUN GONG INC.								
	_change _Name _change	Doing Business As		13-43	145670					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	·					
	Termin-	24 W. RAILROAD AVE. PMB 124		(201						
	Amende return			G Gross receipts \$	1,791,547.					
Γ	Applica-	TENAFLY, NJ 07670		H(a) Is this a group re						
	pending			for affiliates?	Yes X No					
		SAME AS C ABOVE		H(b) Are all affiliates incl						
1.1	ax-exer	npt status: X 501(c)(3)	r 527	1 ''	list. (see instructions)					
		: ► N/A		H(c) Group exemption						
		rganization: X Corporation	L Year		State of legal domicile: NY					
		Summary								
		riefly describe the organization's mission or most significant activities: TO HE	IGHTE	N THE PUBIL	C AWARNESS					
Activities & Governance		AS TO THE PERSECUTION BY THE CHINESE COMM								
<u>ı</u>	-	heck this box In the organization discontinued its operations or dispose								
Ver		lumber of voting members of the governing body (Part VI, line 1a)		3	3					
ගී		umber of independent voting members of the governing body (Part VI, line 1b)	•	4	3					
ජ ග		otal number of individuals employed in calendar year 2012 (Part V, line 2a)		5	0					
ij	l l	otal number of volunteers (estimate if necessary)		6	5					
Ę		otal unrelated business revenue from Part VIII, column (C), line 12	•	7a	1,360.					
ĕ		let unrelated business taxable income from Form 990-T, line 34		7b	0.					
_	, , , , , , , , , , , , , , , , , , ,	of difference business taxable meeting worth earn ease 1, meet		Prior Year	Current Year					
	8 0	contributions and grants (Part VIII, line 1h)		1,294,779.	1,782,837.					
Ę	1	rogram service revenue (Part VIII, line 2g)		0.	0.					
Revenue	1	evestment income (Part VIII, column (A), lines 3, 4, and 7d)		3,000.	1,413.					
æ		other revenue (Part VIII, column (A), lines 5, 6d, 8c @c Dc, and 1/1e)	•	0.	125.					
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12		1,297,779.	1,784,375.					
		irants and similar amounts paid (Part IX, column (A), lines 1-3)		678,150.	1,472,350.					
		enefits paid to or for members (Part IX, column (A), line 4) 2 1 2014		0.	0.					
' A	1 _									
Expenses	16a P	ralanes, other compensation, employee benefits (Part IX, column (A), lines 5,10) professional fundraising fees (Part IX, column (A), line 1,10) total fundraising expenses (Part IX, column (D), line 25		0.	0.					
ber 1	h T	otal fundraising expenses (Part IX, column (D) line 25	0.							
Ä		otal fortunating expenses (Fart IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	1,014,037.	294,006.					
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,692,187.	1,766,356.					
	1	tevenue less expenses Subtract line 18 from line 12		-394,408.	18,019.					
es or	1-5-	overlage today or and the control of	Be	eginning of Current Year	End of Year					
ang ets	20 T	otal assets (Part X, line 16)		966,921.	988,102.					
Ass	21 T	otal liabilities (Part X, line 26)	-	13,011.	16,173.					
Net Assets or Fund Balances	22 N	let assets or fund balances. Subtract line 21 from line 20		953,910.	971,929.					
	art II	Signature Block								
Und	er penalt	ies of perjury, I declare that I have examined this return, including accompanying schedules	and staten	nents, and to the best of my	knowledge and belief, it is					
		and complete aration of prepare (Other Han officer) is based on all information of whi			1					
		Illa IIII		1/8/1	0/19					
Sig	n	Signature of officer		Date						
Her		ALAN ADLER, DIRECTOR								
	·	Type or print name and title	^	<u> </u>						
		Print/Type preparer's name Pripa er's signature	IKZ"	Date / / Check	PTIN					
Paid		VARREN L. KOLB	8	8/8/14 if self-employed	P00051971					
		Firm's name J. L. HOCHBERG LLC		Firm's EIN	35-2320221					
		Firm's address 900 MAIN STREET								
	,	HACKENSACK, NJ 07601		Phone no. (201) 342-0167					
Ma	v the IR:	S discuss this return with the preparer shown above? (see instructions)		1	X Yes No					

Form **990** (2012)

