

EXTENDED TO SEPTEMBER 17,

29**49325809**7.2

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Open to Public

OMB No 1545-0047

Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection For the 2016 calendar year, or tax year beginning NOV 1, 2016 and ending OCT 31, 2017 C Name of organization D Employer identification number Check if applicable Address change FRIENDS OF FALUN GONG INC. Name change Doing business as 13-4145670]initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 24 W. RAILROAD AVE. PMB 124 568-2620 (201)termin-ated 2,469,952. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ TENAFLY, NJ 07670 H(a) Is this a group return Applica-F Name and address of principal officer ALAN ADLER Yes X No for subordinates? pending SAME AS C ABOVE Yes L H(b) Are all subordinates included? Tax-exempt status X 501(c)(3) f "No," attach a list (see instructions) 501(c) () ◀ (insert no.) 4947(a)(1) or J Website: ► N/A H(c) Group exemption number K Form of organization: X Corporation Trust Association Other > Year of formation: 2000 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities TO HEIGHTEN THE PUBLIC Governance AWARERNESS AS TO THE PERSECUTION BY THE CHINESE COMMUNIST PARTY Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Ō Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-7, line 84 Prior Year Current Year 3,033,525. 2,466,302. Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) О. 370. 259. 10 Investment income (Part VIII, column (A), lines 3 4, and 7d) 10 Investment income (Fart VIII, column (A), lines 5, 6d/8c, 9c, 19c, al 11 Other revenue (Part VIII, column (A), lines 5, 6d/8c, 9c, 19c, al 12 Total revenue - add lines 8 through 11 (must equal Part VIII) (A) lines 14 231 ,102. 3,035,126. 2,467,663. Grants and similar amounts paid (Part IX, column (A), line 1,520,086. 1,090,400. 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), 15 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 1,225,106. 1,082,925. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,173,325. 2,745,192. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 289,934. 294,338. Beginning of Current Year End of Year 1,475,447. 1,736,513. 20 Total assets (Part X, line 16) 106,903. 73<u>,631.</u> 21 Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 368,544. <u>662,88</u>2. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign ALAN ADLER, DIRECTOR Here Type or print name and title Date Print/Type preparer's name Preparer's signature Paid WARREN L. KOLB P00051971 Preparer Firm's name J. L. HOCHBERG LLC Firm's EIN 35-2320221 Firm's address > 900 MAIN STREET Use Only HACKENSACK, NJ 07601 342-0167 Phone no. (201)

May the IRS discuss this return with the preparer shown above? (see instructions)

Form	990 (2016) FRIENDS OF FALUN GONG INC.	13-4145670	Page 2
	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		\mathbf{x}
1	Briefly describe the organization's mission		<u> </u>
1	·	DAT MILES	
	TO HEIGHTEN THE PUBLIC AWARENESS AS TO THE PERSECUTION		
	CHINESE COMMUNIST PARTY COMMITTED AGAINST FOLLOWERS OF FA	ALUN GONG.	
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?		X No
	·	Yes	LA_I NO
	If "Yes," describe these new services on Schedule O	F=-	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	LYes	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, as	measured by expenses	2
-		•	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses,	ano
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$1, 069, 438. including grants of \$) (Revenue	ue \$)
	SUPPORT INITIATIVES AND ORGANIZATIONS THAT PROMOTE PUBL	IC ASWARNESS	OF
	THE OPPRESSION AND PERSECUTION OF FOLLOWERS OF THE SPIR		
			<u></u>
	FALUN GONG BEING COMMITTED BY THE CHINESE COMMUNIST PART	<u>1.1</u>	
	F20 000 F20 000		
4b	(Code) (Expenses \$		<u> </u>
	DRAGON SPRINGS BUDDHIST INC - SUPPORT NON PROFIT RELIGIO	<u>ON, SPIRITUA</u>	.L
	DEVELOPEMENT.		
			
