Form **990**

(Rev. January 2020)

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

Inter	nal Reven			ww.irs.gov/Form990 for instru	ictions and the lat	est infori	nation.		Inspection				
Α	For the	2019 calendar y	ear, or tax year begin	ning	, 2019	, and endi	ing		, 20				
В	Check if a	applicable:	C Name of organization FO	RMOSAN ASSO FOR PUBLI	C AFFAIRS IN	C		D Empl	oyer identification number				
	Address of	change	Doing business as						11-2615291				
	Name cha	ange	Number and street (or P.0	O. box if mail is not delivered to street addr	ess)	Room/su	ite	E Telep	hone number				
	Initial retu	irn	552 7TH STREET	SE					(202)547-3686				
	Final retu	rn/terminated	City or town, state or prov	rince, country, and ZIP or foreign postal co	de			G Gross	s receipts				
	Amended	return	Washington, DC	20003				\$ 2,224,29					
	Application	on pending	F Name and address of prir	ncipal officer:			H(a) Is this a	H(a) Is this a group return for subordinates? Yes X No					
							H(b) Are all	subordinate	es included? Yes No				
ı	Tax-exem	npt status: X 501	(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527		If "No,"	attach a lis	st. (see instructions)				
J	Website:	► FAPA.	ORG				H(c) Group	exemption	n number 🕨				
K	Form of o	rganization: X Corp	poration Trust Asso	ociation Other ►	L Year of form	ation: 198	32 M S	State of leg	gal domicile: DC				
Pa	art I	Summary											
	1	Briefly describe t	the organization's missi	on or most significant activities:	1.To educat	e Amer	ica's c	heris	hed values to				
		-	=	promote people-to pe	eople relation	nship	between	the	U.S. and Taiwan.				
Activities & Governance				mericans to be involv									
na		-	cultural proce										
Ş.	2			discontinued its operations or di	sposed of more tha	n 25% of i	its net asse	ts.					
ဗိ	3							1 . 1	10				
ა ბ	4		•	s of the governing body (Part VI,					10				
ties	5		=	calendar year 2019 (Part V, line					3				
Ξ̈́	6		volunteers (estimate if r	•	· za)				<u></u>				
ĕ			•	• ,					400.005				
	7a			Part VIII, column (C), line 12 .					428,005				
	D	Net unrelated bu	isiness taxable income	from Form 990-T, line 39		<u></u>		. 7b	0				
Revenue		0 (11 (1		41.3			Prior Year		Current Year				
	8	Contributions and	774	1,634	940,166								
	9	•	•	e 2g)					0				
e Se	10	Investment incon	ne (Part VIII, column (A	a), lines 3, 4, and 7d)		• •	126	5,541	402,745				
æ	11	Other revenue (F	Part VIII, column (A), lin	es 5, 6d, 8c, 9c, 10c, and 11e)			29	950	25,260				
	12	Total revenue - a	add lines 8 through 11 (r	must equal Part VIII, column (A),	line 12)		931	L,125	1,368,171				
	13	Grants and simila	ar amounts paid (Part I	X, column (A), lines 1-3)					0				
	14	Benefits paid to	or for members (Part IX			0							
"	15	Salaries, other co	ompensation, employee	benefits (Part IX, column (A), lin	ies 5-10)		159	,561	175,567				
Expenses	16a	Professional fund	draising fees (Part IX, o	column (A), line 11e)					0				
ben	b	Total fundraising	expenses (Part IX, col	umn (D), line 25) ►	17,64	5							
Ä	17	Other expenses	(Part IX, column (A), lin	nes 11a-11d, 11f-24e)			596	6,665	754,144				
	18	Total expenses.	Add lines 13-17 (must	equal Part IX, column (A), line 25	5)			5,226	929,711				
	19	Revenue less ex	penses. Subtract line 1	18 from line 12		🗀		1,899	438,460				
-	ses					Begi	nning of Curre	ent Year	End of Year				
ets	<u> </u>	Total assets (Pa	rt X, line 16)				4,651	.,364	5,124,060				
Net Assets or	21	Total liabilities (F	Part X, line 26)					5,935	63,811				
Ne.	를 22	Net assets or fur	nd balances. Subtract	line 21 from line 20			4,504	1,429	5,060,249				
Pa	art II	Signature	Block			·							
				n, including accompanying schedules and			wledge and be	lief, it is					
true	e, correct, a	and complete. Declarat	ion of preparer (other than offi	cer) is based on all information of which pro-	eparer has any knowledg	е.							
		KENNETH	I HSU										
Siç	gn	Signature of o	officer					Da	te				
He	re	KENNETH	HSU, TREASURE	R									
		Type or print	name and title										
		Print/Type prepare	r's name	Preparer's signature	Date		Check	if	PTIN				
Pa	id	NENG-HSIA	NG WANG		11-10-2	2020	self-em	ployed	P00363234				
	eparer			SSOCIATES CPAS	, 		Firm's EIN						
	e Only		606 7TH				Phone no.						
	· · · ·			on DC 20024				202-	479-0744				
Mar	the IP	S discuss this retu		own above? (see instructions)									
ivia	y une into	o albouss triis i etu	iii wiiii iie piepaiel Sil	own above: (see instructions)					🗠 162 🗀 140				

