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. 990

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service			3	Do not enter soo	•				•		•	, O	pen to Pul Inspection	
				r tax year beginr		10/1/20				nding		/2016	mobectio	الكوي
		applicable	C Name of org		THERN USA						D Employer		n number	
$\overline{}$	Address		Doing busine		TILLING COA	ALON DAI A	1 1000	JIX I IQI	`					
$\equiv$		_		street (or P O box	f mail is not deli	ered to street a	address)	Room/s	uite		76-0692185			
ш	Name ch	ange	710 LEANIN	IG OAK TRL				ì		l	E Telephone	number		
	Initial retu	urn	City or town			State		ZIP code	e		(7 <u>13)</u> 819-88	173		
$\overline{\Box}$	Einal enties	n/terminated	RICHMOND	<u> </u>		TX		77406			(7 13) 6 19-60	173	<del></del>	
_			Foreign cou	ntry name	Foreign provi	ice/state/count	у	Foreign	postal	l code				
	Amended	d return								ئـــــ	G Gross recei	pts \$	3,07	4,633
	Application	on pending	F Name and a	ddress of principal o	fficer					H(a) Is the	s a group return for	subordinates	? Yes [	X No
			Howard Son	g 710 Leaning	Oak Trl, Rich	mond, TX	77406	F		H(b) Are	all subordinates	included?	Yes	No
1 7	Tav-evem	npt status	X 501(c)(3	501(c) (	) <b>◀</b> (inse	rt no \	947(a)(1)	or 17	527	<b>)</b> `	No," attach a list	(see instruc	ctions)	
			[X] 301(0)(3	301(6) 1	7 (1136	1110)	347(a)(1)	<u>~_4</u>	y2!	₹			,	
	<u>Website</u>				<del></del>	<del>~~~</del>		<del>"</del> "			oup exemption n	umber >		
K	orm of o	organization	X Corpora	ation Trust	Association	Other -			L Yea	ar of forma	ation 2001	M State o	f legal domicile	TX_
F	art I	Su	mmary					<u> </u>						
_	1	Briefly d	lescribe the c	organization's m	ission or mo:	st significan	t activiti	es _	Pron	note Bu	dısm principl	es of Trut	hfulness,	
ညိ	Ì	Compas	sion and Tol	lerance										
ĵa	1													
Activities & Governance	2	Check t	his box ▶	] if the organiz	ation discont	inued its op	erations	s or disi	pose	ed of mo	re than 25%	of its net	assets	
ၓ	3			embers of the go							1	3		3
ۇ <u>م</u> دى	4	Number	of independe	ent voting memi	bers of the g	overning bo	dy (Par	t VI, line	e 15)	j	Ī	4		3
ij	5	Total nu	mber of indiv	iduals employe	d ın calendaı	year 2016	(Part V	line 2a	a). ´			5		0
<u>``</u>	6	Total nu	mber of volu	nteers (estimate	of necessary	<i>i</i> ) .	•		•			6		80
¥	7a	Total un	related busin	ness revenue fro	باللكِ m Part	column (C).	line 12	-			Γ	7a		0
	b	Net unre	elated busine	ss taxable incor	ne from Forr	n 990 <u>F (lini</u>	E 84/E	<b>D</b>	1.			7b		0
									ပ္ပ		Prior Year		Current Year	
ē	8	Contribu	itions and gra	ants (Part VIII, II	ne 1h)	n=0 11	·w: no	ا جه	တ္ကု		11,	433		4,378
e J	9	( and									2,215,	920	3,07	0,255
Revenue	10			Part VIII, columr			<u> </u>		Š.					0
<u>u</u>	] 11	Other re	venue (Part	VIII, column (A)	, lines 5, 6d,	8c, 9c, 10c	≤and 1/1	<b>97</b>	- }}	<u> </u>	<del></del>			Ō
	12			es 8 through 11 (				10-12)		2,227,353 3,074				<u>4,633</u>
	13			mounts paid (Pa			<del>-</del> 3)		•					0
	14			r members (Par						<u></u>	<del></del>		<del></del>	0
es	15			nsation, employee				5–10)		<u> </u>				0
eïs	16a			sing fees (Part I)	· ·				_	<u> </u>				0
Expenses	l b			enses (Part IX,			<del>-</del>		0	<u> </u>				
	1 ''			t IX, column (A)			,	05)		<b></b>	<u>2,254,</u>			2,125
	18			lines 13–17 (m	•		п (А), ш	ie 25)		<u> </u>	2,254,			2,125
- u	19	Revenue	e iess expens	ses Subtract lin	e to irom lin	<del>6</del> 12	<del></del>			Basis-	-27,	, , , , , , , ,		2,508
Net Assets or	20	Total as	sets (Part X,	line 16)						Beginn	ing of Current 1		End of Year	5 453
Asst	21		bilities (Part )			•		•		<del></del>		640		5,453 3,632
Net	22			alances Subtrac	at line 21 from	n line 20				<b> </b>		313		3,63 <u>2</u> 1,821
	art II		nature Blo		St mic 21 mor	11 11110 20				<u> </u>		3131		1,021
				I have examined this	return, including	accompanying	schedul	es and st	ateme	ents and to	n the best of my	knowledge		
				e Declaration of pre										
			Ani	leed !	Lorar	~~						1211	14/12	
Sig		\ <b>\</b>	Signature of offi			0					Date			
He	16		Micho	el Hwa	ans		7	ممك	4	17				
			Type or print na											
		Print	/Type preparer's	name	Prep	rer's signature								
Pa	id	Į.												
Pro	eparer				ISEL	F-PREPAR								
Us	e Only	y Firm	's name	<del></del>										
			's address -											