			
		-,,	
		<u>. </u>	
4c	(Code) (Expenses \$ 500,000 including grants of \$ 500,000) (Reveni		
40			—— '
	FEI TIAN ACADEMY OF ARTS -SUPPORT EDUCATIONAL INSTITUTION	ON BZD	
	(SECONDARY/HIGH SCHOOL)		
4.4	Other program services (Describe in Schedule O.)		
4d			
	(Expenses \$ 70,400 · including grants of \$ 70,400 ·) (Revenue \$		
<u>4e</u>	Total program service expenses ▶ 2,159,838.		
		Form 9	90 (2016)

Form 990 (2016) 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)?			ĺ
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			3,7
	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	_	}	v
_	similar amounts as defined in Revenue Procedure 98-197 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	_	ĺ	
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
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		X
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		-	
8	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		 -	1
9	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?		ł	1
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		<u> </u>	 -
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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,			l
	Part VI	11a		X
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 167 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			ļ
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<u>11e</u>	 	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	40		7
	Schedule D, Parts XI and XII	12a	 	X
D	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	1	x
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a b		, -7 a	 	
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	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 other assistance to or for any			
	foreign organization? 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 other assistance to			
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	L	X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	<u>x</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
_	complete Schedule G, Part III	19	<u> </u>	X
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			Yes	<u>No</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		l	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u>X</u>	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	ĺ	ĺ	
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		<u>X</u> _
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		<u>X</u> _
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	l i		
	Schedule K If "No", go to line 25a	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		
d	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), 501(c)(4), and 501(c)(29) 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		X
Ь	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			
	Schedule L, Part I	25b		X_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or		_	
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>X</u> _
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_X_
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u> _
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
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		<u> X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	ļ		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
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		<u>X</u>
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		
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		<u>X</u>
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	L
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			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable						
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0						
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
_	(gambling) winnings to prize winners?	1c					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 0	ļ					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х			
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b					
	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)?	4a		X			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		1				
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			
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c_					
6a	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 charitable 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?	<u>6</u> b					
7	Organizations that may receive deductible contributions under section 170(c).			x			
а							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1					
	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 7f		<u> </u>			
f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>				
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. Did a donor advised fund maintained by the			v			
_	sponsoring organization have excess business holdings at any time during the year?	8	-	X			
9	Sponsoring organizations maintaining donor advised funds.			v			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X			
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	96					
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12						
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1					
ь 11	Section 501(c)(12) organizations. Enter	†					
'' a	Gross income from members or shareholders	l					
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1					
	amounts due or received from them)	ł	}	1			
12a	5	12a	ţ				
b	name with the state of the stat						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		1			
а	to the assessment to be a series of the second second field be self-second second seco	13a					
_	Note. See the instructions for additional information the organization must report on Schedule O						
b							
_	organization is licensed to issue qualified health plans]				
С				L			
14a		14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		Ŀ			
		Form	990	(2016)			

FRIENDS OF FALUN GONG INC. Form 990 (2016) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a 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 delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 7a 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? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a The governing body? X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Х b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website X Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

Form 990 (2016)

TAXPAYER - (201) 568-2620

State the name, address, and telephone number of the person who possesses the organization's books and records

632008 11-11-16

07670

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

Employees, and Independent Contractors

Check if Schedule C	contains a response or no	te to any	line 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

(A) Name and Title	(B) Average hours per week	(do not che box, unless			Position onot check more than one k, unless person is both an icer and a director/trustee)			(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DR. TERRI MARSH	0.00								_	
DIRECTOR		X	<u> </u>		<u> </u>	<u> </u>		0.	0.	0
(2) ALAN ADLER	0.00	١								
DIRECTOR	0.00	X	-	<u> </u>	├—	 —		0.	0.	0
(3) PAULINA WERTHER	0.00	X	}	1	}	}		_	_	_
DIRECTOR		^	-					0.	0.	0
		-	-		-					
		-	-		_					
		-	-	_	_					<u> </u>
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Form **990** (2016)

(B)

(C)

13-4	145	<u>670</u>	P	age 8		
es (continued) (E) Reportable compensation from related organization (W-2/1099-MIS	on d is	(F) Estimated amount of other compensation from the organization and related organizations				
0,000 of reportab	0. 0. 0.			0.		
mployee on the organization	3	3	Yes	X X		
\$100,000 of con	npens	5 ation	from			
services	C	(compe	C) nsatio	n		