Part IV

11-2615291

Checklist of Required Schedules

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 х 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions),? Х 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 x 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 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 Х 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 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 Х 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 Х 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Х b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 11b Х c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more 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 х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e х Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete 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 12b Х 13 13 X Х 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Х 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 х 20a Х b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?......... 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 x

Part IV

FORMOSAN ASSO FOR PUBLIC AFFAIRS INC 11-2615291 Checklist of Required Schedules (continued)

			Yes	No
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			
	employees? If "Yes," complete Schedule J	23		Х
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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	240		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
ZJa	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 prior	Lou		Λ
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
• •	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	20		
22	complete Schedule N, Part II	32		Х
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R. Part I	33		7.7
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		Х
J-7	or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	55u		
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		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 VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O.	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	01:		
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		
·	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	-		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
	, , , , , , , , , , , , , , , , , , , 		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1			
	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 on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6	х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40-	Did the constitution have been been been been as of Clinical	40-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	40h		
440	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	120	37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	x	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes,"	120	Λ.	
·	describe in Schedule O how this was done	12c	х	
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	
15	Did the process for determining compensation of the following persons include a review and approval by	17	Λ	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
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).	10.0		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ District of Columbia			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)		_	
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Cosette Chen (202)547-3686, 552 7TH ST SE, Washington, DC 20003			

Form 990 (2019	orm=	990	(201)	9
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Page 7

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

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

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

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

See instructions for the order in which to list the persons above.

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

				((C)					
(A)	(B)			Pos	sition			(D)	(E)	(F)
Name and title	Average					nan one		Reportable	Reportable	Estimated amount
Name and the	hours					s both an /trustee)		compensation	compensation	of other
	per week					,		from the	from related	compensation
	(list any	악 코	5	Q	Σ.	9 H	F	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	hours for related	dire	stitut	Officer	y er	ghes	Former	(W-2/1099-WISC)	(** 2, 100000)	related organizations
	organizations	ctor	iona		Key employee	/ee	٦			
	below	Individual trustee or director	Institutional trustee		/ee	nper				
	dotted line)	Ō	tee			Highest compensated employee				
						ă				
(1) ERIC Y LEE	2.00									
STANDING COMMITTEE		х						0	0	0_
(2) HENRY C LIN	2.00									
STANDING COMMITTEE		x						0	0	0_
(3) BOB IN-YU YANG	2.00									
STANDING COMMITTEE		х						0	0	0
(4) HISIN-JUNG MARY YANG	2.00									
STANDING COMMITTEE		х						0	0	0
(5) JERRY C LIN	2.00									
STANDING COMMITTEE		х						0	0	0
(6) JUNE LIN	2.00									
STANDING COMMITTEE		х						0	0	0
(7) CHIA-CHUN CHUNG	2.00									
STANDING COMMITTEE		х						0	0	0
(8) SUSAN Y CHANG	2.00									
STANDING COMMITTEE		х						0	0	0
(9) CHUNG KUNG MIKE KUO	3.00									
PRESIDENT				х				0	0	0
(10)KENNETH HSU	1.00									
TREASURER				х				0	0	0
(11)JONATHAN H LEE	3.00									
VICE PRESIDENT				х				0	0	0
(12)										
<u>(13)</u>										
<u>(14)</u>										

Form **990** (2019)

Form 9	90 (2019) FORMOSAN ASSO FOR	PUBLIC	AFFA	IRS	INC	2				1:	1-2615	291	Р	age 8
Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	oloyees	s, and	d Hiç	jhes	t Cor	mpe	ensated Employe	es (contin	ued)			
	(A) Name and title	(B) Average hours per week	Position (do not check more that box, unless person is b officer and a director/true						(D) Reportable compensation from the	(E) Reportable compensation from related organizations	able ation ated	COI	(F) nated am of other mpensat	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		orga	rom the inization d organiz	
<u>(15)</u>														
(16)														
<u>(17)</u>														
<u>(18)</u>														
<u>(19)</u>														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b	Subtotal							•						
С	Total from continuation sheets to Part VII, Sect													
d	Total (add lines 1b and 1c)								0		0			0
2	Total number of individuals (including but not limit reportable compensation from the organization		isted ai	oove)	wnc	rece	eivea	mo	re than \$100,000	OT				0
	reportable compensation from the organization	<u> </u>											Yes	No
3	Did the organization list any former officer, direct employee on line 1a? <i>If</i> "Yes," <i>complete Schedu</i>		-			_						3		x
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater the	eportable cor an \$150,000	mpensa)? <i>If</i> "Y	ition a	and c	ther lete	comp Sche	oens edule	sation from the e J for such			4		
5	individual	compensation	on from	any ι	ınrel	ated	orga	niza	tion or individual			5		x
Secti	on B. Independent Contractors	s, complete	Ochca	aic o	101 3	uon	00130	,,,		<u></u>	<u> </u>			
1	Complete this table for your five highest compensa	ted independ	dent co	ntract	ors t	hat re	eceiv	ed r	more than \$100,00	00 of				
	compensation from the organization. Report comp										ax year.			
	(A)								(B)			(C)		
	Name and business addres	SS							Description of service	es		Compens	sation	

