# **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)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service 20 05 For the 2005 calendar year, or tax year beginning Jan. 1 , 2005, and ending Dec. 31 D Employer identification number C Name of organization B Check if applicable 76:0692185 Southern USA Falun Dafa Association Address change tabel or Number and street (or P.O. box if mail is not delivered to street address) Room/suite print o E Telephone number Name change type. See (713)383-8144 9073 Knight Road Initial return City or town, state or country, and ZIP + 4 Final return Houston, Texas 77054 tions. ☐ Other (specify) ▶ Amended return H and I are not applicable to section 527 organizations. • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable Application pending trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(b) If "Yes," enter number of affiliates ▶ ..... G Website: ▶ H(c) Are all affiliates included? Yes No (If "No," attach a list. See instructions) J Organization type (check only one) ► 2 501(c) ( 3 ) < (insert no.) 4947(a)(1) or 527 H(d) is this a separate return filed by an K Check here ▶ ☐ if the organization's gross receipts are normally not more than \$25,000 The organization covered by a group ruling? 🔲 Yes 🔲 No organization need not file a return with the IRS; but if the organization chooses to file a return, be Group Exemption Number ▶ sure to file a complete return. Some states require a complete return. Check ▶ ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF). Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Contributions, gifts, grants, and similar amounts received: 39,445 1a a Direct public support . . . . . 1b **b** Indirect public support . . . c Government contributions (grants) 1d 39,445 \_ noncash \$ Total (add lines 1a through 1c) (cash \$ \_ 2 2 Program service revenue including government fees and contracts (from Part VII, line 93) 3 Membership dues and assessments . . . . . . . . . 4 Interest on savings and temporary cash investments . 5 Dividends and interest from securities . . . 6a 6a Gross rents . . . . SCANNED JUN 16 6b Less: rental expenses . . . . . 6c Net rental income or (loss) (subtract line 6b from line 6a) . 7 Other investment income (describe ▶ (B) Other 8a Gross amount from sales of assets other than inventory . . . . . . . . . . . 8b **b** Less: cost or other basis and sales expenses. 8c c Gain or (loss) (attach schedule) 8d d Net gain or (loss) (combine line 8c, columns (A) and (B)) . . . . . Special events and activities (attach schedule). If any amount is from gaming, check here  $\blacktriangleright$ a Gross revenue (not including \$ 9a contributions reported on line 1a) . . . . . . . . . 9Ь **b** Less: direct expenses other than fundraising expenses . 9с c Net income or (loss) from special events (subtract line 9b from line 9a) . . . . . | 10a | 10a Gross sales of inventory, less returns and allowances . . 10b Less: cost of goods sold . . . . . . . . . . . . . 10c ci tros profit or (less) from sales of inventory (attach schedule) (subtract line 10b from line 10a). Other-revenue (trom, Part VII, line 103)

Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 11 39,445 12 23,960 13 13<sup>M Ap</sup>rogram sentices (from line 44, column (B)) . . . 9,812 14 Management and general (from line 44, column (C)) 

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Excess or (deficit) for the year (subtract line 17 from line 12) . . . .

Net assets or fund balances at end of year (combine lines 18, 19, and 20)

Net assets or fund balances at beginning of year (from line 73, column (A)) . Other changes in net assets or fund balances (attach explanation). . . .

Total expenses (add lines 16 and 44, column (A))

17

18

19

20 ž

15 16

17 18

19

20

Form 990 (2005)