	Name and title	hours per week	Der do not check more than one box, unless person is both an						an compensation compens			ition amoun		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	s	com fr orga	pensa om the anizate d relate	e Ion ed
						 	}				}			
				-				-			_			
		 				<u> </u>				<u> </u>	\longrightarrow			
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		+	_		 —	-	├-	-	 		$-\dagger$			
						_								
		-												
_		 	-		-	-	+-	-						
			_	_		_	ļ	_						
					ļ									
				 	 				}					
41		<u> </u>	L		<u> </u>		<u></u>	L	0.		0.			
	Sub-total Total from continuation sheets to Part V	/II, Section A						>	0.		0.			$\frac{0}{0}$
	Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.
2	Total number of individuals (including but	not limited to th	ose	liste	ed a	bov	e) wl	no re	eceived more than \$100	,000 of reportabl	е			٥
	compensation from the organization					_	_	_					Yes	0 No
3	Did the organization list any former officer		uste	e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on				
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the s		ام در	mn	oner	atioi	2 22	d oti	hor componention from	the organization		3		<u>X</u>
4	and related organizations greater than \$15	•							•	ine organization		4		X
5	Did any person listed on line 1a receive or	-						elat	ed organization or indivi	dual for services				
Sec	rendered to the organization? If "Yes," continuous B. Independent Contractors	nplete Schedul	<u>e J f</u>	or s	uch	per	son				1	_5_		<u> </u>
1	Complete this table for your five highest co	ompensated in	depe	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of com	pens	ation f	rom	
	the organization Report compensation for	r the calendar y	ear	endi	ng v	vith	or w	<u>rithir</u>		year				
	(A) Name and busines:	s address	N	INC	E				(B) Description of s	ervices	С	O) ompe		n
			-											
			_											
									<u></u>					
2	Total number of independent contractors	(including but r	ot l	mıte	d to	the	se li	stec	d above) who received in	nore than				
	\$100,000 of compensation from the organ						0							
												Form	9 9 0 (2016)

-	_	Check if Schedule O conta	ins a response or note t	o any line	in this Part VIII			
	-				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts s	1 a	a Federated campaigns	1a					
E Z		b Membership dues	1b					
۾ آھ		c Fundraising events	1c					
ar A		d Related organizations	1d					
9,E		e Government grants (contribution				ľ		
Sign	f	All other contributions, gifts, grants				1		
풀힐	•	similar amounts not included above	سسماا	302	1	Į		
20		Noncash contributions included in lines 1				İ		
Contributions, Gifts, Grants and Other Similar Amounts	_	h Total. Add lines 1a-1f	ια 11 Ψ	2	,466,302.			
			Busines		7 2 0 0 7 0 0 2 1			
ا به	2 a	a				į		
ار کے	_ b							
Sel	c	c						
e a		d						
Program Service Revenue	e	e						
P.		f All other program service rever	nue					
l		g Total. Add lines 2a-2f _		_ 🕨				
	3	Investment income (including of	dividends, interest, and					
		other similar amounts)		>	259.	259.		
	4	Income from investment of tax	exempt bond proceeds	. ▶				
1	5	Royalties		•				
		ļ	(ı) Real (ıı) Pe	rsonal				
	6 a	a Gross rents			ĺ	į		
	Ł	b Less rental expenses						
	c	c Rental income or (loss)	L					
	c	d Net rental income or (loss)		•				
	7 a	a Gross amount from sales of	(i) Securities (ii) C	ther				
		assets other than inventory						
	k	b Less, cost or other basis	j					
		and sales expenses			ļ	}		
	ď	c Gain or (loss)						
	(d Net gain or (loss)						<u> </u>
ne	8 8	 Gross income from fundraising 	j events (not	1		1		
en l		including \$	of					
ě		contributions reported on line	1c) See			ľ		
Other Reven	Ì	Part IV, line 18	a)			
돋	l .	b Less: direct expenses	b (
Ū	•	c Net income or (loss) from fund						
	9 a	a Gross income from gaming act	tivities. See					
	1	Part IV, line 19	, a					
	I	b Less, direct expenses	, b		ŀ			
	ι	c Net income or (loss) from game						
	10 8	a Gross sales of inventory, less i						
		and allowances	$a \frac{3}{2}$	391.				
	l	b Less cost of goods sold		289.	1 100			
	├─ '	c Net income or (loss) from sales			1,102.	1,102.		
	-	Miscellaneous Revenue		ss Code				
	11 3					 		
	Ì	b		+				
	1	d Ali other revenue						
	1	e Total, Add lines 11a-11d	<u> </u>					
	12	Total revenue See instructions.		2	,467,663.	1,361.	0.	0.

