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Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

> Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file
Form 990 (see instructions) All other organizations with gross receipts less than \$200,000
and total assets less than \$500,000 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

10/01

OMB No 1545 1150

2010

Open to Public Inspection

2011

9/30

Α	For th	ne 2010 calendar year, or tax year beginning $10/01$ , 2010, and ending $9/30$		2011			
В	Check i	f applicable C	Employer ide	ntification number			
	Addres	s change   NORTH AMERICA TAIWANESE PROFESSORS	36-3225568				
	Name o		E Telephone number				
$\vdash$	Initial re		773-36	3-6162			
$\vdash$	Termin	0.110.1007 22 00007 2020					
-		ed return F ton pending	Group Exe Number	mption			
G		unting Method. X Cash Accrual Other (specify) ► H Check ►	X if the	organization is not			
ī		ite: ► N/A required	l to attach S	chedule B (Form			
J	Tax-ex	empt status (ck only one) — X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527	)-EZ, or 990	-PF).			
ĸ	Checl		ormally not	more than			
	\$50,0	00. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required	(see instruc	tions) But if the			
	-	ization chooses to file a return, be sure to file a complete return.					
L	Add I	ines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to s (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	otal ►\$	69,572.			
	assec	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the inst					
L5	11 ( )	Check if the organization used Schedule O to respond to any question in this Part I	a doctorio	[X]			
	1	Contributions, gifts, grants, and similar amounts received	1 1	35,981.			
	2	Program service revenue including government fees and contracts	2	11,615.			
	3	Membership dues and assessments	3	20,960.			
	1	Investment income	4	1,016.			
	F .	Gross amount from sale of assets other than inventory 5a	7	1,010.			
	1	Less cost or other basis and sales expenses  5b	<b>-</b>				
	ł	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c				
	1	Gaming and fundraising events	30				
R		Gross income from gaming (attach Schedule G if greater than \$15,000)  6a					
R E V	1	Gross income from fundraising events (not including \$ of contributions					
E N U	"	· · · · · · · · · · · · · · · · · · ·					
E		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)					
	С	Less direct expenses from gaming and fundraising events					
	_ ا	Not upcome or (loss) from coming and fundraising events (add Res 2 and VED)					
	"	Net income or (loss) from gaming and fundraising events (add these aand VED 6b and subtract line 6c)	6d				
		Gross sales of inventory, less returns and allowances					
	b	Less. cost of goods sold					
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from fine 7a)	7c				
	8	Other revenue (describe in Schedule O) OGDEN, UT	8	. ,			
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	69,572.			
	10	Grants and similar amounts paid (list in Schedule O)	10	4,200.			
	11	Benefits paid to or for members	11	-			
Ę. X	g 12	Salaries, other compensation, and employee benefits	12				
Series Series	∄ 13	Professional fees and other payments to independent contractors	13	400.			
N Si	14	Occupancy, rent, utilities, and maintenance	14				
Ĕ ·s-	<b>15</b>	Printing, publications, postage, and shipping	15	5,223.			
-	16	Other expenses (describe in Schedule O)  See Schedule O	16	12,954.			
_<	<b>₹ 17</b>	Total expenses. Add lines 10 through 16	▶ 17	22,777.			
_	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	46,795.			
Ä	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	ar				
E S	13	figure reported on prior year's return)	19	224,664.			
T E	320	Other changes in net assets or fund balances (explain in Schedule O)	20				
	ຶ້າງ21	Net assets or fund balances at end of year. Combine lines 18 through 20.	▶ 21	271,459.			
BÁ	A For	Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2010)			

