Form **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)

2020

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

OMB No. 1545-0047

A	For	the	2020 calendar y	ear, or tax year begin	ning			, 2020, a	nd endi	ing		, 20				
В	Chec	ck if a _l	pplicable:	C Name of organization FO	RMOSAN ASSO	FOR PUBLI	C AFF	AIRS INC			D Emplo	oyer identification nur	mber			
	Addr	ess cl	hange	Doing business as								11-2615291				
	Nam	e cha	nge	Number and street (or P.	O. box if mail is not deliv	ered to street addre	ess)		Room/su	ite	E Telepi	hone number				
	Initia	ıl retur	'n	552 7TH STREET	SE							(202)547-3	686			
	Final	l retur	n/terminated	City or town, state or pro-	vince, country, and ZIP of	or foreign postal cod	le			G Gross receipts						
$\overline{\Box}$	Ameı	nded	return	Washington, DC	20003						\$	10,78	6,820			
$\overline{\Box}$	Appli	icatior	n pending	F Name and address of pri						H(a) Is this a g	roup return f	for subordinates? Yes	s X No			
										H(b) Are all s	ubordinate	es included? Yes	s No			
ı	Tax-e	exem	pt status: X 501	(c)(3) 501(c) () (insert no.)	4947(a)(1) or	52	27		If "No,"	attach a lis	st. See instructions				
J	Web	site:								H(c) Group e	exemption	number >				
K	Form	n of or	ganization: X Corp	poration Trust Ass	ociation Other		L	Year of formation	on: 198	32 M S	State of leg	al domicile: DC				
Pa	rt I	I	Summary							'						
		1	Briefly describe t	the organization's miss	ion or most signific	ant activities:	1.To	educate	Amer	ica's c	heris	hed values	to			
			Taiwanese A	Amercians. 2.To	promote ped	ople-to pe	ople 1	relation	ship	between	the 1	U.S. and Ta:	iwan.			
ce				ate Taiwanese A												
nar				cultural proce					_							
Governance		2	Check this box ▶	if the organization	discontinued its o	perations or dis	posed of	f more than 2	25% of i	ts net asset	s.					
ő		3	Number of voting	g members of the gove	rning body (Part V	I, line 1a) .					3		10			
ა ბ თ		4	Number of indep	endent voting member	s of the governing	body (Part VI, I	line 1b)				4		10			
itie		5	Total number of	individuals employed ir	calendar year 202	20 (Part V, line	2a) .				5		3			
Activities &		6	Total number of	volunteers (estimate if	necessary)						6		85			
⋖		7a	Total unrelated b	ousiness revenue from	Part VIII, column (C), line 12 .					7a	548	,408			
		b	Net unrelated bu	ısiness taxable income	from Form 990-T,	Part I, line 11					7b		0			
										Prior Year		Current Yea	r			
		8	Contributions and	d grants (Part VIII, line	1h)					940	,166	61	1,714			
ne		9	Program service	revenue (Part VIII, line	e 2g)								0			
Revenue	1	10	Investment incom	ne (Part VIII, column (A	A), lines 3, 4, and 7	d)				402	,745	54	7,229			
Re	1	11	Other revenue (F	Part VIII, column (A), lin	nes 5, 6d, 8c, 9c, 10	oc, and 11e)				25	,260		1,179			
	1	12	Total revenue - a	add lines 8 through 11 (must equal Part VI	II, column (A), I	ine 12)			1,368	,171	1,16	0,122			
	1	13	Grants and simila	ar amounts paid (Part I	X, column (A), line	s 1-3)							0			
	1	14	Benefits paid to	or for members (Part I)	K, column (A), line	4)							0			
	1	15	Salaries, other co	ompensation, employee	benefits (Part IX,	column (A), line	es 5-10)			175	,567	184,338				
Expenses	1	16a	Professional fund	draising fees (Part IX,	column (A), line 11	e)							0			
Sen		b	Total fundraising	expenses (Part IX, col	lumn (D), line 25)	>		1,411								
Ξ	1	17	Other expenses	(Part IX, column (A), lir	nes 11a-11d, 11f-2	4e)				754	,144	22	8,131			
	1	18	Total expenses.	Add lines 13-17 (must	equal Part IX, colu	ımn (A), line 25))			929	,711	41	2,469			
	_ 1	19	Revenue less ex	penses. Subtract line	18 from line 12 .					438	,460	74	7,653			
ō	Se								Begi	nning of Curre	ent Year	End of Year				
sets		20	Total assets (Pa	rt X, line 16)					•	5,124	,060	5,84	2,575			
Net Assets or		21	Total liabilities (F	Part X, line 26)					٠	63	,811	3	4,275			
_				nd balances. Subtract	line 21 from line 20)				5,060	,249	5,80	8,300			
	rt I		Signature													
				that I have examined this retu ion of preparer (other than off					of my kno	wledge and beli	ief, it is					
Sig	ın			Vincent Chien							Det	<u> </u>				
			Signature of c								Dat	le				
He	re			Vincent Chien, name and title	National Pre	sident										
			· · · · ·		Bronoror's signature			Data				DTIN				
D-	ا ل		Print/Type prepare		Preparer's signature			Date	0.1	Check	if	PTIN				
Pai		ra-	NENG-HSIA				F	10-22-20		self-emp	oloyed	P00363234	<u> </u>			
Pre	•				SSOCIATES CI	'AS				Firm's EIN						
US	e O	nly	Firm's address	606 7TH					F	Phone no.	000	450 0544				
N 4 -	. 41	IDO	National delication		on DC 20024							479-0744 V v				
iviay	tne	: IKS	aiscuss this retu	ım with the preparer sh	own above? (see	nstructions)						🛚 X Yes	No			