Part IX Statement of Functional Expenses

<u> Section</u>	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)	
	Check if Schedule O contains a respon-		this Part IX (B)	(C)	(D)
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,090,400.	1,090,400.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals 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)				
_	Other employee benefits				
9	Payroll taxes				
10 11	Fees for services (non-employees)				
ı,	Management				
b	Legal				
C	Accounting	5,385.		5,385.	
d	Lobbying	3,303.			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees			·	
g	Other (If line 11g amount exceeds 10% of line 25,				
J	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	46,447.	46,447.		
13	Office expenses	1,863.		1,863.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	1,269.	1,269.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	29,271.	29,271.		
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	EDUCATIONAL PROGRAMS	992,451.	992,451.		
b		5,920.		5,920.	
c	FILING FEES	250.		250.	
d	BANK SERVICE CHARGES	_69.		69.	
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,173,325.	2,159,838.	13,487.	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.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 622,968. 706,349. Cash · non-interest-bearing 649,826. 737,930. 2 Savings and temporary cash investments Pledges and grants receivable, net 3 70,443. 140,443. Accounts receivable, net 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 Loans and other receivables from other disqualified persons (as defined under 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 Notes and loans receivable, net 62,210. <u>59,951.</u> Inventories for sale or use 8 161,840. Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities See Part IV, line 11 12 12 13 Investments - program-related See Part IV, line 11 13 Intangible assets 14 14 Other assets See Part IV, line 11 15 15 1,475,447. 1,736,513. Total assets, Add lines 1 through 15 (must equal line 34) 16 16 36,460. 3,188. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 70,443. 70,443. 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 106,903 73,631. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0. 0. Capital stock or trust principal, or current funds 30 30 0.1 31 0. 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 1,368,544. <u>1,662,882.</u> 32 1,368,544. 1,662,882. 33 Total net assets or fund balances 1,736,513. 1,475,447. Total liabilities and net assets/fund balances

Form **990** (2016)

	990 (2016) FRIENDS OF FALUN GONG INC.	13-	41456	70	Page	<u> 12</u>		
Par	t XI Reconciliation of Net Assets							
<u>۔</u>	Check if Schedule O contains a response or note to any line in this Part XI				[
	·]						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		467				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	<u> 173</u>	,32	15.		
3	Revenue less expenses Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	368	, 54	4.		
5	Net unrealized gains (losses) on investments	_5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior 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	1	662	,88	32.		
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				[
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		[res	No		
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	U			1	v		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	4	}	2a		<u>X</u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		1	- {			
	separate basis, consolidated basis, or both		į	ļ				
	Separate basis Consolidated basis Both consolidated and separate basis				l	37		
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 separat	e basis,	· [1				
	consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis				1			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	1	1	ľ			
	review, or compilation of its financial statements and selection of an independent accountant?		į.	2c	}			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	dit	}	- {			
	Act and OMB Circular A-133?		L	3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired auc	dit [
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b				
				Form 9	90 (2	2016)		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization Employer identification number 13-4145670 FRIENDS OF FALUN GONG INC. Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) . An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization listed in your governing document? (iii) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

Sch	edule A (Form 990 or 990-EZ) 2016 F	RIENDS OF	FALUN GO	NG INC.	(b)(1)(A)(iv) on	13-4145	670 Page 2
Pa	rt II Support Schedule for						
,	(Complete only if you checked fails to qualify under the tests			_	n railed to quality t	under Part III II the	organization
		- Isted below, plea	Se complete r art r	",			-/
_	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")					/	
2	Tax revenues levied for the organ-					/	
	ization's benefit and either paid to				,		
_	or expended on its behalf		-				
3	The value of services or facilities						
	furnished by a governmental unit to	1	,			ļ	
	the organization without charge		<u></u>				
4	Total. Add lines 1 through 3 The portion of total contributions				//		
0	by each person (other than a			1	ĺ		
	governmental unit or publicly			/	}	}	
	supported organization) included			/	}		
	on line 1 that exceeds 2% of the			1			
	amount shown on line 11,				ĺ	[[
	column (f)					i i	
6	Public support. Subtract line 5 from line 4			/			
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	<u> </u>	/	(0) 23 ; .	(0)2510	(6)20.0	(i) Total
8	Gross income from interest,		/:	,			
Ŭ	dividends, payments received on		<i>[</i>				
	securities loans, rents, royalties]	
	and income from similar sources	/	<i>[</i> *)	
9	Net income from unrelated business						
	activities, whether or not the					i	
	business is regularly carried on					ł t	
10	Other income Do not include gain						
	or loss from the sale of capital					1	
	assets (Explain in Part VI)				\	1	
11							
12	Gross receipts from related activities	etc (see instructi	ons)			12	
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop						▶□
	ction C. Computation of Publ					<u> </u>	
14	Public support percentage for 2016 (line 6, column (f) d	ivided by line 11, o	olumn (f))		14	%
15	Public support percentage from 2015	5 Schedule A, Part	II, line 14			15	%
16	a 33 1/3% support test - 2016. If the (organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies		•	•		•	▶└_
1	o 33 1/3% support test - 2015. If the	organization did no	ot check a box on I	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua	, ,	• •				` ▶└─
17	a 10% -facts-and-circumstances tes						
	and if the organization meets the "fac			•	•	rt VI how the organ	ızatıon
	meets the "facts-and-circumstances"	_			•		
1	o 10% -facts-and-circumstances tes	-				-	10% or
	more, and if the organization meets t				•		
	organization meets the "facts-and-cir		-	•			▶ `
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17		and see instructions	