May the IRS discuss this return with the preparer shown above? (see in For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2016)		76-0692100	Page Z
Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		. 🔲
1	Briefly d	escribe the organization's mission		
	Promote	Budism principles of Truthfulness, Compassion and Tolerance		
			- <i></i>	
	Did the i			
2		organization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ?	. Tyes	X No
	•	describe these new services on Schedule O	165	
3		organization cease conducting, or make significant changes in how it conducts, any program		
-	services		Yes	X No
	If "Yes,"	describe these changes on Schedule O		_
4		the organization's program service accomplishments for each of its three largest program service		
		s Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and al	locations to oth	ers,
	the total	expenses, and revenue, if any, for each program service reported		
4a	(Code	) (Expenses \$ 3,070,255 including grants of \$ ) (Revenue	¢ 2.07	255 \
44	Promote	d Budism three principles of Truthfulness, Compassion, and Tolerance by running Shen Yun	Φ <i>2'Ω</i> Ω	ַט <sub>ַ</sub> יַבַטַטַ ָּ
	Perform	ng Arts shows in the cities of Southern USA		
		•••••••••••••••••••••••••••••••••••••••		
			_	
4b	(Code.	) (Expenses \$including grants of \$) (Revenue	\$	)
4c	(Code	) (Expenses \$ including grants of \$ ) (Revenue	\$	}
				/
		•••••••••••••••••••••••••••••••••••••••		
4d		ogram services (Describe in Schedule O )		
	(Expens	es \$ 0 including grants of \$ 0 ) (Revenue \$	0)	

3,070,255

Total program service expenses

art	Checklist of Required Schedules			
4	le the executation described in section E01(a)(2) or 4047(a)(1) (ather then a private foundation)? If "Ven"		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	·	Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II .	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		X
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted	ا م		
1	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		X
	VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		Х
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
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		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		
2a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	—	X
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional	405		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	ا ا		
5	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		<u> </u>
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_x_
	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		<u>x</u>
	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 (see instructions)	17		Х
8	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		Х
9	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 Form	990	X (2016)
		Loum	JJU (	ZU16)