33,772

5,673

<u> 20,444</u>

26,117

	not include amounts repoi			(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
	6b, 8b, 9b, 10b, or 16 of				services	and general	Mr. 11 19
	ts and allocations (attach \$ noncash \$						
	amount includes foreign grants		22			3 " . "	laga, laffy fraid e lei
			<u> </u>			" Thank Milly.	
•	cific assistance to individue)	•	23			ranger a care in	San San San San San
	. ,					Buch da	Juni Mary Branch
	ofits paid to or for me	•	24			J. Million of the	The said that I
	dule)		25			Cor am a danal d	ra ea eeu taaalad 'a
	pensation of officers, dire	•	26				
	r salarles and wages		27				
	sion plan contributions .		28				
	r employee benefits		29				
•	oll taxes		30				
	essional fundraising fees .		31				
	ounting fees		32				
U	difees		33				
	olies		34				
•	ohone		35	1,000		1,000	
	age and shipping		36	1,000		1,000	
	pancy		37	2,718		2,718	
, ,	pment rental and mainten		38	700	. ,	700	· · · · · · · · · · · · · · · · · · ·
	ing and publications		39	700		100	
	el		<del></del>	715		715	
	ferences, conventions, and	_	40	7 13		713	
	est		41				
	eclation, depletion, etc. (at		42				
	er expenses not covered a		40-	4 642	0	4,643	
A	motion		43a	4,643 7,895	7,895	4,040	
<b>D</b>			43b	7,095	7,050	36	
	k charges		43c		2 000	30	
	port to other 501(c)-3 org	anization	43d	2,000	2,000		
e Kadi	io Talk Shows		43e	8,476	8,476		
f Falu	ın Dafa Art Exhibit		43f	5,589	5,589		
g			43g				
	I functional expenses.		1 }				
	ugh 43. (Organization:		1 1				
	mns (B)-(D), carry these		44	33,772	23,960	9,812	
	15)			33,112	43,300	9,012	I
	ts. Check ▶ ☐ if you a			desision anliabeties	reported in (D) D-s	amm contace?	NO THE
Me any join Kavaa * a=	nt costs from a combined editer (i) the aggregate amount	of those isint acet	and Min . ¢	Cuaising solicitation	reputieu III <b>(b)</b> P70 amount allegated:	ryiaili services ( , l to Drogram condec	r ∟ires ilW ot
	iter (i) the aggregate amount ount allocated to Manageme						· · · · · · · · · · · · · · · · · · ·

### Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

progra	aris and accomplishing			····
What	is the organization's p	rimary exempt pur	pose? ► Promote Falun Dafa budism	Program Service Expenses
of clie	ents served, publications	s issued, etc. Discu	pose achievements in a clear and concise manner. State the number iss achievements that are not measurable. (Section 501(c)(3) and (4) a trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
a In	troduced Falun Dafa	Budism on the Ep	oochtimes newspaper to promote Falun Dafa Budism.	
;;;				
<u> </u>	rants and allocations		) If this amount includes foreign grants, check here	7,895
Ь	osted Falun Dafa art o	exhibit		
• • •		• • • • • • • • • • • • • • • • • • • •		
ίĠ	irants and allocations	<b></b>	) If this amount includes foreign grants, check here ▶ ☐	5,589
c —	<del></del>			
	osted radio talk show			
765			VIII.	
<u></u>	irants and allocations	<b>3</b>	) If this amount includes foreign grants, check here ▶ □	8,476
d .S	upported another 501	(c)-3 organization	n NTD TV public station in New York.	
•••				
		• • • • • • • • • • • • • • • • • • • •		
(G	irants and allocations	\$	) If this amount includes foreign grants, check here ▶ □	2,000
e O	ther program services	(attach schedule)		
	irants and allocations	\$	) If this amount includes foreign grants, check here	
f To	otal of Program Servi	ce Expenses (shor	uld equal line 44, column (B), Program services) ▶	23,960
				Eart 990 MMS