Part IV

Checklist of Required Schedules

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 х 2 2 Х 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х 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. 7 Х 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Х 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 9 Х 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 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 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 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 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 20b 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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-		l
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		v
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		Х
20	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		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			Λ
	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		х
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		х
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,"			
	complete Schedule N, Part II	32		х
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		х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			İ _
	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			
07	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
20	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	20		
Don	19? Note: All Form 990 filers are required to complete Schedule O. t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Par	Check if Schedule O contains a response or note to any line in this Part V			
	Oncor ii ochedule o comains a response di note to any ille in tills Fait v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	140
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
C	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	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		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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			
	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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			
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.)			
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	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? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1		
	excess parachute payment(s) during the year?	15		Х
40	If "Yes," see instructions and file Form 4720, Schedule N.	4.5		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Section A.	. Governing Body and Management
	Check if Schedule O contains a response or note to any line in this Part VI
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain 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		x
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		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
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	х	
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 Q	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	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	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	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b	х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 40	List the states with which a copy of this Form 990 is required to be filled District of Columbia Costing 6404 required on a copy of this Form 990 is required to be filled 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.			
40	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
00	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			

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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.

(A) Name and title	(B) Average hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee) Highest compensation of director director or director mustee					Former	(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
	organizations below dotted line)	trustee	al trustee		oyee	Highest compensated employee				
(1) JERRY C LIU	2.00									
STANDING COMMITTEE	2 00	Х						0	0	0
(2) HISIN-JUNG MARY YANG STANDING COMMITTEE	2.00	x						0	0	0
(3) JUNE LIN	2.00							0	0	
STANDING COMMITTEE		x						0	0	0
(4) Henry C Lin	2.00							•		
STANDING COMMITTEE		x						0	0	0
(5) CHIA-CHUN CHUNG	2.00							•		
STANDING COMMITTEE		x						0	0	o
(6) BOB IN-YU YANG	2.00									
STANDING COMMITTEE		х						0	0	0
(7) Susan Y Chang	2.00									
STANDING COMMITTEE		х						0	0	0
(8) Eric Y Lee	2.00									
STANDING COMMITTEE		х						0	0	0
(9) Minze Chien	3.00									
PRESIDENT				x				0	0	0
(10)KENNETH HSU	1.00									
TREASURER				x				0	0	0
(11)Anny Chiao-yun Hsiao	3.00									
VICE PRESIDENT				х				0	0	0
(12)										
<u>(13)</u>										
<u>(14)</u>										
	1								1	

Form **990** (2020)