(A)	(B)	(C)
Name and business address	Description of services	Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Form 990 (2019) Part VIII

Statement of Revenue

		Check if Schedule O co	ontair	ns a response	e or no	ote to any line in th	is Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a					
σ ₁₀	b	Membership dues			1b	21,070				
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events			1c					
ָהָ פַּ פַּ	d	Related organizations .			1d					
iifts ar A	е	Government grants (conti			1e					
is, G	f	All other contributions, gif		-						
tion Si		and similar amounts not i	_		1f	919,096				
ig #	g	Noncash contributions inc	clude	d in		,				
onti O DC		lines 1a-1f			1g	\$				
ರ ಹ	h	Total. Add lines 1a-1f					940,166			
						Business Code				
_	2a									
Program Service Revenue	b									
	С									
E S	d									
gra	е	-								
P.	f	All other program service	revei	nue						
	g	Total. Add lines 2a-2f .								
	3	Investment income (includ								
		other similar amounts) .					96,815		96,815	
	4	Income from investment of								
	5	Royalties		•	•					
		•		(i) Real		(ii) Personal				
	6a	Gross rents	6a	35,	075					
	b	Less: rental expenses	6b	6b 9,815						
		Rental income or (loss)	6с							
		Net rental income or (loss)					25,260		25,260	
	72	Gross amount from		(i) Securitie		(ii) Other				
	l la	sales of assets		() 55535						
	h	other than inventory Less: cost or other basis and sales expenses 7a 1,152,24 7b 846,31		240						
e	5			310						
Revenue	С	Gain or (loss)	7c	305,	930					
Re	d	Net gain or (loss)					305,930		305,930	
her	8a	Gross income from fundra	ising							
o tt		events (not including \$_								
		of contributions reported of	n lin	е						
		1c). See Part IV, line 18			8a					
	b	Less: direct expenses .			8b					
	С	Net income or (loss) from	fund	raising events	s	▶				
	9a	Gross income from gamin	-							
		activities, See Part IV, line	19		9a					
	b	Less: direct expenses .			9b					
	С	Net income or (loss) from	gami	ing activities						
	10a	Gross sales of inventory, I	ess							
		returns and allowances .			10a					
	1	Less: cost of goods sold			10b					
	С	Net income or (loss) from	sales	s of inventory	<u> </u>					
						Business Code				
snc	11a									
lanc in UK	b									
Cell	С									
Miscellanous Revenue		All other revenue								
		Total. Add lines 11a-11d								
	12	Total revenue. See instru	iction	ns			1.368.171	0	428.005	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX (D) (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 158,577 142,719 15,858 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 589 530 59 9 10,216 9,194 1,022 10 6,185 5,567 618 11 Fees for services (nonemployees): b Legal...... 154,373 154,373 26,629 26,629 d Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 145,632 88,955 56,677 12 6,070 6,070 13 18,265 18,265 14 15 16 17 25,904 25,904 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 104,902 104,902 20 21 22 Depreciation, depletion, and amortization 10,226 10,226 23 20,914 20,914 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 11,942 a Bank charge 11,942 Dues and Subscription 654 654 88,138 74,917 8,814 4,407 C Allocation 10% and 5% d Emerging TW Leaders Expense 50,561 50,561 е All other expenses 89,934 76,696 13,238 Total functional expenses. Add lines 1 through 24e. . 25 929,711 606,929 305,137 17,645 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	201,756	1	194,051
	2	Savings and temporary cash investments	785,510	2	810,504
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	68,621
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Assets	7	Notes and loans receivable, net		7	
	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 460 , 420			
	b	Less: accumulated depreciation 10b 186,152	280,036	10c	274,268
	11	Investments - publicly traded securities	3,384,062	11	3,776,616
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	4,651,364	16	5,124,060
	17	Accounts payable and accrued expenses	146,935	17	63,811
	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 any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabi		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	146,935	26	63,811
		Organizations that follow FASB ASC 958, check here			
S		and complete lines 27, 28, 32, and 33.			
ဥ	27	Net assets without donor restrictions	3,904,429	27	4,460,249
ala	28	Net assets with donor restrictions	600,000	28	600,000
<u> </u>		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
p	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	4,504,429	32	5,060,249
	33	Total liabilities and net assets/fund balances	4,651,364	33	5,124,060

EEA

Form **990** (2019)

Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1,	368,	171
2	Total expenses (must equal Part IX, column (A), line 25)		929,	711
3	Revenue less expenses. Subtract line 2 from line 1		438,	460
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4,	504,	429
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments		117,	360
9	Other changes in net assets or fund balances (explain on Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	5,	060,	249
Pa	rt XII Financial Statements and Reporting			
	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			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	х	
	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 ☐ Both consolidated and separate basis			
b	, 1	2b		Х
	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:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	_		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on			
_	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Single Audit Act and OMB Circular A-133?	3a		Х
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 on Schedule O and describe any steps taken to undergo such audits	3b	000 (2042)
EEA		Form	990 (2	2019)

SCHEDULE A

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2019
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

(Form 990 or 990-EZ)

Employer identification number

FOR	MOS	AN ASSO FOR PUBLIC AFFAIR	RS INC				11-261529	1
	rt I	Reason for Public Charity		ganizations must co	omplete	this part		
		nization is not a private foundation bec	•	•	•	•	.,	
1		·	,	<u> </u>	•	•		
2	П	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3	П	A hospital or a cooperative hospital s						
4	П	A medical research organization ope	•				(1)(A)(iii). Enter the	
		hospital's name, city, and state:	,				K K K / · · · · · · · · · · · · · · · ·	
5		An organization operated for the bene	efit of a college or u	iniversity owned or opera	ated by a c	overnmen	tal unit described in	
		section 170(b)(1)(A)(iv). (Complete	_	,	, ,	,		
6		A federal, state, or local government	•	nit described in section	170(b)(1)	(A)(v).		
7		An organization that normally receives	•				m the general public	
		described in section 170(b)(1)(A)(vi). (Complete Part I	l.)				
8		A community trust described in secti						
9		An agricultural research organization	described in secti	ion 170(b)(1)(A)(ix) ope	rated in co	njunction	with a land-grant collec	је
		or university or a non-land-grant colle	ge of agriculture (s	ee instructions). Enter th	e name, ci	ty, and stat	e of the college or	
		university:						
10	X	An organization that normally receives	s: (1) more than 33	1/3% of its support from	n contributi	ons, memb	ership fees, and gross	
		receipts from activities related to its e	xempt functions - s	subject to certain excepti	ons, and (2	2) no more	than 33 1/3% of its	
		support from gross investment income	e and unrelated but	siness taxable income (le	ess sectior	n 511 tax) f	rom businesses	
	_	acquired by the organization after Ju-	ne 30, 1975.See s	section 509(a)(2). (Com	plete Part	III.)		
11	Ц	An organization organized and opera	ated exclusively to	test for public safety. Se	e section	509(a)(4).		
12	Ш	An organization organized and operat	•	•				
		of one or more publicly supported org	-					•
		Check the box in lines 12a through 12				•		•
	а	Type I. A supporting organization		•		-		ng
		the supported organization(s) the		• • • • • • • • • • • • • • • • • • • •	rity of the c	ilrectors or	trustees of the	
		supporting organization. You mu	•		tile tile en en			
	b	Type II. A supporting organization	•			•		
		control or management of the sup		•	isons man	CONTROL OF 1	nanage the supported	
	С	organization(s). You must comp Type III functionally integrated			nnection w	ith and fu	nctionally integrated wi	ith
	·	its supported organization(s) (see		•			, ,	u i,
	d	Type III non-functionally integr	•	•				n(s)
	-	that is not functionally integrated.						(0)
		requirement (see instructions). Y	•	•				
	е	Check this box if the organization	•	•	•		Type II, Type III	
		functionally integrated, or Type III				71 /	71 / 71	
	f	Enter the number of supported organi						
	g	Provide the following information about	ut the supported or	ganization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))	listed in you docum	r governing	support (see instructions)	other support (see instructions)
				above (see instructions))	docum	iont:	matructions)	matructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(D)								
(E)								

Total

11-2615291

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4						
	ction B. Total Support	(a) 204 <i>E</i>	(b) 2040	(a) 0047	(4) 2040	(0) 2040	(6) Tatal
	endar year (or fiscal year beginning in) ► Amounts from line 4	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
8	Gross income from interest, dividends,						
0							
	payments received on securities loans,						
	rents, royalties and income from similar sources						
0	Net income from unrelated business						
9							
	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities, etc. (s	ee instructions	2)			12	1
	First five years. If the Form 990 is for the or						2)(3)
. •	organization, check this box and stop here	-			-		
Sec	ction C. Computation of Public Suppo						
	Public support percentage for 2019 (line 6, c			column (f))		14	O
	Public support percentage from 2018 Sched					15	9
	33 1/3% support test - 2019. If the organiza					3% or more, ch	
	box and stop here. The organization qualified						
k	33 1/3% support test - 2018. If the organiza						
	this box and stop here. The organization qu						_
17a	10%-facts-and-circumstances test - 2019.	•		-			
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fact					-	
	organization			-	-		_
b	10%-facts-and-circumstances test - 2018.						
	15 is 10% or more, and if the organization m	•					
	Explain in Part VI how the organization mee					-	olicly
	supported organization				-	-	_
18	Private foundation. If the organization did r						
	instructions						_