Form **990** (2005

Pä	art IV	Balance Sheets (See the instructions.)			
į	lote:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only	(A) Beginning of year		<b>(B)</b> End of year
	45	Cash—non-interest-bearing	20,444	45	26,117
	46	Savings and temporary cash investments		46	
	10	outings and temporary dear invocuments		373	
	47a	Accounts receivable		44	
	ĺ	Less: allowance for doubtful accounts 47b		47c	
		Salar " / Hill have / /		7.7	
	48a	Pledges receivable 48a			
		Less: allowance for doubtful accounts . 48b		48c	
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees			
	30	(attach schedule)		50	
	512	Other notes and loans receivable (attach		1.555	
23	314	schedule)			
Assets	b	Less; allowance for doubtful accounts 51b		51c	
Ą	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	
	54	Investments—securities (attach schedule) DCost DFMV		54	
	55a	Investments—land, buildings, and			
		equipment: basis		723	
	b	Less: accumulated depreciation (attach		44	
	_	schedule)		55c	
	56	Investments—other (attach schedule)		56	
	57a	Land, buildings, and equipment: basis .   57a			
	1	Less: accumulated depreciation (attach		25	
	i -	schedule)		57c	
	58	Other assets (describe ▶)		58	
	59	Total assets (must equal line 74). Add lines 45 through 58	20,444		26,117
	60	Accounts payable and accrued expenses		60	
	61	Grants payable		61	
	62	Deferred revenue		62	
Jabilities	63	Loans from officers, directors, trustees, and key employees (attach		1	
Ĭ		schedule)		63	
幫	64a	Tax-exempt bond liabilities (attach schedule)		64a	
_		Mortgages and other notes payable (attach schedule)		64b	·
	65	Other liabilities (describe ▶)	· · · · · · · · · · · · · · · · · · ·	65	
	66	Total liabilities. Add lines 60 through 65		66	
			· - ·		
	Orga	anizations that follow SFAS 117, check here ► ☐ and complete lines 67 through 69 and lines 73 and 74.			
S S	67	· · · · · · · · · · · · · · · · · · ·	12,674	1 4	11,252
Ĕ	68	Unrestricted	7,770	_	14,865
3ai	69	<u> </u>		69	
<u>0</u>	1	Permanently restricted		17.7	
Net Assets or Fund Balances	Juga	complete lines 70 through 74.			
7	70	Capital stock, trust principal, or current funds.	·	70	
g	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
8	72	Retained earnings, endowment, accumulated income, or other funds		72	
As	73	Total net assets or fund balances (add lines 67 through 69 or lines		76777	
<del>fe</del> t	•	70 through 72;			
_		column (A) must equal line 19; column (B) must equal line 21)		73	
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73.	20,444	74	26,117

Pai	t IV-A	Reconciliation of Revenue per Aud instructions.)	ited Financial Statem	ents With Rev	enue pe	r Retu	m (	See the
a	Total reve	enue, gains, and other support per audit	ed financial statements			а		
b		included on line a but not on Part i, line				74		
1		lized gains on investments		b1				
2		services and use of facilities		b2				
3		es of prior year grants		b3				
4		ecify):						
•				b4				
		<b>b1</b> through <b>b4</b>				Ь		
С		•				С		
d		included on Part I, line 12, but not on li	ne a:					
1		nt expenses not included on Part I, line		d1		24		
2		ecify):				ngi Man		
				d2		127		
	Add lines	d1 and d2				d		
θ		enue (Part I, line 12). Add lines c and d	<u> </u>	<u> </u>	<u>.</u> ▶	9		
Pai	rt IV-B	Reconciliation of Expenses per Au				per Ret	turr	<u> </u>
а	Total exp	enses and losses per audited financial s	statements			a		
b	Amounts	included on line a but not on Part I, line	17:					
1		services and use of facilities		b1				
2		adjustments reported on Part I, line 20		b2		₹,7		
3		ported on Part I, line 20		b3		1.77		
4		ecify):						
				b4		1.71		
		<b>b1</b> through <b>b4</b>				<b>b</b>		
C						C		
d		included on Part I, line 17, but not on li		امسا		1.0		
1		nt expenses not included on Part I, line		d1		100		
2	Other (sp	ecify):		d2		877		
				uz		d		
е		d1 and d2				e		
		Current Officers, Directors, Trustees					COL	director trustee
	(	or key employee at any time during the year	ar even if they were not o	compensated.) (S	ee the in	struction	7S.)	
		(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0)	benefit pl compe	nions to empi ans & deferre Insation plans	oyee ed	(E) Expense account and other allowances
	vard Song		President (30 hrs.)	0			0	0
		oring Dr., Missouri City, TX 77459	riesideni (50 ms.)					
	ing Xia	•••••	VP (30 hrs.)	o			0	•
		load, Houston, TX 77054	VI (00 III 8.)			<del> </del>		
	hael Hwan		Treasurer (30 hrs.)	0			0	
		Brook Way, Houston, TX 77059	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	wei Chen		Coordinator (30 hrs.)	0			0	1 0
		I Dr., Pearland, TX 77584						
	Sun		Coordinator (25 hrs.)	0			0	O
		I Dr., Pearland, TX 77584						
	xia Kuo		Coordinator (30 hrs.)	o			0	
		ster Dr. #46, Houston, TX 77036	` '		ļ			
	ing Hui	A. D. #40 Harris TV 33000	Coordinator (30 hrs.)	0			0	0
020	1 Kanches	ster Dr. #46, Houston, TX 77036						<u> </u>
			{					
· · - · -			-					
		••••••						