Form	990 (2012) FRIENDS OF FALUN GONG INC.	13-4145670	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III	, . <u></u>	X
1	Briefly describe the organization's mission:		
•	TO HEIGHTEN THE PUBLIC AWARENESS AS TO THE PERSECUTION	1 BY THE	
	CHINESE COMMUNIST PARTY COMMITED AGAINST FOLLOWERS OF I		
			<u></u>
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	? Yes	X No
•	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	is measured by expenses	3 .
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported.	,	
4a	(Code) (Expenses \$ 288,700 • Including grants of \$) (Reve	enue \$	
	SUPPORT INITIATIVES AND ORGANIZATIONS THAT PROMOTE PUBL		OF
	THE OPPRESSION AND PERSECUTION OF FOLLOWERS OF THE SPIR		
	FALUN GONG BEING COMMITTED BY THE CHINESE COMMUNIST PAR		
	TILDON CONC DELINE COLLECTION DE LINE CONTROL DE LE		
4b	(Code) (Expenses \$ 1,100,000. including grants of \$ 1,100,000.) (Reve	enue \$)
	DRAGON SPRINGS BUDDHIST INC - SUPPORT FULUN DAFA SPIRIT		•
4c	(Code) (Expenses \$300,000 . including grants of \$300,000 .) (Rev)
	FEI TIAN ACADEMY OF ARTS -SUPPORT EDUCATIONAL ACTIVITIE	ES	
			
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ 72,350. including grants of \$ 72,350.) (Revenue \$)	
<u>4e</u>	Total program service expenses ▶ 1,761,050.		
23200	2	Form 9	990 (2012)

Form 990 (2012) FRIENDS OF FALUN GONG INC.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	<u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	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	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		ľ	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	·		
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			.,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			l Ψ
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	4.5		 •
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	46		х
4-	located outside the United States? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		A
17		17		х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	 ''		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18	'	х
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u>''</u>		_ <u>^</u> _
19	and the Cabadula C. Dadill	19		х
20-	complete Schedule G, Part III	20a		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	-cua	 	 ^
l.	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1	

Form 990 (2012) FRIENDS OF FALUN GONG INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
•	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII. Section A. line 3. 4. or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		,	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization 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			٠,,
	Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			v
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			х
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C		200	-	
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32_		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		L
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		,.	
	Note. All Form 990 filers are required to complete Schedule O	_38_	X_	(0015)
		Form	330 ((2012)

Par									
	Check if Schedule O contains a response to any question in this Part V		76	ليا.					
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	,[Yes	No					
1a	Elitar alla Malliago de Portos di Po	- 1		ĺ					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Ltb Lt	1 1	. !	l					
С	(gambling) winnings to prize winners?	1c		ĺ					
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
Za	filed for the calendar year ending with or within the year covered by this return 2a 2a	1							
_	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x					
3a	If "Yes," has it filed a Form 990 T for this year? If "No," provide an explanation in Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
74	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x					
h	If "Yes," enter the name of the foreign country:								
-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		i						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	,	X					
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as chantable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	ļ	X					
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year	┨ _ ┃							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h_		_					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		x					
^	Sponsoring organizations maintaining donor advised funds.								
9	Did the organization make any taxable distributions under section 4966?	9a		X_					
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X					
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities]							
11	Section 501(c)(12) organizations. Enter		ĺ						
а	Gross income from members or shareholders	_	ĺ						
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them)	_							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ــــــ					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-	l						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	 	\vdash						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	—	 					
	Note. See the instructions for additional information the organization must report on Schedule O.		1						
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1						
	organization is licensed to issue qualified health plans	┤	1						
	Enter the amount of reserves on hand	+	$\vdash \vdash$	 •					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	X_					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	, aan	(2012)					
		COLU	1330	(4014)					

232005 12-10-12

I a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body obligated broad subtricty to an executive committee or smilar committee, organian in Schedule 0. Ib Enter the number of voting members included on line 1s, above, who are independent Defined fine interest or the present present of the fine of the present of the governing body of degrated broad subtricty to an executive committee or smilar committee, opinian in Schedule 0 the organization make ambiers included on line 1s, above, who are independent Defined fine organization that the present of the committee or smilar committee, or level in the fine of the present of the organization make any significant changes to its governing documents since the prior Form 990 was filed? Define organization make any significant changes to its governing documents since the prior Form 990 was filed? Define organization have members or stockholders, or other persons of the organization sasests? Define organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Define organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Define organization have decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Define governing body? Define organization contamporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Define governing body? De	Yes N	Check if Schedule O contains a response to any question in this Part VI									
In Enter the number of voting members of the governing body at the end of the tax year If there are material inflierences in voting rights among members of the governing body, or if the governing body or if the governin	rning Yes M										
I a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body obligated broad subtricty to an executive committee or smilar committee, organian in Schedule 0. Ib Enter the number of voting members included on line 1s, above, who are independent Defined fine interest or the present present of the fine of the present of the governing body of degrated broad subtricty to an executive committee or smilar committee, opinian in Schedule 0 the organization make ambiers included on line 1s, above, who are independent Defined fine organization that the present of the committee or smilar committee, or level in the fine of the present of the organization make any significant changes to its governing documents since the prior Form 990 was filed? Define organization make any significant changes to its governing documents since the prior Form 990 was filed? Define organization have members or stockholders, or other persons of the organization sasests? Define organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Define organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Define organization have decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Define governing body? Define organization contamporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Define governing body? De	rning 3	and the second s									
Il there are material differences in voting rights among members of the governing body or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. b. Enter the number of voting members included in line 1a, above, who are independent 3 b. Enter the number of voting members included in line 1a, above, who are independent 3 Did the organization delegated control over management dules customarily performed by or under the direct supervision of officers, directors, rost explain and an accommendation of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filled? 4 Did the organization have members or stockholders? 5 Did the organization have members or stockholders? 6 Did the organization have members of stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b. Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? b. Each committee with authority to act on behalf of the governing body? b. Each committee with authority to act on behalf of the governing body? b. Each committee with authority to act on behalf of the governing body? b. Section B. Pollicies (This Section B requests information about policies in Schedule 0. Section B. Pollicies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistently monitor and enforce compliance with the policy? If "Yes," did the organization have a written occument of the Form 990 this Form 990 to all members of its governing body before fili	rning 3	1									
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Form **990** (2012)