Par	t IV Checklist of Required Schedules (continued)			
_			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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	1		
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		<u> </u>
	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		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			<del>  ^`</del>
-	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	1		
	990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			<u> </u>
	current or former officers, directors, trustees, key employees, highest compensated employees, or			Ì
	disqualified persons? If "Yes," complete Schedule L, Part II	26	ĺ	х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	-		<u> </u>
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		i	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	<del></del>		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		İ	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	- 1	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	1		
	Schedule L, Part IV	28b	. ,	Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		$\neg \uparrow$	
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			<u> </u>
	conservation contributions? If "Yes," complete Schedule M	30	- 1	х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32	(	Χ_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			_
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	ĺ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34	- 1	Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
	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	35ь		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		$\neg$	_
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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	1 1	-	
	VI	37		Х
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	
			_	(2016)

		92 103		age .
Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			$\Box$
	Check it contocate a contained trooperiod of floto to diffy the first differ.		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		1.00	<del>  ```</del>
b		วีไ	ł	1
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	7		İ
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	$\Gamma$	ł	$\Gamma^-$
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	2		1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u> </u>	↓
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	ļ	X
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	ļ	<b>↓</b> —
4a	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	145		
b	account)?	4a	-	X
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	1	İ	
	(FBAR).		1	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	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		X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			Г
	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	ł	1	ł
_	gifts were not tax deductible?	6b	ļ	₩
7	Organizations that may receive deductible contributions under section 170(c).		]	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?.	7a 7b		X
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	''		<del> </del>
Ŭ	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year		<b></b> -	<u> </u>
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	1	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X	<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8	X	-
9	Sponsoring organizations maintaining donor advised funds.		1	
a b	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		X
10	Section 501(c)(7) organizations. Enter	30	<del>                                     </del>	<del>  ^</del>
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	1		
11	Section 501(c)(12) organizations. Enter	1		
а	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )	_		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<del> </del>
_b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . [12b]	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	100	₩	+
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a	X	╁
b	Enter the amount of reserves the organization is required to maintain by the states in which	1		
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		-
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14h	X	

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. Check if Schedule O contains a response or note to any line in this Part VI.

Seci	ion A. Governing Body and Management			V	T All a				
1a	Enter the number of voting members of the governing body at the end of the tax year .	1a 3		Yes	No				
	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	45.		,					
	Enter the number of voting members included in line 1a, above, who are independent	1b 3	1		}				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation business relationship or a business relation business	onship with							
•	any other officer, director, trustee, or key employee?	or the direct	2		X				
3	supervision of officers, directors, or trustees, or key employees to a management company or o		3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		X				
5	Did the organization become aware during the year of a significant diversion of the organization		5		X				
6	Did the organization have members or stockholders?	3 033010	6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect	or appoint	<u>                                     </u>		<u> </u>				
-	one or more members of the governing body?		7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) memb	ers,							
	stockholders, or persons other than the governing body?		7b		_X_				
8	Did the organization contemporaneously document the meetings held or written actions undertain	ken during							
	the year by the following								
а	The governing body?		8a		X				
b	Each committee with authority to act on behalf of the governing body?	• •	8b		_X				
9									
Coot	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule (		9		<u> </u>				
Sect	ion B. Policies (This Section B requests information about policies not required by the	mternai Revenue C	oae.)	Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a	163	X				
	If "Yes," did the organization have written policies and procedures governing the activities of such	ch chapters	104		<del>-^-</del> -				
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt		10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef		11a	X					
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					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could		12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy?	lf "Yes,"	1						
	describe in Schedule O how this was done		12c		X				
13	Did the organization have a written whistleblower policy?	• •	13	X					
14	Did the organization have a written document retention and destruction policy?		14	X	<del> </del>				
15	Did the process for determining compensation of the following persons include a review and ap- independent persons, comparability data, and contemporaneous substantiation of the deliberation		1						
а	The organization's CEO, Executive Director, or top management official	on and decision,	15a		x				
b	Other officers or key employees of the organization	• •	15b		X				
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	-	1.55						
16a		angement	[ ]		ĺ				
	with a taxable entity during the year?		16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to ev				_				
	participation in joint venture arrangements under applicable federal tax law, and take steps to sa	afeguard			ŀ				
	the organization's exempt status with respect to such arrangements?	<u></u>	16b		Ц				
	ion C. Disclosure	<del></del>							
17 18	List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	900 T (Postion 504/s	1/21-						
10	available for public inspection. Indicate how you made these available. Check all that apply.	990-1 (Section 50.1(c	)(3)5	orny)					
		xplain in Schedule Ol							
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	. ,		and					
	financial statements available to the public during the tax year		- CC)						
20	State the name, address, and telephone number of the person who possesses the organization	's books and records:	•						
	Michael Hwang	(713) 819-8873			. <b></b>				
	710 Leaning Oak Trl, Richmond, TX 77406								