	4
PAGG.	

t V-A	Current Officers, Directors, Trustees	s, and Key Employe	es (continued)		·····	Yes	No
	-	ustees permitted to vo	te on organization	n business at board 5			
employee	es listed in Schedule A, Part I, or highers listed in Schedule A, Part II-A or	hest compensated p il-B, related to each	rofessional and other through t	other independent family or business	75b		egaig Tegaig Tegaig Tegaig
employed contracto tax exem <b>Note</b> . Re If "Yes."	es listed in Schedule A, Part I, or high ors listed in Schedule A, Part II-A or II-B, re pt or taxable, that are related to this organal lated organizations include section 509(a attach a statement that identifies the	hest compensated poceive compensation finitization through comma)(3) supporting organite individuals, explaine individuals, explaine	rofessional and rom any other org non supervision o izations. ins the relations	other independent anizations, whether or common control?	75c		
including	amounts paid to each individual by	each related orga	nization.	,	100	agi a	i strate
							L
	officer, director, trustee, or key employee re-	ceived compensation or	r other benefits (de	scribed below) during	the y	ear, lis	t that
	(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	accou	int and	other
e							
t VI O	ther Information (See the instruction	s.)				Yes	No
		reviously reported to	the IRS? If "Yes,	" attach a detailed	1	. %	
Were any	changes made in the organizing or government	_	t not reported to	the IRS?	77	111	<u>,                                    </u>
If "Yes," attach a conformed copy of the changes.  Ba Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?						inst.	<u> </u>
Was then	e a liquidation, dissolution, termination, o	-	ion during the ye	ar? If "Yes," attach	79	1 33	3.22 •
common	membership, governing bodies, truste				80a		•
If "Yes,"					1 8		: Zan Zase
	ect and indirect political expenditures. (S	ee line 81 instructions	s.) <u> 81a </u>	nonexempt	81b		
	Enter the meetings Are any comployed contractor relationsh. Do any of employed contractor tax exeminates and tax exeminates and the contractor tax exeminates and tax e	Enter the total number of officers, directors, and to meetings  Are any officers, directors, trustees, or key employ employees listed in Schedule A, Part I, or hig contractors listed in Schedule A, Part II-A or relationships? If "Yes," attach a statement that ide Do any officers, directors, trustees, or key employ employees listed in Schedule A, Part II-A or II-B, re tax exempt or taxable, that are related to this organizations include section 509(a If "Yes," attach a statement that identifies the organization and the other organization(s), including amounts paid to each individual by Does the organization have a written conflict of in the organization have an address  Former Officers, Directors, Trustees, and officer, director, trustee, or key employee reperson below and enter the amount of composition of each activity  A) Name and address  Were any changes made in the organizing or gov if "Yes," attach a conformed copy of the changes Did the organization have unrelated business grothis return?  If "Yes," attach a tax return on Form 990-T for "Yes," attach a conformed copy of the changes Did the organization have unrelated business grothis return?  If "Yes," attach a tax return on Form 990-T for "Yes," attach a conformed copy of the changes Did the organization have unrelated business grothis return?  If "Yes," attach a tax return on Form 990-T for "Yes," attach a conformed copy of the changes Did the organization have unrelated business grothis return?  If "Yes," enter the name of the organization podies, trusted common membership, governing bodies, trusted common membership common podies, trusted common membership common podies, trusted common podies, tru	Enter the total number of officers, directors, and trustees permitted to volte meetings  Are any officers, directors, trustees, or key employees listed in Form 99 employees listed in Schedule A, Part I, or highest compensated prontractors listed in Schedule A, Part II-A or II-B, related to each relationships? If "Yes," attach a statement that identifies the individuals. Do any officers, directors, trustees, or key employees listed in Form 99 employees listed in Schedule A, Part I, or highest compensated prontractors listed in Schedule A, Part II-A or II-B, receive compensation for tax exempt or taxable, that are related to this organization through common. Mote. Related organizations include section 509(a)(3) supporting organ if "Yes," attach a statement that identifies the individuals, explaing organization and the other organization(s), and describes including amounts paid to each individual by each related organ Does the organization have a written conflict of interest policy?  IV-B  Former Officers, Directors, Trustees, and Key Employees That officer, director, trustee, or key employee received compensation or person below and enter the amount of compensation or other benefits.  (a) Name and address  (b) Loans and Advances  (c) Loans and Advances  (d) Loans and Advances  (e) Loans and Advances  (e) Loans and Advances  (f) Loans and Advances  (g) Loans and Advances  (g) Loans and Advances  (g) Loans and Advances but if "Yes," attach a conformed copy of the changes.  Did the organization have unrelated business gross income of \$1,000 this return?  If "Yes," has it filed a tax return on Form 990-T for this year?  