13-41451

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization		orga T	ınıza			nper	nsat			(F)		
(A) Name and Title	(B) Average			ر) Pos	C) ition	1		(D) Reportable	(E) Reportable	(F) Estimated		
Name and Title	hours per	(do not check more than one box, unless person is both an				than (compensation	compensation	amount of		
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(1) DR. TERRI MARSH	0.00									_		
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Part \	/II Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
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		(list any	ctor						the	organizations	1			
		hours for	흉				ated		organization	(W-2/1099-MIS	;C)	fr	om th	е
		related organizations	uste	truste	i	8	Suadi		(W-2/1099-MISC)		i	_	anızat	
		below	Individual truste; or director	Institutional trustee	_	Key employee	st con	, a					d relat anızatı	
		ine)	Mar	Instit	Officer	Key e	Highest compensated employee	Former						
								-						
	· · · · · · · · · · · · · · · · · · ·										-			
						-	 	-	-		$\neg \neg$			
						_	_							
1h S	ub-total	<u> </u>	l	li		l	<u> </u>	l	0.	<u>. </u>	0.			0.
	otal from continuation sheets to Part V	II. Section A				•			0.		0.			0.
	otal (add lines 1b and 1c)	<u> </u>					<u></u>		0.		0.			0.
2 To	otal number of individuals (including but r	ot limited to th	ose	liste	d al	bov	e) wł	no r	eceived more than \$100	,000 of reportable	е			
	ompensation from the organization									··			· ·	0
3 D	id the organization list any former officer,	director or tr	ıcto	. ko	05	mole		~	highest companyated or	mplovoo on	[Yes	No
	ne 1a? If "Yes," complete Schedule J for s			3, NG	уеі	пріс	уее,	OI .	riighest compensated et	inployee on		3		х
	or any individual listed on line 1a, is the si			ompe	ensa	atior	n and	d ot	her compensation from	the organization	İ			
ar	nd related organizations greater than \$15	0,000? <i>If "Yes</i> ,	" co	mple	ete S	Sche	edule	e J f	for such individual	Ū		4		Х
	id any person listed on line 1a receive or	•				•	•	elat	ted organization or indivi	dual for services				
	endered to the organization? If "Yes," com	plete Schedul	e <i>J f</i>	or su	ıch	pers	son	_				5		X
	n B. Independent Contractors omplete this table for your five highest co				nt o				that recovered more than	\$100,000 of som		f		
	e organization Report compensation for										pens	alion	10111	
	(A)		-		<u></u>				(B)			(0	;)	
	Name and business	address	N	INC	<u> </u>				Description of s	ervices	C	ompe		n
								_						
								_		;				
								_						
	otal number of independent contractors (including but a	ot le	mite		the	ee lu		1 ahove) who recoved m	ore than				
	100,000 of compensation from the organi	=	III		U		0		a above, who received it	iore triairi				
												Form	9 90 (2012)

13-4145670 FRIENDS OF FALUN GONG INC. Page 9 Form 990 (2012) Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII Revenue excluded from tax under Unrelated Related or Total revenue exempt function business sections 512, 513, or 514 revenue revenue Gifts, Grants ilar Amounts 1 a Federated campaigns 1a Membership dues <u>1b</u> Fundraising events 1c 1d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and ,782,837 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 782,837 h Total. Add lines 1a-1f **Business Code** Program Service Revenue f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 1,235 1,235. other similar amounts) Income from investment of tax-exempt bond proceeds 125 125 5 Royalties . (II) Personal (ı) Real 6 a Gross rents Less. rental expenses Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 7,350 assets other than inventory b Less: cost or other basis 7,172 and sales expenses c Gain or (loss) 178 178 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less. direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b **b** Less: direct expenses c Net income or (loss) from gaming activities