11-2615291

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	792,473	551,358	628,970	774,634	940,166	3,687,601
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	792,473	551,358	628,970	774,634	940,166	3,687,601
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
_	line 6.)						3,687,601
	ction B. Total Support	1 () 2245	(1) 0040	() 0047	(1) 0040	() 0040	(0 T .)
	endar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	792,473	551,358	628,970	774,634	940,166	3,687,601
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,					0.5 0.5	
L	royalties, and income from similar sources	14,925	126,684	117,595	87,993	96,815	444,012
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	14 025	126 694	117 505	97 003	06 915	444,012
	Net income from unrelated business	14,925	126,684	117,595	87,993	96,815	444,012
••	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	807,398	678,042	746,565	862,627	1,036,981	4,131,613
14	First five years. If the Form 990 is for the or						
	organization, check this box and stop here						▶ □
Se	ction C. Computation of Public Support						
	Public support percentage for 2019 (line 8, c					15	89.25 %
	Public support percentage from 2018 Sched					16	90.17 %
	ction D. Computation of Investment In						
	Investment income percentage for 2019 (line					17	11.00 %
	Investment income percentage from 2018 S					18	10.00 %
19a	33 1/3% support tests - 2019. If the organiz						
-	17 is not more than 33 1/3%, check this box	-	-	-			
b	33 1/3% support tests - 2018. If the organiz						
00	line 18 is not more than 33 1/3%, check this	-	_	-	-		<u> </u>
ΖU	Private foundation. If the organization did r	lot check a box	on line 14, 19	a, or 190, chec	K this dox and	see instruction	s ▶ ∐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
_		
3a		
3b		
3с		
30		
4a		
4b		
4c		
E		
5a		
5b		
5c		
6		
6		
7		
8		
9a		
٥L		
9b		
9с		
10a		
10b		
 100	000 5	

Par	Supporting Organizations (continued)		1 1	
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (b) or (b) above? If "Yes" to a box a provide detail in Part V	11b 11c		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI . tion B. Type I Supporting Organizations	110		
Jec	non B. Type i Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	110
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior to	XŁ		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	,		
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (se	e instruc	tions)).
а				
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government en	tity (see ir	nstruct	ions)
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
-	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	01		
•	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>	20		
h	trustees of each of the supported organizations? <i>Provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
D	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
			1	

Sched	ule A (Form 990 or 990-EZ) 2019 FORMOSAN ASSO FOR PUBLIC AFFAIRS INC		11-261	5291 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			•
	instructions. All other Type III non-functionally integrated supporting organi	zation	s must complete Section	ns A through E.
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year
			(71) THOI TOU	(optional)
_1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
_3		3		
4	Add lines 1 through 3.	4		
	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred for production or			
	llection of gross income or for management, conservation, or			
m	aintenance of property held for production of income (see instructions)	6		
7		7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ins	structions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
fa	ctors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
se	e instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B. line 8, Column A)	3		

emergency temporary reduction (see instructions). instructions).

5

6

EEA

Enter greater of line 2 or line 3. Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

Part V	Type III Non-Functionally	y Integrated 509(a)(3) Supporting Organizations (continued))
I GIL V	i ypc iii i toii i ailotioilali	y integrated obotano, oupporting organizations recontinued	,

	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/ - - - - - - - -	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exem			
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ons	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	organization is respons	ive	
	(provide details in Part VI). See instructions.	J		
9	Distributable amount for 2019 from Section C, line 6			
_	Line 8 amount divided by line 9 amount			
	, , , , , , , , , , , , , , , , , , ,		(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
	From 2014			
b	From 2015			
	From 2016			
d	From 2017			
	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
-	
_	

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Internal Revenue Service Name of the organization

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

FOR	MOSAN ASSO FOR PUBLIC AFFAIRS INC		11-2615291
Pa	rt I Organizations Maintaining Donor Advised Fu	unds or Other Similar Funds or Acco	unts.
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.	
	·	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised	
	funds are the organization's property, subject to the organizati	=	
6	Did the organization inform all grantees, donors, and donor ad		
	only for charitable purposes and not for the benefit of the dono		
	conferring impermissible private benefit?		
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Yes" o	n Form 990. Part IV. line 7.	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or edu		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	I conservation contribution in the form of a co	onservation
_	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic structure.		
d	Number of conservation easements included in (c) acquired a		
ű			2d
3	Number of conservation easements modified, transferred, rele		
Ū	tax year	assea, extinguished, or terminated by the org	anization daining the
4	Number of states where property subject to conservation ease	ement is located.	
5	Does the organization have a written policy regarding the period	·	
•	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		
·	•	riaming of violations, and officioning conservati	ion casemente admig the year
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation e	easements during the year
•	► \$	ig or violations, and ornoroning consolivation of	accombine daming the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(/	1)(B)(i)
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	•	
	organization's accounting for conservation easements.	o to the organizations intansial eatternance	
Pa	rt III Organizations Maintaining Collections	of Art. Historical Treasures, or C	ther Similar Assets.
	Complete if the organization answered "Yes" of		
1a	If the organization elected, as permitted under FASB ASC 958		palance sheet works
	of art, historical treasures, or other similar assets held for publi		
	service, provide, in Part XIII the text of the footnote to its finan		and or passe
b	If the organization elected, as permitted under FASB ASC 958		nce sheet works of
-	art, historical treasures, or other similar assets held for public e		
	provide the following amounts relating to these items:	oxinolati, oddadati, or rootaron in ratheran	ios di public del vice,
			▶ \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea		
-	following amounts required to be reported under FASB ASC 9		iii, provide die
•	·	os relating to triese items.	₽ \$
a b	Assets included in Form 990, Part X		
	Assols included in Form 330, Fall A		Ψ