Was there a liquidation, dissolution, termination, or substantial contract a statement is the organization related (other than by association with a statewide common membership, governing bodies, trustees, officers, etc., to organization?  and check whether it Enter direct and indirect political expenditures. (See line 81 instructions	Enter the total number of officers, directors, and trustees permitted to vote on organization meetings  Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated professional and contractors listed in Schedule A, Part I, or highest compensated professional and contractors listed in Schedule A, Part II-A or II-B, related to each other through in relationships? If "Yes," attach a statement that identifies the individuals and explains the Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensation from any other organization stated in Schedule A, Part II-A or II-B, receive compensation from any other organization stated in Schedule A, Part II-A or II-B, receive compensation from any other organization related organizations include section 509(a)(3) supporting organizations.  If "Yes," attach a statement that identifies the individuals, explains the relations organization and the other organization(s), and describes the compensationiculting amounts paid to each individual by each related organization.  Does the organization have a written conflict of interest policy?  IV-E)  Former Officers, Directors, Trustees, and Key Employees That Received Compensation of each activity  Were any changes made in the organizing or governing documents but not reported to person below and enter the amount of compensation or other benefits (it expenses the organization of each activity  Were any changes made in the organizing or governing documents but not reported to if "Yes," has it filed a tax return on Form 990-T for this year?  Was there a liquidation, dissolution, termination, or substantial contraction during the yea statement  Is the organization related (other than by association with a statewide or nationwide or common membership, governing bodies, trustees, officers, etc., to any other exer organization?  If "Yes," erretre the name of the organization endource of the properticular of the properticular organization?  If the	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings  Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s).  Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II, a or II-B, receive compensation from any other organizations, whether tax exempt or traxable, that are related to this organization from any other organizations, whether tax exempt or taxable, that are related to this organization from any other organizations include section 509(a)(3) supporting organizations are related to this organization and the other organizations, and includes excited the individual by each related organization and the other organization of the compensation or the relationship between this organization have a written conflict of interest policy?  INVES   Tormer Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Bene officer, director, trustees or New employee received compensation or other benefits (isocribed below) during person below and enter the amount of compensation or other benefits in the appropriate column. See the list of the organization and enter the amount of compensation or other benefits in the appropriate column. See the list of the organization of each activity  Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.  Did the organization have unrelated business gross income of \$	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings  Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensation from any other organizations, whether tax exempt or traxable, that are related to this organization from any other organizations, whether tax exempt or traxable, that are related to this organization and the other organizations find describes the compensation arrangements, including amounts paid to each individual by each related organization.  Does the organization have a written conflict of interest policy?  IVES Former Officers, Directors, Trustees, and Key Employees that Received Compensation or Other Benefits (including amounts have a written conflict of interest policy?  IVES Former Officers, Directors, Trustees, and Key Employees that Received Compensation or Other Benefits (including amounts) and enter the amount of compensation or other benefits (fescribed below) during they exproprise toolumn. See the instructions of the proprise deviation or deviation or other benefits (including amounts) and enter the amount of compensation or other benefits (including amounts) and enter the amount of compensation or other benefits (including amounts) and enter the amount of compensation or other benefits (including amounts) and en	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings  Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II, and III-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)  Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensated profession or common control?  Note. Related organizations include section 509(a)(3) supporting organization.  If "Yes," attach a statement that identifies the individuals and describes the compensation or other organization.  If "Yes," attach a statement that identifies the individuals and i