(Complete only if you checked the box on line 10 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)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not			}			
	include any "unusual grants ")	178,283.	3104802.	2658507.	3074854.		9016446.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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						
6	Total. Add lines 1 through 5	178,283.	3104802.	2658507.	3074854.		9016446.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						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.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						9016446.
	ction B. Total Support						<u> </u>
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	178,283.	3104802.	2658507.	3074854.		9016446.
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	ļ					
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						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)	178,283.	3104802.	2658507.	3074854.		9016446.
	First five years. If the Form 990 is for				x year as a sectio	n 501(c)(3) org	
	check this box and stop here						▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2016 (line 8, column (f) d	ıvıded by line 13, d	column (f))		15	100.00 %
16	Public support percentage from 2015	Schedule A, Part	III, line 15			16	100.00 %
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)16 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	.00 %
18	Investment income percentage from	2015 Schedule A,	Part III, line 17			18	%
198	a 33 1/3% support tests - 2016. If the	organization did r	not check the box	on line 14, and line	15 is more than 3	3 1/3%, and li	
	more than 33 1/3%, check this box a 33 1/3% support tests - 2015. If the	-					▶ X %, and
_	line 18 is not more than 33 1/3%, che						
20						_	

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

	Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)			
Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	1		
	class or purpose, describe the designation. If historic and continuing relationship, explain.	11		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	l		1
	organization was described in section 509(a)(1) or (2)	2		
3 a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	ì		
	(b) and (c) below	3a		ļ
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b	ļ	<u> </u>
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	}		}
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	<u> </u>	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	<u> </u>	
þ	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			}
	despite being controlled or supervised by or in connection with its supported organizations	4b	<u> </u>	ļ
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	j		Ì
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	Í		}
	purposes	4c	<u> </u>	ļ
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN	ĺ	1	1
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action	<u> </u>		
	was accomplished (such as by amendment to the organizing document)	<u>5a</u>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already]
	designated in the organization's organizing document?	5b	 -	-
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	l l		
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also	ĺ]
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			}
7	Part VI. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	6	 	
′	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	j		
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	'	 	
0	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
Qa	Was the organization controlled directly or indirectly at any time during the tax year by one or more	<u> </u>		_
Ju	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		Ì
ь		7		
~	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		}
c			†	
•	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		1
102	Was the organization subject to the excess business holdings rules of section 4943 because of section			<u> </u>
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	İ		}
	supporting organizations)? If "Yes," answer 10b below	10a		Į
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings.)

- 0-b-	dula A (Farma COO as COO EZ) COMO ED TENDO. OF EALLIN CONO. T	NC		12 4145670 5
Pa	dule A (Form 990 or 990-EZ) 2016 FRIENDS OF FALUN GONG I		izations	13-4145670 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co	g trust on h	Nov 20, 1970 (explain i	n Part VI) See instructions. Al
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	T = T		
	collection of gross income or for management, conservation, or)
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			1
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			į
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		{
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Mınimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

___ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2016

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2016

d Excess from 2015
 e Excess from 2016

Schedule A	(Form 990 or 990-E	Z) 2016 FRIEND:	OF FALUN	GONG INC.		13-4145670 Page 8
Part VI	Supplemental Part IV, Section A, line 1, Part IV, Sec	I Information. Prof. lines 1, 2, 3b, 3c, 4b, stion D, lines 2 and 3, 16, and 8, and Part V,	vide the explanation 4c, 5a, 6, 9a, 9b, 9d Part IV, Section E, lir	is required by Part II, lin c, 11a, 11b, and 11c, Pa nes 1c, 2a, 2b, 3a, and	ne 10, Part II, line 17a or art IV, Section B, lines 1 3b, Part V, line 1, Part V, this part for any addition	17b, Part III, line 12, and 2, Part IV, Section C, Section B, line 1e, Part V.
	(ecc manachems)		_			
					,	
						