Pa	t III Organizations Maintaining C	Collections of Art	t, Histor	ical Tr	easures, or	Other Similar A	Assets (co	ontin	ued)
3	Using the organization's acquisition, accession,	and other records, che	eck any of t	he follow	ing that make s	significant use of its			
	collection items (check all that apply):								
а	Public exhibition		d 🗌	Loan or	exchange prog	rams			
b	Scholarly research		е 🗌	Other _					_
С	Preservation for future generations								
4	Provide a description of the organization's colle-	ctions and explain how	v they furthe	er the org	ganization's exe	empt purpose in Part			
	XIII.								
5	During the year, did the organization solicit or re	eceive donations of art,	, historical t	reasures	s, or other simila	ır			
	assets to be sold to raise funds rather than to b	e maintained as part o	of the organ	ization's	collection?		. Yes	<u>. </u>	No
Pa	t IV Escrow and Custodial Arrang	gements.							
	Complete if the organization ar	nswered "Yes" on	Form 99	0, Part	t IV, line 9, c	or reported an am	nount on F	orm	l
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodian of	or other intermediary fo	or contributi	ions or o	ther assets not				
	included on Form 990, Part X?						🗌 Yes	, 🗌	No
b	If "Yes," explain the arrangement in Part XIII and	d complete the following	ng table:						
						A	mount		
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Form	n 990, Part X, line 21, fo	or escrow o	or custod	lial account liab	ility?	. Yes	, [No
b	If "Yes," explain the arrangement in Part XIII. Cl	heck here if the explan	ation has b	een prov	vided on Part X	III		. 🔲]
Pa	t V Endowment Funds.								
	Complete if the organization ar	nswered "Yes" on	Form 99	0, Part	t IV, line 10.				
		(a) Current year	(b) Prior ye	ar	(c) Two years back	(d) Three years bac	k (e) Four	years t	oack
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current	year end balance (line	e 1g, colum	n (a)) he	ld as:				
а	Board designated or quasi-endowment	%							
b	Permanent endowment ► %								
С	Term endowment ▶ %								
	The percentages on lines 2a, 2b, and 2c should	equal 100%.							
3a	Are there endowment funds not in the possessi	ion of the organization	that are he	ld and ad	dministered for t	:he			
	organization by:	-						Yes	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ons listed as required o	on Schedule	e R?					
4	Describe in Part XIII the intended uses of the or								
Pa	t VI Land, Buildings, and Equipm								
	Complete if the organization ar		Form 99	0, Part	t IV, line 11a	. See Form 990,	Part X, lii	ne 10	0.
	Description of property	(a) Cost or other ba) Cost or o		(c) Accumulated	(d) Bool		
		(investment)		(oth		depreciation			
1a	Land	. 66,	643					66,	643
b	Buildings					131,835		60,	
С	Leasehold improvements	. 196,				52,719	1	43,	
d	Equipment		570			1,598			972
e	Other		-			_,			
_	. Add lines 1a through 1e. (Column (d) must ed		, column (E	3), line 10	Ωc.)			74,	268

Schedule D (Form	990) 2019 FORMOSAN ASSO FOR PUBLIC A	FFAIRS INC	11-2615291 Page
Part VII	Investments - Other Securities.		
	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	e 11b. See Form 990, Part X, line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
(1) Financial (
1.1	eld equity interests		
(3) Other			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII	Investments - Program Related.		
	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	e 11c. See Form 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
(1)			
(2)			
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.		
	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	e 11d. See Form 990, Part X, line 15
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
<u>(4)</u> (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	e 11e or 11f. See Form 990, Part X,
	line 25.		
1.	(a) Description of liability (b) Boo	k value	
	ncome taxes		
(2)			
(3)			
<u>(4)</u> (5)			
(6)			
(7)			
(8)			
(9)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) . ▶

Pa	rt XI Reconciliation of Revenue per Audited Financial Statements	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.
1	Total revenue, gains, and other support per audited financial statements	<u>1</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	4-
c	Add lines 4a and 4b	
5 D 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statemen	
Га	Complete if the organization answered "Yes" on Form 990, Part	
1	Total expenses and losses per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	
b	Prior year adjustments	
C	Other losses	
d	Other (Describe in Part XIII.)	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
С	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	
Pa	rt XIII Supplemental Information.	
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	o and 2b; Part V, line 4; Part X, line
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi	tional information.