Par	t VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at or at substantially less than fair rental value?	no charge 82	a	•
	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.  (See instructions in Part III.)			tata h
	Did the organization comply with the public inspection requirements for returns and exemption appl			
b	Did the organization comply with the disclosure requirements relating to quid pro quo contribution		<del></del>	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84	*********	
b	If "Yes," did the organization include with every solicitation an express statement that such contrigifts were not tax deductible?	84	ь	fruits i
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? .	85		ļ
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85	bļ "	 
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the or received a waiver for proxy tax owed for the prior year.	ganization //	4 . 4	
С	Dues, assessments, and similar amounts from members		1 78.00	ggar in
d	Section 162(e) lobbying and political expenditures		4 38	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		(4 mm)	
9	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85	9	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditure following tax year?		h	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on	2	n della	<b>1</b> 78,
	line 12		. 1	
b	Gross receipts, included on line 12, for public use of club facilities 86b	·*		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders  87a	<del></del> ' '		1000
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			2
88 89a	At any time during the year, did the organization own a 50% or greater interest in a taxable compartnership, or an entity disregarded as separate from the organization under Regulations sections and 301.7701-3? If "Yes," complete Part IX	301.7701-2 84	Viii ii i	•
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			<b>*</b>
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit t during the year or did it become aware of an excess benefit transaction from a prior year? If "Ye a statement explaining each transaction		ь	•
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the under sections 4912, 4955, and 4958	▶		
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
90a	List the states with which a copy of this return is filed ▶			
	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	Nil	
91a	The books are in care of ▶ Michael Hwang  Located at ▶ 9073 Knight Road, Houston, TX  ZIP + 4 ▶	77054-43		
b	At any time during the calendar year, did the organization have an interest in or a signature or other over a financial account in a foreign country (such as a bank account, securities account, or other account)?  If "Yes," enter the name of the foreign country   See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Form Formation and Financial Accounts.	er financial 91	C., feli Sin	No ✓
c 92	At any time during the calendar year, did the organization maintain an office outside of the Unite If "Yes," enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	 •		
	and onto the amount of tax-exempt interest received of accided during the tax year	92	000	

Part	VII	Analysis of Income-Producing	Activities (See	the instruc	tions.)			
Note:	Ente	or gross amounts unless otherwise	Unrelated I	ousiness inco	me Exclud	ed by sect	ion 512, 513, or 514	(E) Related or
indicat	ed.	-	(A) Business code	(B) Amour		C) ion code	<b>(D)</b> Amount	exempt function income
	riu	gram service revenue:						
a b								
G								
d								
8								
•	Me	dicare/Medicaid payments						
g		es and contracts from government agence	. 1					
94		mbership dues and assessments						
95		rest on savings and temporary cash investme						
96		idends and interest from securities						
97		t rental income or (loss) from real estate:	Ting in edilly	. J. 1944 w :	Think Thin	.j., 77	Jag Halling	e allajna e a avijetja
a		ot-financed property						
ь		debt-financed property						
98		rental income or (loss) from personal proper						
99		ner investment income	l l					
100	-	n or (loss) from sales of assets other than invent	1					
101		t income or (loss) from special events	01y					
102		oss profit or (loss) from sales of inventor	,					
103		ner revenue: a						
ь	Ou.	ioi iovolido. u						
C			1					
d								
8								
104	Sub	ototal (add columns (B), (D), and (E))	a. e., alangg		1/2	(% · · · · · · · · · · · · · · · · · · ·		
105		al (add line 104, columns (B), (D), and (i					. •	
		e 105 plus line 1d, Part I, should equal to						
Part	VIII	Relationship of Activities to the A	ccomplishment	of Exempt	Purposes	(See th	e instructions.)	
Line	No.	Explain how each activity for which inco of the organization's exempt purposes (					mportantly to the	accomplishment
		Not applicable						
				-				
Part	ΙX	Information Regarding Taxable Su	ubsidiaries and D	isregarded	Entities (S	ee the	instructions.)	
		(A)	(B)		(C)		(D)	(E) End-of-year
		ne, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest	Natur	e of activities	3	Total income	assets
Not a	ppli	cable	%					
			%					
			%				-	
			%					
Part	Х	Information Regarding Transfers As	sociated with Per	sonal Bene	fit Contract	s (See t	he instructions.)	
(a) (b) Not	Did	the organization, during the year, receive any funds the organization, during the year, pay p f "Yes" to (b), file Form 8870 and Form	remiums, directly	or indirectly				☐ Yes ☑ No ☐ Yes ☑ No
	Ť	Under penalties of perjury, I declare that I have exa-	mined this return, inclu	ding accompan				
		and belief, it is true, correct, and complete Declar	ation of preparer (othe	r than officer) is	based on all	informatic	on of which prepare	has any knowledge
Pleas	e	Michel Johnson	uls				5/6/	06
Sign		Signature of officer				0	)ate	
Here		Michael Hwang/Treasurer						
		Type or print name and title.		,				
	$\dashv$	<u> </u>	·	Date	Check	c if	Preparer's SSN o	PTIN (See Gen Inst W
Paid	.	Preparer's signature			self-	yed ▶ [	٦	
Prepare	- 1	Firm's name (or yours	<del> </del>		Lombic	EIN	<b>•</b>	
Use On	ıy	If self-employed), address, and ZIP + 4	- · · · · · · · · · · · · · · · · · · ·				no ► ( )	
					<del></del>			