PUBLIC AFFAIRS INC 11-2615291

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
						(C)								
	(A)	(B)	(do i	not ch		sition	nan one		(D)	(E)			(F)	
	Name and title	Average	box	, unles	ss pe	rson is	s both ar	n	Reportable	Reportable		Estim	ated an	
		hours per week	offic	er and	d a di	rector	/trustee))	compensation from the	compensation from related		cor	of other npensat	
		(list any	9 5		0	2	역 표	7	organization (W-2/1099-MISC)	organizatior (W-2/1099-MIS			rom the nization	
		hours for related	direc	stituti	Officer	y em	ghesi nploy	Former	(W 2/1000 NIICO)	(VV 2/ 1000 IVIIC	,,,	-	d organi	
		organizations	Individual trustee or director	onal		Key employee	ee ee							
		below dotted line)	stee	Institutional trustee		ě	Highest compensated employee							
		dotted line)		Ф			ated							
(15)														
(12)														
(16)													-	
<u>(17)</u>														
(40)														
(10)														
(19)														
(20)														
(21)														
(22)														
<u>\</u> /														
(23)														
(24)_														
(2E)														
(25)	. – – – – – – – – – – – – – – – – – – –													
1b	Subtotal			• •										
С	Total from continuation sheets to Part VII, Sect							-						
d	Total (add lines 1b and 1c)										0			0
2	Total number of individuals (including but not limit		isted a	bove	e) w	ho re	eceive	d mo	ore than \$100,000	of				
	reportable compensation from the organization	<u> </u>											Vaa	0
3	Did the organization list any former officer, direct	tor trustee	kev en	nnlov	/66	or h	iahest	t cor	mpensated				Yes	No
	employee on line 1a? If "Yes," complete Schedu		-				-					3		x
4	For any individual listed on line 1a, is the sum of re													
	organization and related organizations greater th	an \$150,000)? If "Y	'es,"	con	nplei	te Sch	edu	le J for such					
_	individual											4		X
5	Did any person listed on line 1a receive or accrue			-			_					_		
Secti	for services rendered to the organization? If "Yes on B. Independent Contractors	s, complete	Scried	iuie .	<i>J</i> 101	Suc	ri pers	son				5		Х
1	Complete this table for your five highest compensa	ited independ	dent co	ntrac	ctors	s tha	t recei	ved	more than \$100,00	0 of				
	compensation from the organization. Report comp										year.			
	(A)								(B)			(C)		
	Name and business address	SS							Description of service	es	(Compens	ation	
-														
2	Total number of independent contractors (including	-			e lis	sted a	above)) wh	10					
	received more than \$100,000 of compensation fro	m the organi	zation	•	•									

Part VIII

Statement of Revenue

		Check if Schedule O co	ontains a respon	se or n	ote to any line in thi	s Part VIII			<u> </u>
						(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					SECTIONS 312-314
	b	Membership dues		1b	22,500				
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events		1c	-				
ي ق	d	Related organizations .		1d					
ifts, r Ar	е	Government grants (contr		1e					
a,e	f	All other contributions, gif							
ig is		and similar amounts not in	-	1f	589,214				
ibut	g	Noncash contributions inc	cluded in						
o de fr		lines 1a-1f		1g	\$				
နှင့်	h	Total. Add lines 1a-1f				611,714			
					Business Code				
	2a								
ice i	b								
er)	С								
Program Service Revenue	d								
	е								
P.	f	All other program service	revenue						
	g	Total. Add lines 2a-2f .							
	3	Investment income (includi	ina dividends. in	terest. a	and				
						60,689		60,689	
	4	other similar amounts)			eeds►				
	5	Royalties	<u></u>						
			(i) Re	al	(ii) Personal				
	6a	Gross rents	6a 9	,850					
	b	Less: rental expenses	6b 8	,671					
	С	c Rental income or (loss) 6c 1,179 d Net rental income or (loss)		,179					
	d			▶	1,179		1,179		
	7a	Gross amount from (i) Securities		(ii) Other					
		sales of assets							
		other than inventory	7a 10,104	,567					
	b	Less: cost or other basis							
e		and sales expenses	7b 9,618	,027					
evenue		Gain or (loss)		,540					
Se.	1	Net gain or (loss)			▶	486,540		486,540	
Other Re	8a	Gross income from fundra	ising						
ŏ		events (not including \$_		_					
		of contributions reported o							
		1c). See Part IV, line 18							
		Less: direct expenses .							
	l	Net income or (loss) from the		nts .					
	9a	Gross income from gaming	-						
		activities, See Part IV, line							
		Less: direct expenses .			1				
	С	Net income or (loss) from	gaming activitie	s	•				
	10a	Gross sales of inventory, l							
		returns and allowances .							
		Less: cost of goods sold			1				
	С	Net income or (loss) from	sales of invento	ry					
					Business Code				
e	11a								
Jan Shu	b	-							
Seve	С	All other news							
Miscellanous Revenue		All other revenue							
		Total. Add lines 11a-11d					-		_
	14	Total revenue. See instru	ICHONS			1,160,122	0	548,408	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). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and 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 155,160 139,644 15,516 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 2,424 2,182 242 9 13,004 11,704 1,300 10 1,375 13,750 12,375 11 Fees for services (nonemployees): <u>3,</u>397 b Legal...... 3,397 9,000 9,000 d Professional fundraising services. See Part IV, line 17 . f 17,987 17,987 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 64,700 64,700 12 5,750 5,750 13 20,460 20,460 14 15 16 17 696 696 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 23,123 23,123 20 21 22 Depreciation, depletion, and amortization 10,826 10,826 23 11,567 11,567 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.) Bank charge 4,632 4,632 Dues and Subscription 548 548 c Allocation 10% and 5% 28,223 23,990 2,822 1,411 d CHAPTER EXPENSES 11,313 11,313 е All other expenses 15,909 600 15,309 Total functional expenses. Add lines 1 through 24e. . 25 412,469 307,644 103,414 1,411 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