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

% X Employer identification number 13-4145670 Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States FRIENDS OF FALUN GONG INC. Part I General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Part II

recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	5,000 Part II car	be duplicated if addit	ional space is need	led			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
DRAGON SPRINGS BUDDHIST INC.							
140 GALLEY HILL ROAD CUDDEBACKVILLE NY 12729			520 000	0			DONATION RELIGIOUS EDUCATIONAL
HUMAN RIGHTS LAW FOUNDATION							
1615 L STREET NW #1100		_					,
WASHINGTON, DC 20036			50,000	0			DONATION
FEI TIAN ACADEMY PF ARTS							
140 GALLEY HILL ROAD							
CUDDEBACKVILLE, NY 12729	į		500,000.	0			EDUCATIONAL DONATION
DYNAMIC INTERNET TECHNOLOGY							
57 SECOND AVENUE						-	
SEACUCUS NJ 07094			5,000.	0			DONATION
EPOCH PUBLIC MEDIA-SEATTLE							
P.O. BOX 185							
MERCER ISLAND, VA 98040			1,000.	0.			DONATION
DYNAWEB							
1939 HIGH HOUSE ROAD #160							
CARY, NC 27519	-		3,000.	0.			DONATION
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in th	le line 1 table				
3 Enter total number of other organizations listed in the line 1 table	listed in the line	1 table					^
ı							

Schedule I (Form 990) (2016)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(h) Purpose of grant or assistance						Schedule I (Form 990)
(h) Purpo or ass	DONATION	DONATION				Sche
(g) Description of non-cash assistance						
(f) Method of valuation (book, FMV, appraisal, other)						
(e) Amount of non-cash assistance	0	0				
(d) Amount of cash grant	4,000,	7,400.				
(c) IRC section if applicable						
(b) EIN						
(a) Name and address of (b) EIN (c) IRC section (d) organization or government	OREGON FALUN DAFA ASSOCIATION 203 SW HAMILTON ST PORTLAND, WA 97239	SHEN YU PROMOTIONS INTERNATIONAL 10 GALLEY HILL RD CUDDEBACKVILLE, NY 12729				

04-01-16

Schedule I (Form 990) (2016) (f) Description of noncash assistance (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant 27 (b) Number of recipients (a) Type of grant or assistance 632102 11-01-16

Page 2

13-4145670

(Form 990) (2016) FRIENDS OF FALUN GONG INC.

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

Schedule I (Form 990) (2016)

Part III

SCHEDULE 0

(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.

2016
Open to Public Inspection

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

Employee

Employer identification number

FRIENDS OF FALUN GONG INC. 13-4145670 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: COMMITTED AGAINST FOLLOWERS OF FALUN GONG. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: HUMAN RIGHTS LAW FOUNDATION-DONATION EXPENSES \$ 50,000. INCLUDING GRANTS OF \$ 50,000. REVENUE \$ 0. DYNAMIC INTERNET TECHNOLOGY **EXPENSES \$ 5,000.** INCLUDING GRANTS OF \$ 5,000. REVENUE \$ 0. EPOCH PUBLIC MEDIA-SEATTLE INCLUDING GRANTS OF \$ 1,000. EXPENSES \$ 1,000. REVENUE \$ 0. DYNAWEB-DONATION EXPENSES \$ 3,000. INCLUDING GRANTS OF \$ 3,000. REVENUE \$ 0. OREGON FALUN DAFA ASSOCIATES EXPENSES \$ 4,000. INCLUDING GRANTS OF \$ 4,000. REVENUE \$ 0. SHEN YUN PROMOTIONS INTERNATIONAL INCLUDING GRANTS OF \$ 7,400. REVENUE \$ 0. EXPENSES \$ 7,400. FORM 990, PART VI, SECTION B, LINE 11B: COMPLETED COPY OF FORM 990 IS GIVEN TO A MEMBER OF THE GOVERNING BODY AUTHORIZED TO REVIEW THE FORM AND DISCUSS WITH PREPARER.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

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