·			
Form 990 (2016)	SOUTHERN USA FALUN DAFA ASSOCIATION	76-0692185	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensate	ed	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII.	<u>.</u> . <u>.</u>	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete organization's	this table for all persons required to be listed. Report compensation for the calendar year ending with a stax year.	or within the	

- 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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for retated organizations below dotted line)	x, & Individual trustee of or director	unles	Pos leck s pe	rson	Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) HOWARD SONG President	10 00 0 00	4		х				0	0	0
(2) HONGYI PAN	50.00									
Executive Director (3) MICHAEL HWANG	0 00 15 00			X	-		<u> </u>	0	0	0
Secretary	0 00	X		х	L		L_	0	0	0
_(4)		-								
(5)										
(6)										
_(7)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)				i						

·Form	990 (2016)	SOUTHERN USA FALUN DA	FA ASSOCIATI	ON								92185		ige 8
Р	art VII	Section A. Officers, Directors, T	rustees, Key Ei	nplo	yee			High	est	Compensated	Employees (d	ontinue	ed)	
		(A) Name and title	(B) Average hours per	box, office	unles er and	Pos neck ss pe d a d	rson	than	an (ee)	(D) Reportable compensation from	(E) Reportable compensation from related	able Estimat sation amount		
			week (list any hours for related organizations below dotted 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	) f org an	npensati rom the ganization of relate anization	on d
(15)													·	
(16)														
(17)						1								
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b	Sub-total			•		•			•	. 0	<del></del>	0		0
C		m continuation sheets to Part VII,	Section A					•		0		0		0
<u>d</u>		d lines 1b and 1c) ber of individuals (including but not	Imited to those	lietad	ahe	21/0	\ wh	0 rec	OIV.	ed more than \$1		0		0
		e compensation from the organization				0		10 160		ed more than \$			<del></del>	
3		rganization list any <b>former</b> officer, d on line 1a? <i>If "Yes," complete Sche</i>					yee	, or h	igh	est compensate	d	3	Yes	X
4		ndividual listed on line 1a, is the sum					and	d othe	er c	ompensation fro	om .	-		
		ization and related organizations gre										4		Χ_
5		erson listed on line 1a receive or ac es rendered to the organization? If '	•			_				_	dıvidual	5		X
Sec		lependent Contractors								·-·	<del> </del>	-L- <u>-</u> -		<u>~~</u>
1		this table for your five highest compation from the organization Report of												
_		(A) Name and business ad	dress		_					(B) Description of se	rvices	(C Compe		
NON	IE					_								0
							_							0
						_								0
2		nber of independent contractors (inc		nited	to th	nose	e lisi	ted a	L bov	e) who received				0
	more than	s \$100,000 of compensation from the	e organization	<b></b>				1						