EEA Schedule D (Form 990) 2019

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 11-2615291 FORMOSAN ASSO FOR PUBLIC AFFAIRS INC 01. Members or stockholder classes and rights (Part VI, line 6) THE OGANIZATION HAS BRANCHES THROUGH THE STATES; SUCH BRANCHE OFFICES ARE COMPRISED WITH LOCAL MEMBERS. 02. Member election for additional members (Part VI, line 7a) MEMBERS IN THE STATES THROUGH BRANCH OFFICES ELECT ADDITIONAL MEMBERS OF THE GOVERNING BODY. 03. Governing body decisions (Part VI, line 7b) VIA BOARD OF DIRECTOS WHO ARE ELECTED FROM MEMBERSHIP. 04. Governing body meeting documentation (Part VI, line 8a) MINUTES ARE KEPT FOR ALL CONFERENCES AND MEETINGS. 05. Committee meeting documentation (Part VI, line 8b) COMMITTEES ARE CREATED TO RUN SPECIAL PROGRAMS. 06. Form 990 governing body review (Part VI, line 11) THE CENTRAL COMMITTEE IS AUTHORIZED TO CONDUCT THE REVIEW. 07. Conflict of interest policy compliance (Part VI, line 12c) THE CENTRAL COMMITTEE IS AUTHORIZED TO HANDLE ALL CONFLICT OF INTEREST. 08. CEO, executive director, top management comp (Part VI, line 15a)

THE CENTRAL COMMITTEE CONDUCTS THE PROCESS.

13. Part XI, response or note to any line in Part XI

Upon the Board's suggestion, in 2018 this organization retained an outside investigation

team, including an attorney and an auditor, to investigate the health of financial

conditions and the financial activities for the past years. The investigation resulted in

net(positive) "Prior Period Adjustments" totaling \$117,360 (See Part XI, Line Number 8).

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

OMB No. 1545-0172

Identifying number

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Attachment Sequence No. 179

FOR	MOSAN ASSO FOR PUBLIC A	FFAIRS		FORM	1 990 - 1	_		11-	2615291
Pa	rt I Election To Expens	e Certain Pro	perty Und	er Secti	ion 179				
	Note: If you have any	listed property,	complete Pa	rt V befo	re you com	plete Part I.			
1	Maximum amount (see instructions)							1	
2	Total cost of section 179 property p		2						
3	Threshold cost of section 179 prop	erty before reduc	tion in limitatior	n (see inst	ructions)			3	
4	Reduction in limitation. Subtract line	4							
5	Dollar limitation for tax year. Subtra								
	separately, see instructions	5							
6	(a) Description of pr	operty		(b) Cost (b)	ousiness use only	y) (c) Elec	cted cost		
7	Listed property. Enter the amount for								
8	Total elected cost of section 179 p	-						8	
9	Tentative deduction. Enter the sm							9	
10	Carryover of disallowed deduction	-						10	
11	Business income limitation. Enter the		`		,			11	
12	Section 179 expense deduction. Ac				n line 1.1			12	
13	Carryover of disallowed deduction					13			
	: Don't use Part II or Part III below		· · · · · · · · · · · · · · · · · · ·		1.41 45				
	rt II Special Depreciatio			•	•		isted propert	y. See	instructions.)
14	Special depreciation allowance for								
	during the tax year. See instructions							14	
15	Property subject to section 168(f)(1	,						15	
16	Other depreciation (including ACR							16	31
Pa	rt III MACRS Depreciati	on (Don't inc				ions.)			
47	MACDO deductions for access also			ection A				47	0.000
17	MACRS deductions for assets place		-	_				17	9,709
18	If you are electing to group any ass		_	-		_	. \Box		
	asset accounts, check here Section B - Assets F							ion Sv	ctom
	Section B - Assets i	(b) Month and year	(c) Basis for de			d the Genera	ii Depieciai		3(6)11
	(a) Classification of property	placed in service	(business/invest	ment use	(d) Recovery period	(e) Convention	(f) Method	(g) D	epreciation deduction
19a	3-year property	Service	Only-see insut	uctions)	, , , , ,				
b	5-year property Statement	#567							486
	7-year property	π307							400
	10-year property								
e	15-year property								
	20-year property	-							
	25-year property	-			25 yrs.		S/L		
	Residential rental				27.5 yrs.	MM	S/L		
	property				27.5 yrs.	MM	S/L		
i	Nonresidential real				39 yrs.	MM	S/L		
	property				,	MM	S/L		
	Section C - Assets Pla	ced in Service	During 2019	9 Tax Ye	ar Using t	he Alternativ	e Depreciat	tion Sy	/stem
20a	Class life						S/L		
b	12-year				12 yrs.		S/L		
C					30 yrs.	MM	S/L		
d	•				40 yrs.	MM	S/L		
	rt IV Summary (See instr	uctions.)	•			•	•		
21	Listed property. Enter amount from						21		
22	Total. Add amounts from line 12, I	ines 14 through 1	17, lines 19 and	d 20 in co	lumn (g), and	d line 21. Enter			
	here and on the appropriate lines of	_							10,226
23	For assets shown above and place	-							
	portion of the basis attributable to s	ection 263A cost	s		23	3			