178 360. 375 Total revenue. See instructions. 232009 12-10-12 Form 990 (2012)

9

Business Code

Total. Add lines 11a-11d

10 a Gross sales of inventory, less returns

c Net income or (loss) from sales of inventory Miscellaneous Revenue

and allowances b Less. cost of goods sold

d All other revenue

11 a

13-41451

ecti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons			пірівсе сошті (А).	
Do r	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	ı otal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	1,472,350.	1,472,350.		
2	Grants and other assistance to individuals in	1			
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		}		
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
	ř	5,226.	5,226.		
b	Ţ	2,795.	٠ ٥ ۵ ۵ , د	2,795.	
	Accounting Lobbying	4,133.		4,193.	
	Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25,				
A	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	42,589.	42,589.		
13	Office expenses	607.		607.	
14	Information technology	15,475.	15,475.		
15	Royalties				
16	Occupancy .	27,398.	27,398.		
17	Travel	21,991.	20,805.	1,186.	
18	Payments of travel or entertainment expenses	Ţ			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,853.	3,853.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DDUGARTONAL DDOGDANG	173,354.	173,354.		
b	DANK GERLITGE GUARGE	593.		593.	
c	ETI ING BEEG	125.		125.	
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,766,356.	1,761,050.	5,306.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.		ļ		
	Check here If following SOP 98-2 (ASC 958-720)	i i	1	'	

	990 (2			<u>13-41456</u>	70 Page 1 1
Par	τΧ	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X		, , , , , , , , , , , , , , , , , , , 	
			(A) Beginning of year	En	(B) d of year
	1	Cash - non-interest-bearing	144,524.	1	84,208
	2	Savings and temporary cash investments	500,397.	2	<u>697,894</u>
Į	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	322,000.	4	206,000
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
į	_	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
ş	7	Notes and loans receivable, net		7	
Assets	_	Inventories for sale or use		8	
₹	8	• • •		9	
	9	Prepaid expenses and deferred charges		9	
	าบล	Land, buildings, and equipment, cost or other			
		basis. Complete Part VI of Schedule D		_	
		Less: accumulated depreciation 10b		10c	
1	11	Investments - publicly traded securities		11	
ļ	12	Investments - other securities See Part IV, line 11		12	
1	13	Investments - program-related. See Part IV, line 11		13	
ł	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	966,921.	,	988,102
	17	Accounts payable and accrued expenses	13,011.	17	16,173
	18	Grants payable		18	
ŀ	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Se	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
≌	22	Loans and other payables to current and former officers, directors, trustees,]	
Liabilities		key employees, highest compensated employees, and disqualified persons.			
-		Complete Part II of Schedule L	<u> </u>	22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of		1 1	
- 1		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	13,011.	26	16,173
Ī		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
ဖွ		complete lines 27 through 29, and lines 33 and 34.			
ĕ	27	Unrestricted net assets		27	
흥	28	Temporanly restricted net assets		28	
B	29	Permanently restricted net assets		29	
<u>.</u> 5		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🗓			
<u>ہ</u>		and complete lines 30 through 34.			
ş	30	Capital stock or trust principal, or current funds	0.	30	0
	31	Paid in or capital surplus, or land, building, or equipment fund	0.	31	0
SS			_	 	971,929
t Ass	32	Retained earnings, endowment, accumulated income, or other funds	77.7.4111.	32	
Net Assets or Fund Balances	32 33	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	953,910. 953,910.	T - T	971,929

Form 990 (2012)

	990 (2012) FRIENDS OF FALUN GONG INC.	13-414	5670	_Pag	_{1e} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
		1 1			
- 1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,784		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,766		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u> 19.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	953	<u>, 9</u>	<u>10.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	971	. , 9	<u> 29.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:		1		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audıt			
	Act and OMB Circular A-133?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ııred audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2012)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