'Form 9	<b>9</b> 90 (20	16) SOUTHERN USA FALU	N DAFA ASSO	CIA	ATION			76-0692	185 Page <b>9</b>
Par	t VIII								
		Check if Schedule O contain	ns a response o	or n	ote to any line	in this Part VIII			
				_		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इ इ	1a	Federated campaigns	<del>-</del>	a	0	1 1			
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	_	b	0	j l		j	
s, G	С	Fundraising events	_	С	0	·			
Gift lar /	d	Related organizations	_	d	0	,			
ns,	e	Government grants (contribution		е	0			l	
utto	f	All other contributions, gifts, gra				1			
g fg		similar amounts not included a	_	<u>   </u>	4,378			ł	
Con	g	Noncash contributions included in	lines 1a-1f	\$.	<u>-</u> 0				
	h	Total. Add lines 1a-1f			Business Code	4,378		<del> </del>	
Program Service Revenue	20	Shen Yun shows tickets		-	711300	3,070,255	3,070,255		
eve	2a b	,		ין	111300	3,070,233	3,010,233	<del> </del>	<del>}</del>
Se F	٥			ŀ		0			-
ξ	ď	!		ŀ	-	0			
Š	e			ŀ		0			<del> </del>
gra	f	All other program service rever	nue	Ì		0			
P	g	Total. Add lines 2a-2f		٦	<b>&gt;</b>	3,070,255			
	3	Investment income (including of	lividends, intere	est,	and	· / ·			
		other similar amounts)			•	0			
	4	Income from investment of tax-	eeds <b>&gt;</b>	0					
	5	Royalties			<b></b>	0			
		·	(ı) Real	_	(ii) Personal			ĺ	
	6a	Gross rents		_					
	b	Less rental expenses		$\dashv$					
	C	Rental income or (loss)	L	0	0		<del></del>	, <del></del>	
	d	Net rental income or (loss)	(i) Securities	_	(u) Othor	<u> </u>			
	7a	Gross amount from sales of	(i) Securities	+	(II) Other			İ	
	Ь	assets other than inventory Less cost or other basis	<del></del>	힉	0	}	,	ł	1
	"	and sales expenses	-	0	0				
	c	Gain or (loss)	<del> </del>	0	0				
	d	Net gain or (loss)		ΟĮ	<u>_</u>	0	· · · · · · · · · · · · · · · · · · ·	<del></del>	ļ
	_	;		Γ		<u> </u>	-		
e	8a	Gross income from fundraising		-					
en			0	ĺ					
Se v		of contributions reported on line				ľ			
Other Revenu	l	See Part IV, line 18	ā	a L	0	}			
手		Less direct expenses	_	o L	0				
١		Net income or (loss), from funds		_	<b>•</b>	0			
	9a	Gross income from gaming act				1			
		See Part IV, line 19 '		³	0				
		Less direct expenses		ے ا ا	0				
		Net income or (loss) from gami	ng activities	г		0			-
1	Tua	Gross sales of inventory, less returns and allowances	_		0				
	۱			<u> </u>	0			٠ .	,
		Less cost of goods sold  Net income or (loss) from sales		о <u>Г</u>				<del></del>	<del></del>
	۲	Miscellaneous Revenue	or mventory	Т	Business Code	,,			-
	11a			+	_usiness code			<del></del>	
	b	***************************************		<b> </b>		0			<del></del>
	C					0			
	d	All other revenue		一		0	<del></del>		
	е	Total. Add lines 11a-11d		_	▶	0	<del></del>		
	12	Total revenue. See instruction	8		<b>▶</b>	3 074 633	3.070.255	<u> </u>	1

# Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must come

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete al	i columns. All other	organizations mus	t complete column	(A)
	Check if Schedule O contains a response or note	to any line in this F	Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments   See Part IV, line 21	0		•	
2	Grants and other assistance to domestic			1	
	individuals See Part IV, line 22	. 0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	0		0	
6	Compensation not included above, to disqualified	,		ł	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			<del></del>
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0		1	
10	Payroll taxes	0			
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
С	Accounting	0			<del></del>
d	Lobbying	.0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			•••
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	1,553,180	1,553,180		
13	Office expenses	53,089	53,089		
14	Information technology	0			
15	Royalties	0	<del></del>		
16	Occupancy	459,494	459,494		
17	Travel	118,736	118,736		<del></del>
18	Payments of travel or entertainment expenses		İ		
40	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20 21	Interest  Payments to affiliates	0			
22	Payments to affiliates	0			
23	Depreciation, depletion, and amortization Insurance	0	0	0	0
23 24	Other expenses Itemize expenses not covered				
47	above (List miscellaneous expenses in line 24e. If			•	
	line 24e amount exceeds 10% of line 25, column	ĺ			
	(A) amount, list line 24e expenses on Schedule O)		,		}
а	Production	34,577	24 577	-	
b	Donation to Shen Yun Performing Arts, 501(c)-3 org		34,577		
C		853,049 0	853,049		
d		0			
e	All other expenses	0			-
25	Total functional expenses. Add lines 1 through 24e	3,072,125	3,072,125	0	0
<u>26</u>	Joint costs. Complete this line only if the	0,012,123	5,072,125		
	organization reported in column (B) joint costs		į.		
	from a combined educational campaign and		ĺ		
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)	ļ			

