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Short Form
Return of Organization Exempt From Income Tax

OMB No 1545 1150

2009

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning

, 2009, and ending

B Check if applicable

- Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C

TAIWAN MERCHANTS ASSOCIATION OF NY INC.
PO BOX 521322
FLUSHING, NY 11352

D Employer identification number

13-2878291

E Telephone number

(718) 461-3325

F Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method. Cash Accrual
Other (specify) ►

I Website: ► N/A

J Tax-exempt status (check only one) — 501(c) (6) □ (insert no) 4947(a)(1) or 527

K Check □ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 53,397.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	1
2 Program service revenue including government fees and contracts	2 52,817.
3 Membership dues and assessments	3
4 Investment income	4
5a Gross amount from sale of assets other than inventory	5a
b Less cost or other basis and sales expenses	5b
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a
b Less direct expenses other than fundraising expenses	6b
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	
7a Gross sales of inventory, less returns and allowances	7a
b Less cost of goods sold	7b
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
8 Other revenue (describe ► SEE STATEMENT 1)	RECEIVED
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	8 580. 9 53,397.
10 Grants and similar amounts paid (attach schedule)	10
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12 16,449.
13 Professional fees and other payments to independent contractors	13
14 Occupancy, rent, utilities, and maintenance	14
15 Printing, publications, postage, and shipping	15
16 Other expenses (describe ► SEE STATEMENT 2)	16 33,685. 17 50,134.
17 Total expenses. Add lines 10 through 16	18 3,263. 19 22,452. 20
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	21 25,715.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	
20 Other changes in net assets or fund balances (attach explanation)	
21 Net assets or fund balances at end of year Combine lines 18 through 20	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	25,524.	22 27,507.
23 Land and buildings		23
24 Other assets (describe ► _____)		24
25 Total assets	25,524.	25 27,507.
26 Total liabilities (describe ► SEE STATEMENT 3)	3,072.	26 1,792.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	22,452.	27 25,715.

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

365

Part III Statement of Program Service Accomplishments (See the instructions.)What is the organization's primary exempt purpose? CHAMBER OF COMMERCE

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.)

28 ANNUAL MEMBERSHIP MEETINGS ARE PROVIDED TO PROMOTE THE EXCHANGE OF IDEAS AND THE FURTHERANCE OF THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE.

(Grants \$

) If this amount includes foreign grants, check here

28a

50,134.

29 _____

(Grants \$

) If this amount includes foreign grants, check here

29a

30 _____

(Grants \$

) If this amount includes foreign grants, check here

30a

31 Other program services (attach schedule)

(Grants \$

) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32

50,134.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 4		0.	0.	0.

Part V Other Information (Note the statement requirements in the instrs for Part V.)

- 33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity 33 Yes No
- 34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes 34 Yes No
- 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T 35a Yes No
- a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 35b Yes No
- b If 'Yes,' has it filed a tax return on **Form 990-T** for this year? 36 Yes No
- 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N 37a Yes No
- 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a Yes No
- b Did the organization file **Form 1120-POL** for this year? 37b Yes No
- 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 38b Yes No
- b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 39a Yes No
- 39 Section 501(c)(7) organizations Enter 39b Yes No
- a Initiation fees and capital contributions included on line 9 40a Yes No
- b Gross receipts, included on line 9, for public use of club facilities 40b Yes No
- 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A 40c Yes No
- b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 40d Yes No
- c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40e Yes No
- d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40f Yes No
- e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40g Yes No

- 41 List the states with which a copy of this return is filed ► NY

42a The organization's books are in care of ► THE ASSOCIATION Telephone no ► (718) 463-3391
Located at ► 137-44 NORTHERN BLVD. FLUSHING NY ZIP + 4 ► 11354

- b 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)?
If 'Yes,' enter the name of the foreign country ► 42b Yes No

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**.

- c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ► 42c Yes No

- 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 43 Yes No

- 44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44 Yes No

- 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 45 Yes No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46	
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
	b If 'Yes,' was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

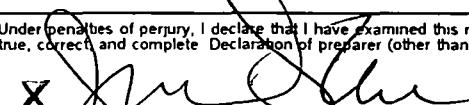
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ► _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ► _____

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	
		Date <u>11-13-10</u>
	Signature of officer <u>James Shaw</u>	
	Type or print name and title <u>President</u>	

Paid Preparer's Use Only	Preparer's signature ► <u>STEVE WEI CPA</u>	Date <u>11/11/10</u>	Check if self-employed ► <input type="checkbox"/>	Preparer's Identifying Number (See instructions) <u>P00111896</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► <u>WEI WEI & CO. LLP</u>	EIN <u>11-3264561</u>	Phone no <u>(718) 445-6308</u>	
	► <u>13310 39TH AVE</u>			
	FLUSHING, NY 11354-4400			

May the IRS discuss this return with the preparer shown above? See instructions

BAA

► Yes No
Form 990-EZ (2009)

2009

FEDERAL STATEMENTS

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TAIWAN MERCHANTS ASSOCIATION OF NY INC.

13-2878291

STATEMENT 1
FORM 990-EZ, PART I, LINE 8
OTHER REVENUE

ADVERTISING	\$ 580.
TOTAL	\$ 580.

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION	\$ 1,100.
CONFERENCES, CONVENTIONS, AND MEETINGS	32,241.
INSURANCE	272.
POSTAGE	72.
TOTAL	\$ 33,685.