			OF FALUN GO						1	<u>3-4145670</u>		
Part I	Reason	for Public Char	ity Status (All organiza	ations mus	st complet	e this part	.) See inst	ructions.		·		
The organ	zation is not a	private foundation	because it is: (For lines 1	through 1	1, check	only one b	ox.)					
1 🔲	A church, cor	nvention of churches	s, or association of churc	ches desci	nbed in se	ction 170	(b)(1)(A)(i)					
2 🔲	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
з 🔲	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4 🔲	A medical res	earch organization	operated in conjunction v	with a hós	pıtal descr	nbed in se	ction 170	(b)(1)(A)(iii	i). Enter	the hospital's name	,	
	city, and state	e:										
5 🔲	An organizati	on operated for the	benefit of a college or un	niversity ov	vned or op	erated by	a governr	nental und	describ	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🔲	A federal, sta	te, or local governm	ent or governmental unit	described	l in sectio	n 170(b)(1)(A)(v).					
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public desc										public described in		
section 170(b)(1)(A)(vi). (Complete Part II.)												
8 🖳	A community	trust described in s	section 170(b)(1)(A)(vi). (Complete	Part II)							
9 X	•	•	eives: (1) more than 33 1									
			nctions - subject to certa									
			axable income (less sect	ion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nızatıon	after June 30, 1975	.	
		509(a)(2). (Complete										
10	•	•	perated exclusively to tes		-			-				
11 📖	_		perated exclusively for th								r	
			ations described in section). See sec	tion 509(a	a)(3). Cn	eck the box that		
		· · · · · · · · · · · · · · · · · · ·	organization and comple		_				a III. Nia	- f at. a	atad	
	a Type I		,ı · — ,	•	nctionally i	•				n-functionally integr		
e			at the organization is not than one or more publicly									
									(a)(1) 01	Section 303(a)(z).		
f	-		tten determination from t	116 142 1116	шизату	pe i, Type	ii, oi Type	7 111				
_		rganization, check tl	riis box organization accepted an	v aft or c	ontribution	from any	of the follo	nwing ners	one?		'	
9	•		irectly controls, either al			_				Yes Yes	No	
	• • •	-	upported organization?	0110 01 tog	01101 11111	pordono		(, a (.	, 20.011	11g(i)		
	•	•	n described in (i) above?		•	•				11g(ii)		
	• •	•	person described in (i) o		∍?		•		•	11g(iii)		
h	• •	•	about the supported org			•						
		3	.,	•	` '							
	of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	in col. (i) la	organization sted in your	organizat	ion in col.	(vi) Is organizatio (i) organiz	on in col.	(vii) Amount of mone support	etary	
3			above or IRC section	governing	document?	(i) of you	support?	(i) organız U.S	.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
									ļ	<u> </u>		
								ļ				
			ļ									
										ļ		
				ļ			ļ	-				
					ĺ							
				 	-	 		-	 	 		
		ļ					1			1		
						 	<u> </u>		 	 		
Total		<u> </u>	<u> </u>	l	<u> </u>	<u> </u>	L		L		20.45	
LHA For I	Paperwork Re	eduction Act Notice	e, see the Instructions f	OF				Schedul	e A (For	m 990 or 990-EZ) 2	2012	

232021 12-04-12

Form 990 or 990-EZ.

P	art II Support Schedule for	-					•				
	(Complete only if you checke fails to qualify under the tests				on failed to qualify	under Part III. If the	e organization				
Se	ction A. Public Support	s listed below, piez		···· /		· · · · · · · ·					
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total				
	Gifts, grants, contributions, and	(a) 2008	(b) 200 3	(6) 2010	(0) 2011	(e) 2012	(i) iotai				
•	membership fees received (Do not						İ				
	include any "unusual grants.")		}				ľ				
2	Tax revenues levied for the organ-				 	-	-				
2	ization's benefit and either paid to]								
	or expended on its behalf										
3	The value of services or facilities			-							
٠	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			<u> </u>							
Se	ction B. Total Support										
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total				
7	Amounts from line 4				_						
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 carned on			ļ							
10	Other income Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part IV)			ļ							
	Total support. Add lines 7 through 10	L	J			 	L				
	Gross receipts from related activities,					12					
13	First five years. If the Form 990 is for		s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3)	. —				
Se	organization, check this box and stor ction C. Computation of Publ		rcentage				P L				
				actumn (fl)		144					
	Public support percentage for 2012 (Public support percentage from 2011	• • • • • • • • • • • • • • • • • • • •	•	column (1))		15	<u>%</u>				
	a 33 1/3% support test - 2012. If the	•	•	on line 13, and line	14 is 33 1/3% or						
100	• •	-			14 15 33 1/376 01	more, check this bo					
	stop here. The organization qualifies 33 1/3% support test - 2011. If the		-	• •	1 line 15 ie 22 1/20		. PL				
K.	and stop here. The organization qual	_			, mile 10 is 33 1/3;	o or more, check th	113 500				
17-	10% -facts-and-circumstances tes	•	· · ·		e 13 162 or 16h	and line 14 is 10%	or more				
.,,	and if the organization meets the "fac										
	meets the "facts-and-circumstances"			-		IIOW IIIO OIYAI	L				
ŀ	10% -facts-and-circumstances tes	-	· ·		-	17a. and line 15 is	10% or				
_	more, and if the organization meets the	-									

Schedule A (Form 990 or 990-EZ) 2012

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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.)