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

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	194,051	1	229,863
	2	Savings and temporary cash investments	810,504	2	952,929
	3	Pledges and grants receivable, net		3	-
	4	Accounts receivable, net	68,621	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	
	7	Notes and loans receivable, net		7	
ets	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges		9	4,623
•	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 477,058			
	b	Less: accumulated depreciation 10b 195,866	274,268	10c	281,192
	11	Investments - publicly traded securities	3,776,616	11	4,305,347
	12	Investments - other securities. See Part IV, line 11	377707010	12	1,303,317
	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)	5,124,060	16	5,842,575
	17	Accounts payable and accrued expenses	63,811	17	33,725
	18	Grants payable	05,011	18	33,723
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director,		Z1	
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ij		controlled entity or family member of any of these persons		22	
Ë	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		24	
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	550
	26	Total liabilities. Add lines 17 through 25	63,811	26	34,275
	20	Organizations that follow FASB ASC 958, check here	03,011	20	31,273
		and complete lines 27, 28, 32, and 33.			
Ses	27	Net assets without donor restrictions	4,460,249	27	5,208,300
<u>a</u> uc	28	Net assets with donor restrictions	600,000	28	600,000
Ba	20	Organizations that do not follow FASB ASC 958, check here	000,000	20	000,000
<u>p</u>		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
SO	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
sset	31	Retained earnings, endowment, accumulated income, or other funds		31	
t As	31 32	Total net assets or fund balances	E 060 340	32	5,808,300
Š	33	Total liabilities and net assets/fund balances	5,060,249		
	აა	TOTAL HADHILLES AND THE ASSETS/TUTIO DAIGNOSS	5,124,060	33	5,842,575

Form **990** (2020)

Pa	rt 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,	160,	122			
2	Total expenses (must equal Part IX, column (A), line 25)		412,	469			
3	Revenue less expenses. Subtract line 2 from line 1		747,	653			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	5,	060,	249			
5	Net unrealized gains (losses) on investments						
6	Donated services and use of facilities						
7	Investment expenses						
8	Prior period adjustments			398			
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))						
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII			. 🗆			
			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 X Consolidated basis Doth consolidated and separate basis						
b	, i	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		X			
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					
EEA		Form	990 (2	2020)			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

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.

On the second for second for the sec

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization FORMOSAN ASSO FOR PUBLIC AFFAIRS INC 11-2615291 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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 4 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). 6 7 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 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. **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. e 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 Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (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.)

	ction A. Public Support	T		T			
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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)						
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						_
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	9						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities, etc. (se		•			12	
13	First five years. If the Form 990 is for the or	•			•	•	
_	organization, check this box and stop here						▶ 📙
	ction C. Computation of Public Suppor						
	Public support percentage for 2020 (line 6, c					14	%
	Public support percentage from 2019 Sched					15	%
16a	a 33 1/3% support test - 2020. If the organiza						
	box and stop here. The organization qualified			-			
t	o 33 1/3% support test - 2019. If the organiza						
	this box and stop here. The organization qu			-			
17a	10%-facts-and-circumstances test - 2020.	-					
	10% or more, and if the organization meets to						
	Part VI how the organization meets the facts			-	-		
_	organization						_
ŀ	o 10%-facts-and-circumstances test - 2019.	•					
	15 is 10% or more, and if the organization m						
	in Part VI how the organization meets the fac			_	-		
40	organization						_
18	Private foundation. If the organization did r						_
	instructions						<u> ▶ </u>