STATEMENT 3
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
PAYROLL TAX PAYABLE	\$ 735.	\$ 563.
WAGES PAYALBE	2,337.	1,229.
TOTAL	\$ 3,072.	\$ 1,792.

STATEMENT 4
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
AH FONG CHANG 2642 BROADWAY NEW YORK, NY 10025	DIRECTOR \$ 0	0.	0. \$ 0	0.
MARK M. LII 75 MOTT STREET NEW YORK, NY 10013	DIRECTOR 0	0.	0.	0.
JAMES SHAU 275 W 96TH ST, #18E NEW YORK, NY 10025	PRESIDENT 0	0.	0.	0.
SPENCER LIN 1251 VALLEY BROOK AVE LYNDHURST, NJ 07071	DIRECTOR 0	0.	0.	0.

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TAIWAN MERCHANTS ASSOCIATION OF NY INC.

13-2878291

STATEMENT 4 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
THOMAS CHEN 31-10 WHitestone EXPRESSWAY FLUSHING, NY 11354	DIRECTOR 0	0. \$	0. \$	0.
LUNG FONG CHEN 41-46 MAIN STREET 2ND FL FLUSHING, NY 11355	DIRECTOR 0	0.	0.	0.
THOMAS CHANG 136-20 38TH AVE, 12F FLUSHING, NY 11354	DIRECTOR 0	0.	0.	0.
BILL WANG 750 3RD AVE 34FL NEW YORK, NY 10017	DIRECTOR 0	0.	0.	0.
MARK PAUL LO 135-26 ROOSEVELT AVE FLUSHING, NY 11354	GENERAL MANAGER 0	0.	0.	0.
PAUL LIAO 11 BELVEDERE COURT NORTH HILLS, NY 11030	DIRECTOR 0	0.	0.	0.
TIMOTHY CHUANG 40-34 MAIN STREET FLUSHING, NY 11354	DIRECTOR 0	0.	0.	0.
MING CHIANG 38 WILLIAM ST AMITYVILLE, NY 11701	VICE PRESIDENT 0	0.	0.	0.
FON-MAY FAN 136-40 39TH AVE 4FL FLUSHING, NY 11354	DIRECTOR 0	0.	0.	0.
KEVIN CHU 43-15 SAULL ST, RM 1D FLUSHING, NY 11355	DIRECTOR 0	0.	0.	0.
HENRY H. HSU 150 E 52ND ST, 3RD FL NEW YORK, NY 10022	DIRECTOR 0	0.	0.	0.
JEAN HUANG 135-23 NORTHERN BLVD FLUSHING, NY 11354	VICE PRESIDENT 0	0.	0.	0.

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TAIWAN MERCHANTS ASSOCIATION OF NY INC.

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STATEMENT 4 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
HENRY CHEN 82-64 167TH ST JAMAICA, NY 11432	DIRECTOR 0	0. \$	0. \$	0.
MORRIS LEE 164-12 77 AVE FRESH MEADOWS, NY 11366	DIRECTOR 0	0.	0.	0.
WU HSING LIAO 135-34 ROOSEVELT AVE FLUSHING, NY 11354	DIRECTOR 0	0.	0.	0.
LIANG C. PENG 146-02 45TH AVE FLUSHING, NY 11355	DIRECTOR 0	0.	0.	0.
JENTAI TSAI 41-06 MAIN STREET FLUSHING, NY 11354	DIRECTOR 0	0.	0.	0.
JIMMY TSAI 41-06 MAIN STREET FLUSHING, NY 11355	TREASURER 0	0.	0.	0.
JONATHAN C. WANG 305 MADISON AVE, STE 1638 NEW YORK, NY 10165	DIRECTOR 0	0.	0.	0.
STEVE WEI 133-10 39TH AVE FLUSHING, NY 11354	DIRECTOR 0	0.	0.	0.
FO-HAI WU 6820 NORTH HEMPSTEAD TPKE OYSTER BAY COVE, NY 11791	DIRECTOR 0	0.	0.	0.
MICHAEL WU 4 SANDS STATION RD MIDDLETOWN, NY 10940	SECRETARY 0	0.	0.	0.
JOLEEN YANG 10 KENSINGTON CT. WARREN, NJ 07059	DIRECTOR 0	0.	0.	0.
ERIC HU 133-49 ROOSEVELT AVE, 2ND FL FLUSHING, NY 11354	DIRECTOR 0	0.	0.	0.

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TAIWAN MERCHANTS ASSOCIATION OF NY INC.

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STATEMENT 4 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JASON CHANG 23-18 201ST BAYSIDE, NY 11360	DIRECTOR 0	0.	\$ 0.	\$ 0.
GARY S.K. HU 41-60 MAIN STREET FLUSHING, NY 11355	DIRECTOR 0	0.	0.	0.
STEVEN LII 40-12 MAIN STREET A1 FLUSHING, NY 11354	DIRECTOR 0	0.	0.	0.
DAVID WU 110 JERICHO TURNPIKE FLORAL PARK, NY 11001	VICE PRESIDENT 0	0.	0.	0.
JOHN YANG 41-08 MAIN ST FLUSHING, NY 11355	DIRECTOR 0	0.	0.	0.
TOTAL		\$ 0.	\$ 0.	\$ 0.