Section A: Public Support	ow, please com	piete i art ii./		· · - · · · · · · · · · · · · · · · · ·		
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and	(a) 2000	(8) 2003	(6) 2010	(0) 2011	(e) 2012	(I) Total
membership fees received. (Do not						
include any "unusual grants.")				1294779	178 283	1473062.
2 Gross receipts from admissions,		 		14741176	170,203.	14/3002.
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the			İ			
organization's tax-exempt purpose		<u> </u>		-		
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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		ļ				
6 Total. Add lines 1 through 5				1294779.	178,283.	1473062.
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons				ļ		0.
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						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)				<u> </u>		1473062.
Section B. Total Support						
Calendar year (or fiscal year beginning in) ► 🔼	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6				1294779.	178,283.	1473062.
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				İ		
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)				1294779	178 283	1473062.
14 First five years. If the Form 990 is for the	ne organization'	e firet second thu	d fourth or fifth			
check this box and stop here	10 Organization	s mst, second, tim	u, lourar, or mar	lax year as a sectio	ii 30 i (c)(3) digaliiz	ation,
Section C. Computation of Public	Support Pe	ercentage			-	
15 Public support percentage for 2012 (lin			column (fl)	· · · · · · · · · · · · · · · · · · ·	15	100.00 %
16 Public support percentage for 2012 (iii)	•	•	column (i))	• • •		100
Section D. Computation of Invest				········	16	100.00 %
					47	00 %
17 Investment income percentage for 201:			ie io, column (f))	• • • •	17	.00 %
18 Investment income percentage from 20			 on line 4.4 ====4.1		18	<u>%</u>
19a 33 1/3% support tests - 2012. If the o	•				•	
more than 33 1/3%, check this box and	-		-	* * * * * * * * * * * * * * * * * * * *	•	▶ X
b 33 1/3% support tests - 2011. If the o	•				-	
line 18 is not more than 33 1/3%, check			-		•	. ▶⊟
20 Private foundation. If the organization	did not check a	box on line 14, 19	a. or 19b. check t	this box and see ins	tructions	▶

Schedule I (Form 990) (2012) % ⊠ **Employer identification number** 13-4145670 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ö ö ö Ö ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. (d) Amount of cash grant 300,000 9,750 1,100,000 8 400 23,000 15,000 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. FRIENDS OF FALUN GONG INC. Enter total number of other organizations listed in the line 1 table Part I General Information on Grants and Assistance (p) EIN critena used to award the grants or assistance? #PH3G - LONG ISLAND CITY, NY 11377 1 (a) Name and address of organization EASTERN US BUDDHA'S STUDY FALUN DAFA ASSOC. - 4-74 48TH AVENUE DRAGON SPRINGS BUDDHIST INC. HUMAN RIGHTS LAW FOUNDATION 115 FRANKLIN TURNPIKE #125 GLOBAL CENTER FOR QUIT CCP CUDDEBACKVILLE, NY 12729 FEI TIAN ACADEMY PF ARTS CUDDEBACKVILLE, NY 12729 or government 1615 L STREET NW #1100 THE MINGHUI CENTER CO. 140 GALLEY HILL ROAD WASHINGTON DC 20036 140 GALLEY HILL ROAD Name of the organization FLUSHING NY 11354 40-48 MAIN STREET MAHWAH, NJ 07430 Department of the Treasury Internal Revenue Service SCHEDULEI (Form 990) Part

20

13-41456/0 Page 1	
	izations in the United States (Schedule I (Form 990), Part II)
INC.	ents and Orga
SONG	overnm
FALUN (sistance to G
티	Per Ass
FRIENDS OF FALUN GONG INC	Continuation of Grants and Other Assistance to Governments ar
1 (Form 990)	Continuation

(a) Name and address of (b) EIN (c) IRC section organization or government (b) EIN (c) IRC section (d) Amount of (f) Method of (g) assistance (book, FMV, assistance appraisal, other)	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
1 2 ~				c			
COUDEBACKVILLE, NI 14/43			• 000				
SHEN YUN PROMATIONS INTERNATIONAL							
150 GALLEY ROAD CUDDEBACKVILLE: NY 12729			1,200,	0			
1							
							Schedule I (Form 990)

13-4145670 FRIENDS OF FALUN GONG INC. Schedule I (Form 990) (2012) Part III

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
					•
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information	de the information	required in Part I,	line 2, Part III, colum	n (b), and any other additional inf	ormation
				:	

Schedule I (Form 990) (2012)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047
2012
Open to Public Inspection

Name of the organization

FRIENDS OF FALUN GONG INC.