11-2615291

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support		,				
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	551,358	628,970	774,634	940,166	611,714	3,506,842
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	551,358	628,970	774,634	940,166	611,714	3,506,842
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.)						3,506,842
	ction B. Total Support				(1) 22 (2	()	
	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	551,358	628,970	774,634	940,166	611,714	3,506,842
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,				0.5.05		400 ==4
L	royalties, and income from similar sources	126,684	117,595	87,993	96,815	60,689	489,776
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	126,684	117,595	87,993	96,815	60,689	489,776
	Net income from unrelated business	120,004	117,595	67,993	90,613	00,009	409,770
• •	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.)	678,042	746,565	862,627	1,036,981	672,403	3,996,618
14	First 5 years. If the Form 990 is for the orga	nization's first,	second, third, f	ourth, or fifth ta	ax year as a se	ction 501(c)(3)	
	organization, check this box and stop here						▶ □
	ction C. Computation of Public Support						
	Public support percentage for 2020 (line 8, c					15	87.75 %
	Public support percentage from 2019 Sched					16	89.25 %
	ction D. Computation of Investment In				(4)	T I	
	Investment income percentage for 2020 (line		•			17	12.00 %
	Investment income percentage from 2019 Sc					18	11.00 %
19a	33 1/3% support tests - 2020. If the organiz						
	17 is not more than 33 1/3%, check this box	-	-	-			
b	33 1/3% support tests - 2019. If the organiz						
20	line 18 is not more than 33 1/3%, check this						
∠U	Private foundation. If the organization did r	ioi check a dox	UII IIIIE 14, 198	ı, or ryb, checi	k mis box and	see mstructions	> ▶ 📙

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 lines 4b and 4c 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 lines 5b and 5c 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		
	2		
	3a		
	Ja		
	3b		
	3с		
	4a		
	4b		
	4c		
	_		
	5a		
			
	5b 5c		
	50		
	6		
	7		
	_		_
	8		
	9a		
	9b		
	9с		
	40-		
	10a		
	10b		
۸ /F۵		or 990 5	7) 2020

Par	t IV Supporting Organizations (continued)			
			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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
<u> </u>	detail in Part VI.	11c		
Seci	tion B. Type I Supporting Organizations		Vaa	N.
4	Did the governing body members of the governing body officers acting in their official conscity or membership of one or		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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? <i>If</i> "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		
Sect	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		
Sect	tion D. All Type III Supporting Organizations			
	r		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 tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	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).	2		
	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a 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		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	truct	tions))_
а	The organization satisfied the Activities Test. Complete line 2 below.		,	
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 entity (s	see in	struct	ions
2	Activities Test. Answer lines 2a and 2b below.		Yes	
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 line 2a, above, 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 activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	or its supported organizations: It ites, describe in Fait vi the role played by the organization in this regard.	JU		

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Pai	t 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	trust or	Nov. 20, 1970 <i>(expla</i>	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	izations	must complete Section	ns A through E.
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		,
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
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			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	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 factors			
	(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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	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 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	y integra	ted Type III supporting	organization
	(see instructions).			

EEA Schedule A (Form 990 or 990-EZ) 2020

Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	

Sec	Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported		
	organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive		
	(provide details in Part VI). See instructions.	8	
9	Distributable amount for 2020 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

10	Line 8 amount divided by line 9 amount		10	
Sec	ction E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
e	Excess from 2020			
			0-1	-ll A (F 000 000 F7) 0000

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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)

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.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

FOR	MOSAN ASSO FOR PUBLIC AFFAIRS INC		11-2615291
Pa	rt I Organizations Maintaining Donor Advised Fu	inds or Other Similar Funds or Acco	ounts.
	Complete if the organization answered "Yes" on		
	· •	(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.		
. u	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	<u> </u>	f a certified historic structure
	Preservation of open space		a certified filstoffe structure
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a co	oneonyation
2	easement on the last day of the tax year.	Conservation continuation in the form of a co	
_			Held at the End of the Tax Year
a	Total acreage restricted by conservation easements		
b	Number of conservation easements on a certified historic structure.		
C			20
d	Number of conservation easements included in (c) acquired a		24
2	historic structure listed in the National Register Number of conservation easements modified, transferred, rele		
3		ased, extinguished, or terminated by the org	ganization during the
4	tax year	mont in located	
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		□ Vac. □ No.
•	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing conservat	ion easements during the year
-	Annual of annual in an and in an arithmic at it an action because		and a second and the second
7	Amount of expenses incurred in monitoring, inspecting, handling	ig of violations, and emorcing conservation of	easements during the year
	▶ \$ Does each conservation easement reported on line 2(d) above	and inferite and a simple particles of an extra at 170/b/	4) / D) /;)
8	• • • • • • • • • • • • • • • • • • • •	, , , , , , , , , , , , , , , , , , , ,	
•			
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	e to the organization's financial statements to	nal describes the
Da	organization's accounting for conservation easements. rt III Organizations Maintaining Collections	of Art Historical Treasures or C	Other Similar Assets
Га	Complete if the organization answered "Yes" of		Other Sillilai Assets.
10			adana abast warks
1a	If the organization elected, as permitted under FASB ASC 958		
	of art, historical treasures, or other similar assets held for publi		rance of public
L	service, provide, in Part XIII the text of the footnote to its finan		non about warks of
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furtherar	ice of public service,
	provide the following amounts relating to these items:		. .
•	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea	_	in, provide the
	following amounts required to be reported under FASB ASC 9	•	
а			
b	Assets included in Form 990, Part X		▶ \$