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part 2	x.,		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	128,953	1	65,453
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	Ō	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
	ļ	Complete Part II of Schedule L		5	
	6	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			
ţ	1	organizations (see instructions) Complete Part II of Schedule L		6	,
Assets	7	Notes and loans receivable, net	0	7	0
Ä	8	Inventories for sale or use .		8	
	9	Prepaid expenses and deferred charges .		9	
	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D   10a   0			
	Ь	Less accumulated depreciation . 10b 0	o	10c	l o
	11	Investments—publicly traded securities	0		0
	12	Investments—other securities See Part IV, line 11.	0		0
	13	Investments—program-related See Part IV, line 11	0		0
	14	Intangible assets .	0	14	0
	15	Other assets See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	128,953	16	65,453
	17	Accounts payable and accrued expenses	79,640	17	13,632
	18	Grants payable		18	
	19	Deferred revenue .		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors,			
≝	]	trustees, key employees, highest compensated employees, and			
Liabilities	ĺ	disqualified persons Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
	İ	parties, and other liabilities not included on lines 17-24). Complete			
		Part X of Schedule D .	0	25	0
	26	Total liabilities. Add lines 17 through 25	79,640	26	13,632
alances		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	49,313	27	51,821
	28	Temporarily restricted net assets	40,010	28	01,021
<b>B</b>	29	Permanently restricted net assets		29	
Net Assets or Fund Balances					<del></del>
		Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34.	:		
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund .		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	49,313		51,821
	24	Total lightlyton and not appeta/fried halanges	400.050	24	05 450

Form 9	990 (2016) SOUTHERN USA FALUN DAFA ASSOCIATION	76-	<u>0692185</u>	Pag	ge <b>12</b>
Par	XI Reconciliation of Net Assets				
	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		3,074	,633
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,072	2,125
3	Revenue less expenses. Subtract line 2 from line 1	3		2	2,508
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		49	,313
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		51	,821
Part				ſ	$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part XII	· · ·		∸-¦	
			<u> </u>	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		} }		l
ο-	Schedule O				V
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			ı	
þ	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				
	separate basis, consolidated basis, or both.		1 1	i	Į
	Separate basis Donsolidated basis Both consolidated and separate basis		1 1	1	İ
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of			1
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	•	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in		1 1		,
	Schedule O				I
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				l
	the Single Audit Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	لــــا	
			Form	990	(2016)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

### 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.irs.gov/form990.

OMB No 1545-0047 *1*2(0)**16** 

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization SOUTHERN USA FALUN DAFA ASSOCIATION 76-0692185 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) X 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 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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) 8 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 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 ) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 b 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. d 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 Enter the number of supported organizations 0 Provide the following information about the supported organization(s) (i) Name of supported organization (iv) is the organization (v) Amount of monetary (ii) EIN (III) Type of organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

## 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.
Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990 Employer identification number

OMB No 1545-0047 Open to Public Inspection

SOUTHERN USA FALUN DAFA ASSOCIATION	76-0692185							
Form 990, Part VI, Line 11b This return has been reviewed by the board before filing								
Form 990, Part VI, Line 19 Upon request, the organization made governing documents, conflict								
of interest policy, and financial statements available to the public review throughout the								
year								
	•							