# **SCHEDULE A**

(Form 990 or 990-EZ)

# Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

2005

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization			Employer identificat	ion number
Southern USA Falun Dafa Association			76 0692185	
Part I Compensation of the Five Highest Paid I (See page 1 of the instructions. List each of the page 1)				nd Trustees
	nd average hours evoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
All of the officers, directors, and workers				
are zero-pay volunteers				
		···········		*********
		<del>4.11111                                </del>		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
Total number of other employees paid over \$50,000 .		<i>'. "";</i>		<u> 1900 - Samuel III. (</u>
Part II-A Compensation of the Five Highest Paid II (See page 2 of the instructions. List each one	ndependent Co (whether individ	ontractors for liuals or firms). If	Professional Set there are none, e	rvices nter "None.")
(a) Name and address of each independent contractor paid more that	an \$50,000	(b) Type	of service	(c) Compensation
Not applicable				· · · · · · · · · · · · · · · · · · ·
				****
Total number of others receiving over \$50,000 for professional services		lar en	Millian ( hall a 184). mar shiring	Setting and
Part II-B  Compensation of the Five Highest Paid In (List each contractor who performed service firms. If there are none, enter "None." See page 2.	es other than pr	rofessional serv	Other Services ices, whether ind	lividuals or
(a) Name and address of each independent contractor paid more the	an \$50,000	(b) Type	of service	(c) Compensation
Not applicable				
Total number of other contractors receiving over \$50,000 for other services		din (1951 - 1	nij Almin ida	

P	age 2
es	No
	~

Pai	t III	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	atte or i	fing the year, has the organization attempted to influence national, state, or local legislation, including empt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses nourred in connection with the lobbying activities   \$	paid		~
	org	anizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. ( anizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed descripti lobbying activities.	<b>3</b> 707		.4. 19. 1 19. 1
2	sub with own	ring the year, has the organization, either directly or indirectly, engaged in any of the following acts with instantial contributors, trustees, directors, officers, creators, key employees, or members of their families and any taxable organization with which any such person is affiliated as an officer, director, trustee, manner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining associations.)	es, or ajority		
а	Sal	e, exchange, or leasing of property?	2a	<u> </u>	~
ь		iding of money or other extension of credit?	2b	↓	-
c	Fur	nishing of goods, services, or facilities?	<u>2c</u>	ļ	1
d	Pay	ment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		ļ	•
е	Tra	nsfer of any part of its income or assets?	. <u>2e</u>	-	~
3a		you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of a determine that recipients qualify to receive payments.)	. 3a		•
b		you have a section 403(b) annuity plan for your employees?	<u>3b</u>		7
C		ring the year, did the organization receive a contribution of qualified real property interest under section 17		-	
<del>4a</del>		you maintain any separate account for participating donors where donors have the right to provide advice	1 -	1	~
b		use or distribution of funds?	. 4a	<del>                                     </del>	~
	t IV		·····	·	<b></b>
			<u> </u>		
		nization is not a private foundation because it is: (Please check only ONE applicable box.)			
5	님	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
7 8	H	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(lii).  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
9		A rectal, state, or local government of governmental unit. Section 170(b)(1)(A)(ii). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the and state	ne hospital's	name	, city,
10		An organization operated for the benefit of a college or university owned or operated by a governmental un (Also complete the <b>Support Schedule</b> in Part IV-A.)	it. Section 17	O(b)(1)	(A)(iv).
11a		An organization that normally receives a substantial part of its support from a governmental unit or from the 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)	ne general pul	olic. Se	ection
11b		A community trust. Section 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)			
12	_	An organization that normally receives: (1) more than 331/4% of its support from contributions, membership from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more to from gross investment income and unrelated business taxable income (less section 511 tax) from busing organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-	han 331/3% o sinesses acq	f its su	pport
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of the box that describes the type of supporting organization: ▶ ☐ Type 1 ☐ Type 2		a)(2). C	
		Provide the following information about the supported organizations. (See page 6 of the instru			
		(a) Name(s) of supported organization(s)	(b) Line numl from abov		
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the	instructions.)		