Pai	rt III Organizations Maintaining C	ollections of A	Art, Hist	orical T	reasures	, or Ot	her Similar A	ssets (co	ontinue	·d)
3	Using the organization's acquisition, accession, a	and other records, o	check any	of the follo	wing that ma	ake signi	ficant use of its			
	collection items (check all that apply):									
а	Public exhibition		d	Loan c	r exchange	program	s			
b	Scholarly research		е	Other						
С	Preservation for future generations									
4	Provide a description of the organization's collect	tions and explain h	now they fu	rther the o	rganization's	s exempt	purpose in Part			
	XIII.									
5	During the year, did the organization solicit or rec	ceive donations of a	art, historic	al treasure	es, or other s	similar				
	assets to be sold to raise funds rather than to be	maintained as par	rt of the org	ganization'	s collection?			. 🗌 Yes	. N	lo
Pai	rt IV Escrow and Custodial Arrang									
	Complete if the organization and	swered "Yes" o	on Form	990, Pa	rt IV, line	9, or re	ported an am	ount on F	orm	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodian or	r other intermediary	for contrib	outions or	other assets	not				
	included on Form 990, Part X?							🗌 Yes	5 🗌 N	0
b	If "Yes," explain the arrangement in Part XIII and	complete the follo	wing table:							
							An	nount		
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	990, Part X, line 21	1, for escro	w or custo	dial account	t liability?	'	. Yes	5 🗌 N	0
b_	If "Yes," explain the arrangement in Part XIII. Ch	eck here if the exp	lanation ha	s been pro	ovided on Pa	art XIII .			. 🔲	
Pai	rt V Endowment Funds.									
	Complete if the organization and	swered "Yes" (on Form	990, Pa	rt IV, line	10.				
		(a) Current year	(b) Prio	r year	(c) Two years	s back	(d) Three years back	(e) Four	years back	(
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 y	`	line 1g, col	umn (a)) h	neld as:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment ► %									
С	Term endowment	1.4000/								
٥-	The percentages on lines 2a, 2b, and 2c should e	•		le al de a a de						
3a	Are there endowment funds not in the possession	on of the organization	on that are	neid and a	administered	for the		I	V	
	organization by:							2-(:)	Yes 1	No
	•							. 3a(i)		
_	()							- ' '		
b	If "Yes" on line 3a(ii), are the related organization	•						. 3b		
4 Pai	Describe in Part XIII the intended uses of the orget VI Land, Buildings, and Equipme		ment funds	5.						
Га	Complete if the organization and		n Form	000 Pa	rt IV line	11a S	ee Form 990	Part X li	ne 10	
	Description of property	(a) Cost or othe			other basis		Accumulated	(d) Bool		
	Description of property	(investme			other basis	` '	epreciation	(a) D001	, valut	
1a	Land	,	6,643	`	-				66,64	3
b	Buildings		1,837				135,239		56,59	
c	Leasehold improvements		0,720				58,105	1	50,55	
d	Equipment		7,858				2,522		5,33	
e	Other		, , , , ,				_,		2,00	_

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Part VII	990) 2020 FORMOSAN ASSO FOR PUBLI Investments - Other Securities.			-2615291 Page
I art VII	Complete if the organization answered "Yes" of	on Form 990. Part IV. lir	ne 11b. See Forn	n 990. Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: or end-of-year market value
(1) Financial	derivatives			
(2) Closely-h	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" of	on Form 990, Part IV, lir	ne 11c. See Form	n 990, Part X, line 13.
	(a) Description of investment	(b) Book value		c) Method of valuation: or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Γotal. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.)	. ▶		
Part IX	Other Assets.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, lin	ne 11d. See Forn	n 990, Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)		>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" of line 25.	on Form 990, Part IV, lii	ne 11e or 11f. Se	e Form 990, Part X,
1.	(a) Description of liability (I	b) Book value		
(1) Federal	income taxes			
	OLD DEPOSITS	550		
(3)				
(4)				
(5)				
(6)				

1. (a) Description of liability	(b) Book va	alue
(1) Federal income taxes		
(2)LEASEHOLD DEPOSITS		550
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.). ▶	550

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.