	2019 PG01			
Name(s) as shown on ret	urn			Tax ID Number
FORMOSAN	ASSO FOR	PUBLIC AFFAIRS INC		11-2615291
	Statement #567			
Basis	RP	CV	Method	Deduction
1,908 2,950	5 5	HY HY	SL SL	191 29 <u>5</u>
Total				486

990	Overflow Statement		2019 Page 1
Name(s) as shown on return FORMOSAN ASSO FOR PUBLIC	AFFAIDS INC	FE	11-2615291
FORMOSAN ASSO FOR PUBLIC	AFFAIRS INC		11-2015291
	N		* 81,035
CONTRACT LABOR		Total: \$	7,920 8 88,955
Description EXTERNAL AUDIT FEE			<u>Amount</u> \$ 56,677 \$ 56,677
		rotar: \$	5 56,6/7
			Amount
CHAPTER EXPENSES SPEECH TOUR EXPENSES			\$ 71,567 5,129
SPEECH TOUR EXPENSES	,	Total: \$	76,696
Description			Amount
TAIWAN FUNDRASING EXPNESI	€		\$ 13,238 3 13,238
Description			Amount
ACCOUNTS PAYABLE			\$ 21,864
CREDIT CARD PAYABLE PENSION PAYABLE			<u>35,943</u> <u>2,554</u>
LEASEHOLD DEPOSITS			3,450
	,	Total: \$	

Depreciation Detail Listing

Management & General

2019 PAGE 1

for Section 199A calculations. See "UBIA" in lower right corner. Name(s) as shown on return

* Item is included in UBIA

For your records only

Social security number/EIN 11 0615001

FORMOSAN ASSO FOR PUBLIC AFFAIRS INC											11-2615291				
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	BUILDING(GIFTED)_538	06091987	59,065		100.00			59,065	27.5		0	44,030		44,030	
1	LAND	06091987	24,715		100.00				0	NDA					
2	RENOVATION_538 7TH ST	04282005	30,004		100.00			30,004	27.5	SL MM	3.636	14,911	1,091	16,002	1,091
3	ROOF_538 7TH ST SE	05062008	7,000		100.00			7,000	27.5	SL MM	3.636	2,694	255	2,949	255
4	KITCHEN FLOOR_538 7TH	06112008	1,750		100.00			1,750	27.5	SL MM	3.636	674	64	738	64
5	A/C_538 7TH ST SE	05132009	2,800		100.00			2,800	27.5	SL MM	3.636	866	102	968	102
6	RENOVATION(2014)_538	12052014	9,500		100.00			9,500	27.5	SL MM	3.636	345	345	690	345
7	RENOVATION(2015)_538	05082015	66,500		100.00			66,500	27.5	SL MM	3.636	7,254	2,418	9,672	2,418
8	RENOVATION(2016)_538	10282016	150		100.00			150	27.5	SL MM	3.636	11	5	16	5
9	REFRIGERATOR_538 7TH	09302016	628		100.00			628	27.5	SL MM	3.636	52	23	75	23
10	BULIDING_552 7TH ST S	03141994	132,772		100.00			132,772	39	SL MM	2.564	84,401	3,404	87,805	3,404
10	LAND	03141994	41,928		100.00				0	NDA					
11	A/C_552 7TH ST SE	08312004	4,200		100.00			4,200	39	SL MM	2.564	1,544	108	1,652	108
12	RENOVATION_552 7TH ST	07082005	35,275		100.00			35,275	39	SL MM	2.564	12,210	904	13,114	904
13	OFFICE RENOVATION(3F)	10312005	2,713		100.00			2,713	39	SL HY	2.564	916	70	986	70
14	HEATING SYSTEM(3F)_55	02082007	3,000		100.00			3,000	39	SL MM	2.564	910	77	987	77
15	ROOF_552 7TH ST SE	05062008	7,000		100.00			7,000	39	SL MM	2.564	1,899	179	2,078	179
16	RENOVATION(2014)_552	12052014	9,500		100.00			9,500	39	SL MM	2.564	995	244	1,239	244
17	RENOVATION(2015)_552	05082015	15,000		100.00			15,000	39	SL MM	2.564	1,058	385	1,443	385
18	RENOVATION(2016)_552	10282016	1,350		100.00			1,350	39	SL MM	2.564	75	35	110	35
19	2 COMPUTERS	04202012	742		100.00			742	3		0	742		742	
20	CJ LAPTOP	03302016	370		100.00			370	3	SL HY	33.333	339	31	370	31
21	2 LAPTOPS	01012019	1,908		100.00			1,908	5	SL HY	10		191	191	191
22	3 COMPUTERS	01012019	2,950		100.00			2,950	5	SL HY	10		295	295	295
	Totals		460,820					394,177				175,926	10,226	186,152	10,226