	t IV-A Support Schedule (Complete : You may use the worksheet in the instruct						ecounting.
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001		(e) Total
15	Gifts, grants, and contributions received. (D	0					
	not include unusual grants. See line 28.).	47,320	90,636	114,931	4,	900	257,787
16	Membership fees received						
17	Gross receipts from admissions, merchandis sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	of					
18	Gross income from interest, dividender amounts received from payments on securitie loans (section 512(a)(5)), rents, royalties, an unrelated business taxable income (lessection 511 taxes) from businesses acquire by the organization after June 30, 1975	es d es					
19	Net income from unrelated busines activities not included in line 18	S					
20	Tax revenues levied for the organization benefit and either paid to it or expended o its behalf	n					
21	The value of services or facilities furnished to the organization by a governmental un- without charge. Do not include the value of services or facilities generally furnished to the public without charge.	it of e					
22	Other income. Attach a schedule. Do no	ot					
	include gain or (loss) from sale of capital asset	ts					
23	Total of lines 15 through 22		90,636	114,931	4,	900	257,787
24	Line 23 minus line 17						257,787
25	Enter 1% of line 23	473	906	1149		49	The state of the s
26	Organizations described on lines 10 or 1	1: a Enter 2% of	amount in colum	ın (e), line 24	>	26a	5,156
b	Prepare a list for your records to show the governmental unit or publicly supported orç amount shown in line 26a. <b>Do not file this li</b>	name of and amoun	t contributed by a	each person (other rough 2004 exce	er than a eded the	: 26b	102,762
C	Total support for section 509(a)(1) test: Ent	ter line 24, column (e)	)		🕨 🛴	26c	257,787
d	Add: Amounts from column (e) for lines:	18 22	19102,	762	▶	26d	
0	Public support (line 26c minus line 26d total	al)			–	26e	155,025
f	Public support percentage (line 26e (nun	nerator) divided by I	ine 26c (denomi	nator))	▶	26f	60 %
27 b	Organizations described on line 12: a person," prepare a list for your records to st Do not file this list with your return. Enter (2004)	now the name of, and er the sum of such ar eceived from each per ach year, that was mones 5 through 11b, as and the larger amoun	total amounts recondunts for each y  (2002)	ceived in each yearear:  lisqualified persons of (1) the amount of (1) to a mount of (2), enter the si	ar from, each  (2001)  "), prepare a on line 25 for st with your rum of these o	"disq list fo the yo return differe	qualified person."  or your records to ear or (2) \$5,000.  After computing snces (the excess)
c	Add: Amounts from column (e) for lines:				. 1.	!	
	17					27c	
d	Add: Line 27a total.	and line 27b tota				27d	
е	Public support (line 27c total minus line 27				🕨 🎏	27e	<del></del>
f	Total support for section 509(a)(2) test: Ent				<u></u> f,	_	7 7 .
g	Public support percentage (line 27e (nur					27g	%
<u>h</u>	Investment income percentage (line 18,					27h	%
28	Unusual Grants: For, an organization description of the nature of the grant. Do it	r each year, the nam	e of the contribu	tor, the date and	amount of t	the gr	rant, and a brief