Employer identification number 13-4145670

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AGAINST FOLLOWERS OF FALUN GONG.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
HUMAN RIGHTS LAW FOUNDATION-DONATION
EXPENSES \$ 23,000. INCLUDING GRANTS OF \$ 23,000. REVENUE \$ 0.
GLOBAL CENTER FOR QUIT CCP- ADVOCATER TO ASSIST INDIVIDUALS WHO WANT TO
QUIT THE CHINESE COMMUNIST PARTY AND END PERSECUTION OF FALUN GONG
FOLLOWERS
EXPENSES \$ 15,000. INCLUDING GRANTS OF \$ 15,000. REVENUE \$ 0.
EASTERN US BUDDHA'S STUDY FALUN DAFA ASSOCIATES-EDUCATIONAL
EXPENSES \$ 8,400. INCLUDING GRANTS OF \$ 8,400. REVENUE \$ 0.
SHEN YUN PERFORMING ARTS-CULTURAL
EXPENSES \$ 15,000. INCLUDING GRANTS OF \$ 15,000. REVENUE \$ 0.
SHEN YUN PROMOTIONS INTERNATIONA-CULTURAL
EXPENSES \$ 1,200. INCLUDING GRANTS OF \$ 1,200. REVENUE \$ 0.
THE MINGUI CENTE CO. EDUCATIONAL SUPPORT
EXPENSES \$ 9,750. INCLUDING GRANTS OF \$ 9,750. REVENUE \$ 0.
FORM 990, PART VI, SECTION B, LINE 11: COMPLETED COPY OF FORM 990 IS
GIVEN TO A MEMBER OF THE GOVERNING BODY AUTHORIZED TO REVIEW THE FORM AND
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012) 101-04-13

Schedule O (Form 990 or 990 EZ) (2012)	Page 2
Name of the organization FRIENDS OF FALUN GONG INC.	Employer identification number 13-4145670
DISCUSS WITH PREPARER.	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION	HAS ITS DOCUMENTS
AND FINANCIAL INFORMATION AVAILABLE TO THE PUBLIC ON A NO	T FOR PROFIT WEB
SITE GUIDESTAR.ORG	
	

Form **8868**(Rev. January 2013) Department of the Treasury

Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

ightharpoons● If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. print 13-4145670 FRIENDS OF FALUN GONG INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 24 W. RAILROAD AVE. PMB 124 City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions TENAFLY, NJ 07670 0 1 Enter the Return code for the return that this application is for (file a separate application for each return) Return **Application** Return **Application** Code Code Is For Is For Form 990-T (corporation) 07 Form 990 or Form 990-EZ 01 Form 1041-A 80 02 Form 990-BL 09 03 Form 4720 Form 4720 (individual) 10 04 Form 5227 Form 990-PF 11 05 Form 6069 Form 990-T (sec. 401(a) or 408(a) trust) 12 06 Form 8870 Form 990-T (trust other than above) TAXPAYER The books are in the care of > 14 W. RAILROAD AVE. PMB 124 - TENAFLY, NJ 07670 Telephone No. ► (201) 568-2620 FAX No > If the organization does not have an office or place of business in the United States, check this box If this is for the whole group, check this If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) box I if it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until JUNE 15, 2014 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: catendar vear ► X tax year beginning NOV 1, 2012 and ending OCT 31, 2013 Initial return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions. LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2013)

Form 886	8 (Rev. 1-2013)					Page 2
• If you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this	box		ightharpoons
Note. On	ly complete Part II if you have already been granted an a	automatic	3-month extension on a previously fi	led Form	8868.	
If you a	are filing for an Automatic 3-Month Extension, comple					
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies nee	ded)
			Enter filer's	identifyir	ig number, s	see instructions
Type or	Name of exempt organization or other filer, see instru	ctions		Employe	dentificatio	n number (EIN) or
print						
File by the	FRIENDS OF FALUN GONG INC.				13-41	45670
due date for	Number, street, and room or suite no. If a P O. box, s	ee instruc	tions	Social se	cunty numb	er (SSN)
filing your return See	24 W. RAILROAD AVE. PMB 124	4			-	
instructions	City, town or post office, state, and ZIP code. For a fo		lress, see instructions.			
	TENAFLY, NJ 07670	.	,			
	,					
Enter the	Return code for the return that this application is for (file	a senara	te application for each return)			0 1
Lintor tino	Tiotally code for alle retain that alle application to ter (in	o a copara	дрившини од одон тогани,			<u> </u>
Applicati	on	Return	Application			Return
Is For	011	Code	Is For			Code
	or Form 990-EZ	01	.5101			
Form 990		02	Form 1041-A			08
	() (individual)	03	Form 4720			09
Form 990		04	Form 5227			10
		05	Form 6069			11
	0-T (sec. 401(a) or 408(a) trust)	06	Form 8870	_		12
	T (trust other than above)		 		d Farm 000	
<u> 510P! D</u>	o not complete Part II if you were not already granted TAXPAYER	an autor	natic 3-month extension on a prev	lously file	a rom 880	<u>o. </u>
	=======================================	A 1.717	DMD 104 MENABLY	NIT	07670	
	poks are in the care of \triangleright 14 W. RAILROAD	AVE.	• • •	, NO	0/6/0	
·-	none No. ► (201) 568-2620		FAX No. ▶			. —
	organization does not have an office or place of business					
	is for a Group Return, enter the organization's four digit	1				
box 🕨	. If it is for part of the group, check this box		ach a list with the names and EINs of	all memb	ers the exter	nsion is for.
	quest an additional 3-month extension of time until S			0.00	21 0	012
	calendar year, or other tax year beginning					013
6 If ti	ne tax year entered in line 5 is for less than 12 months, c	heck reas	on· Initial return	Final r	eturn	
L	☐ Change in accounting period					
	ite in detail why you need the extension					
	TILL WAITING TO RECEIVE PERT	INENT	INFORMATION NECES	SARY_	TO PRE	PARE A
<u>C</u> (MPLETE AND ACCURATE RETURN.					
						