	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Keturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	1
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.)	
e	Add lines 2a through 2d	2e
3 4	Subtract line 2e from line 1	3
4 a	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	-
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	_
C	Other losses	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	-
b	Other (Describe in Part XIII.)	40
С 5		4c 5
	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; F	Part X line
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	art A, iiilo
_,		

EEA Schedule D (Form 990) 2020

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury
Internal Revenue Service
Name of the organization

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

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.

Schedule O (Form 990 or 990-EZ) (2020) Page 2 Name of the organization Employer identification number FORMOSAN ASSO FOR PUBLIC AFFAIRS INC 11-2615291 09. Other officer or key employee compensation (Part VI, line 15b ONLY THE CENTRAL COMMITTEE HAS THE AUTHORITY TO DETERMINE COMPENSATION OF OTHER OFFICER OR KEY EMPLOYEE. 10. Governing documents, etc, available to public (Part VI, line 19) ALL DOCUMENTS ARE OPEN TO PUBLIC UPON REQUEST.

Department of the Treasury

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.

OMB No. 1545-0172

Attachment Sequence No. 179

Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates Identifying number FORMOSAN ASSO FOR PUBLIC AFFAIRS FORM 990 - 1 11-2615291 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions)......... 3 3 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property (b) Cost (business use only) 7 8 8 9 9 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . . 11 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 15 16 972 MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 9,709 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (business/investment use (e) Convention (a) Classification of property placed in (f) Method (g) Depreciation deduction service only-see instructions) 19a 3-year property b 5-year property С 7-year property d 10-year property e 15-year property 17,350 15 MQ \mathtt{SL} 145 20-year property 25 yrs. 25-year property S/L Residential rental 27.5 yrs. MM property 27.5 yrs. MM S/I 39 yrs. MM S/L Nonresidential real MM property Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs. S/L 30-year 30 yrs. MM S/L С d 40-year MM Part IV **Summary** (See instructions.) Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 10,826 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Form **4797**

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

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

FORMOSAN ASSO FOR PUBLIC AFFAIRS INC

► Attach to your tax return.

► Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

Attachment Sequence No. **27**

Identifying number

11-2615291

1	1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions										
Pa	rt I Sales or Exchang	ges of Proper	ty Used in a T	rade or Busines	ss and Involunta	ary Conver	sions	From Other			
2	(a) Description of property							(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)			
3	Gain, if any, from Form 4684,	line 20					3				
_	Section 1231 gain from instal						4				
4 5	Section 1231 gain or (loss) fi						5				
6	Gain, if any, from line 32, from		=				6				
7	Combine lines 2 through 6. E		,				7				
	Partnerships and S corpor										
	line 10, or Form 1120S, Sche	•	• ,	•							
	Individuals, partners, S co	rporation shareho	olders, and all oth	ners. If line 7 is zero	or a loss, enter the a	mount from					
	line 7 on line 11 below and sk		_								
	losses, or they were recapture Schedule D filed with your re-				erm capital gain on th	е					
8	Nonrecaptured net section 12	•					8				
9	Subtract line 8 from line 7. If :		-								
•	9 is more than zero, enter the			_							
	capital gain on the Schedule			•	•		9				
Pai	rt II Ordinary Gains a	and Losses (s	ee instructions)							
10	Ordinary gains and losses no	t included on lines	11 through 16 (inc	lude property held 1	year or less):						
2 C	OMPUTERS	04-20-2012	01-01-2020		742		742	(
CJ I	LAPTOP	03-30-2016	01-01-2020		370		370	(
	Lass if any framilies 7						44	/			
11	Loss, if any, from line 7						11 12				
12 13	Gain, if any, from line 7 or am Gain, if any, from line 31 .		• •				13				
14	Net gain or (loss) from Form						14				
15	Ordinary gain from installmen						15				
16	Ordinary gain or (loss) from l	16									
17	Combine lines 10 through 16		17	(
18	For all except individual retur										
	and b below. For individual re	etums, complete lin	es a and b below.								
а	a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss										
	from income-producing prope	erty on Schedule A	(Form 1040), line	16. (Do not include a	ny loss on property us	sed as an					
	employee.) Identify as from "F						18a				
b	Redetermine the gain or (loss		-								
	(Form 1040), Part I, line 4										