	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	inter the tentative tax, less any			
	nrefundable credits See instructions.			8a	\$	0.
b If t	nis application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated	Ì		
tax	payments made. Include any prior year overpayment al	lowed as a	a credit and any amount paid			_
pr	eviously with Form 8868.	,		8b	\$	0.
c Ba	lance due. Subtract line 8b from line 8a. Include your pa	ayment wit	th this form, if required, by using			
EF	TPS (Electronic Federal Tax Payment System) See instr			8c	\$	0.
	Signature and Verificat	tion mu	st be completed for Part II o	only.		
Under per it is true, c	alties of perjury, I declare that I have examined this form, include orrect, and complete, and that I am authorized to prepare this fo	ling accomi orm.	panying schedules and statements, and to	the best o	f my knowled	ge and belief,
Signature	►Title ▶	CPA		Date	•	
	Titlo	 -				9060 (Pay 1.2012)

223842 01-21-13

/, Form 8868 (Rev. 1-2013)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month Ex	tension.	complete only Part II and check this	box		► X
Note. Only complete Part II if you have already been granted an a					
If you are filing for an Automatic 3-Month Extension, comple	te only Pa	art I (on page 1).			
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies need	ed).
		Enter filer's	identifyir	ng number, se	e instructions
Type or Name of exempt organization or other filer, see instru	ictions		Employe	r identification	number (EIN) or
print					
File by the FRIENDS OF FALUN GONG INC.				<u> 13-414</u>	5670
due date for Number, street, and room or suite no If a P.O. box, s		tions.	Social se	cunty number	(SSN)
return See 24 W. RAILROAD AVE. PMB 124					
City, town or post office, state, and ZIP code. For a fo	oreign add	lress, see instructions.			
TENAFLY, NJ 07670		···			
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)			. 01
A	<u> </u>	T			
Application	Return	Application			Return
Is For Form 990 or Form 990-EZ	Code	Is For			Code
Form 990-BL	01	Form 1041-A		`-	08
Form 4720 (individual)	02	Form 4720			09
Form 990-PF	03	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already granted			ously file	ed Form 8868.	
TAXPAYER					
• The books are in the care of ▶ 14 W. RAILROAD	AVE.	PMB 124 - TENAFLY	NJ	07670	
Telephone No. ► (201) 568-2620		FAX No 🕨			
If the organization does not have an office or place of business	s in the Ur	nited States, check this box			
• If this is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) If	this is fo	r the whole gro	oup, check this
box ▶ ☐ If it is for part of the group, check this box ▶ ☐		ach a list with the names and EINs of	<u>all memb</u>	ers the extens	sion is for.
4 I request an additional 3-month extension of time until S					
5 For calendar year, or other tax year beginning					13
6 If the tax year entered in line 5 is for less than 12 months, c	check reas	on' Initial return	Fınal r	etum	
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COMPLETE AND ACCORATE RETURN.					
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 a	enter the tentative tax, less any			
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b if this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated	"	<u> </u>	
tax payments made. Include any prior year overpayment all	-		1	ł	
previously with Form 8868.		· · · · · · · · · · · · · · · · · · ·	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your pa	ayment wi	th this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System). See instru			8c	\$	0.
Signature and Verificat	tion mu	st be completed for Part II o	nly.		
Under penalties of perjury, I declare that I have examined this form, includ it is true, correct, and complete, and that I am authorized to prepare this fo	ling accomp orm.	panying schedules and statements, and to	the best o	of my knowledge	and belief,
Signature > Title > C	CPA		Date	▶ 6-	<u> </u>
				Form 88	68 (Rev 1 2013)

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