990 Overflow Statement		2020 Page 1
Name(s) as shown on return FORMOSAN ASSO FOR PUBLIC AFFAIRS INC	FEIN	11-2615291
Description REAL PROPERTY TAX 538 REPAIR 538 Total:	<u>\$</u> \$\$	Amount 7,557 1,114 8,671
Description PROFESSIONAL CONSULTATION	<u>\$</u>	Amount
Description SPEECH TOUR EXPENSES Total:	\$ \$	Amount 600 600
Description REAL PROPERTY TAX 552 BID TAX 552 Total:		1,292

Depreciation Detail Listing

Management & General

Social security number/EIN

2020 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

E	ORMOSAN ASSO FOR PUBLI	C 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	L MM	3.636	16,002	1,091	17,093	1,091
3	ROOF_538 7TH ST SE	05062008	7,000		100.00			7,000	27.5	SL	L MM	3.636	2,949	255	3,204	255
4	KITCHEN FLOOR_538 7TH	06112008	1,750		100.00			1,750	27.5	SL	L MM	3.636	738	64	802	64
5	A/C_538 7TH ST SE	05132009	2,800		100.00			2,800	27.5	SL	L MM	3.636	968	102	1,070	102
6	RENOVATION(2014)_538	12052014	9,500		100.00			9,500	27.5	SL	L MM	3.636	690	345	1,035	345
7	RENOVATION(2015)_538	05082015	66,500		100.00			66,500	27.5	SL	L MM	3.636	9,672	2,418	12,090	2,418
8	RENOVATION(2016)_538	10282016	150		100.00			150	27.5	SL	L MM	3.636	16	5	21	5
9	REFRIGERATOR_538 7TH	09302016	628		100.00			628	27.5	SL	L MM	3.636	75	23	98	23
10	BULIDING_552 7TH ST S	03141994	132,772		100.00			132,772	39	SL	L MM	2.564	87,805	3,404	91,209	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	L MM	2.564	1,652	108	1,760	108
12	RENOVATION_552 7TH ST	07082005	35,275		100.00			35,275	39	SL	L MM	2.564	13,114	904	14,018	904
13	OFFICE RENOVATION(3F)	10312005	2,713		100.00			2,713	39	SL	L HY	2.564	986	70	1,056	70
14	HEATING SYSTEM(3F)_55	02082007	3,000		100.00			3,000	39	SL	L MM	2.564	987	77	1,064	77
15	ROOF_552 7TH ST SE	05062008	7,000		100.00			7,000	39	SL	L MM	2.564	2,078	179	2,257	179
16	RENOVATION(2014)_552	12052014	9,500		100.00			9,500	39	SL	L MM	2.564	1,239	244	1,483	244
17	RENOVATION(2015)_552	05082015	15,000		100.00			15,000	39	SL	L MM	2.564	1,443	385	1,828	385
18	RENOVATION(2016)_552	10282016	1,350		100.00			1,350	39	SL	L MM	2.564	110	35	145	35
21	2 LAPTOPS	01012019	1,908		100.00			1,908	5	SL	L HY	20	191	382	573	382
22	3 COMPUTERS	01012019	2,950		100.00			2,950	5	SL	L HY	20	295	590	885	590
23	RENOVATION_538 7TH ST	11292020	17,350		100.00			17,350	15	SL	L MQ	.833		145	145	145
	Assets Sold/Abandoned															
19	2 COMPUTERS	04202012	742		100.00			742	3			0	742		742	
20	CJ LAPTOP	03302016	370		100.00			370	3			0	370		370	
	Totals		478,170					411,527					186,152	10,826	196,978	10,826

Depreciation Reconciliation for FORMOSAN ASSO FOR PUBLIC AFFAIRS INC

	Cost	Basis	Current Depreciation	Accumulated Depreciation	
Beginning of Year	394,177	394,177	10,681	196,833	
Placed in Service in Current Year	17,350	17,350	145	145	
Removed from Service in Current Year	1,112	1,112		1,112	
End of Year	410,415	410,415	10,826	195,866	