	n 990-EZ (2010) NORTH AMERICA T		S	36	-3225	568 Page 2
Pa	t II Balance Sheets. (see the ins Check if the organization used Sche	structions for Part II.)	estion in this Part II			
	Official in the organization deed deliver	4.5		(A) Beginning of ye	ar	(B) End of year
22	Cash, savings, and investments		Ī	224,664		271,459.
23	Land and buildings		[		23	
24	Other assets (describe in Schedule O)		)		24	
25	Total assets			224,664	. 25	271,459.
26	Total liabilities (describe in Schedule O)		) [	0	- ( )	0.
27	Net assets or fund balances (line 27 of c	olumn (B) must agree with lir	ne 21)	224,664	. 27	271,459.
Pa	rt III Statement of Program Ser	vice Accomplishments	(see the instrs for l	Part III.)		Expenses
	Check if the organization used Sc	hedule O to respond to any g	uestion in this Part I	11 X		red for section
What	is the organization's primary exempt purpose? See	e Schedule O				3) and 501(c)(4) ations and section
Des	is the organization's primary exempt purpose? Secribe what was achieved in carrying out the cribe the services provided, the number of	e organization's exempt purpo persons benefited, and other	oses. In a clear and relevant information	concise manner, i for each	4947(a)	)(1) trusts, optional
prog	ram title				for othe	ers.)
28	See_Schedule_Q		<b>_</b>			
			<del></del>			
					1 1	16 760
	(Grants \$ ) If th	is amount includes foreign gr	ants, check here		28a	16,769.
29						
			<del>-</del>		1 1	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				20.	
20	(Grants \$ ) If th				29 a	
30					1	
					1	
	(Grants \$ ) If th	is amount includes foreign gr	ants check here		30a	
21	Other program services (describe in Scho		unts, check here		500	<del></del>
31	• •	is amount includes foreign gr	ants, check here	▶ □	31 a	
32	Total program service expenses (add line				32	16,769.
	rt IV List of Officers, Directors,		ployees. List each o	ne even if not compensated	d. (see the	
<u> </u>	Check if the organization used So		uestion in this Part I	V	`	X
		(b) Title and average hours	(c) Compensation			(e) Expense account
	(a) Name and address	per week devoted to position	not paid, enter -0-	<ul> <li>employee benefit pla deferred compensa</li> </ul>	ns and   a ation	and other allowances
See	Schedule_O					<del></del>
200					1	
					İ	
			•			
					ŀ	
			-			· · · · · · · · · · · · · · · · · · ·
	<b>-</b>					
	<b></b>					
		· · · · · · · · · · · · · · · · · · ·				
			<u></u> -			
BAA		TEEA0812L 0	2/18/11			Form <b>990-EZ</b> (2010)
- A A A						- CODE SMULE / (2010)

Page 2

Form	990-EZ (2010) NORTH AMERICA TAIWANESE PROFESSORS 36-322556	8	Þ	age 3
Par	<b>t V</b> Other Information (Note the statement requirements in the instructions for Part V.) See Scheck if the organization used Schedule O to respond to any question in this Part V	edu]	.e 0	X
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule $\Omega$	33	Yes	No X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions)	34		Х
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, explain in Schedule O why the organization did not report the income on Form 990-T			
	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		_X_
	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)?	35 b		
	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	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions  0.			•
	Did the organization file <b>Form 1120-POL</b> for this year?  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were	37b	:	X
t	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  If 'Yes,' complete Schedule L, Part II and enter the total	38 a	:	<u>X</u>
30	amount involved  Section 501(c)(7) organizations. Enter.			
	Initiation fees and capital contributions included on line 9  N/A	. :	1	
	Gross receipts, included on line 9, for public use of club facilities.  39b  N/A			
<b>40</b> a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under		. [	
	section 4911 ► 0., section 4912 ► 0.		1	
t	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 Ь		<u>X</u>
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			
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	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  List the states with which a copy of this return is filed   None	40 e		<u>X</u>
	The organization's books are in care of SHU-TSUNG LIAO Telephone no. F 773-36 Located at F 5632 S. WOODLAWN AVE. CHICAGO, IL ZIP + 4 F 60637-		·	
	At any time during the extender one did the expenses to the control of the contro	٢	Yes	No
L	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		X
c	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts.  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		X
	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  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead	•	$\Box$	N/A N/A <b>N</b> o
	of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed	44a		X
	Instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?	44b 44c		<u>X</u>
	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in	-44C		Λ
	Schedule Q	44 d		

Form <b>990-I</b>	EZ (2010) NORTH AMERICA TAIWA	NESE PROFESSOR	S	36-322556	58	Р	age <b>4</b>
						Yes	No X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?							
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst.)							
	he organization engage, directly or indirection indirection indirections for public office? If 'Yes,' complete				46		Х
Part VI	Section 501(c)(3) organizations	and section 4947	(a)(1) nonexempt	charitable trusts only.	All se	ection	
	501(c)(3) organizations and sec 47-49b and 52, and complete the	ction 4947(a)(1) no	nexempt charitable	e trusts must answer q	uestic	ons	
	·						LJ
	Check if the organization used Schedule	e O to respond to any q	uestion in this Part VI			Yes	No
<b>47</b> Did t	he organization engage in lobbying activiti	es? If 'Yes ' complete S	Schedule C. Part II		47	162	X
	e organization a school as described in se			ule E	48		X
	he organization make any transfers to an				49 a		Х
<b>b</b> If 'Ye	es,' was the related organization a section	527 organization?			49 b		<u>.                                    </u>
50 Comp	plete this table for the organization's five l ovees) who each received more than \$10	nighest compensated en	nployees (other than of	ficers, directors, trustees and there is none enter 'None	d key		
		(b) Title and average	(c) Compensation	(d) Contributions to employee	(e) Ex	pense	
(a)	Name and address of each employee paid more than \$100,000	hours per week devoted to position		benefit plans and deferred compensation	accou other all	nt and owances	5
None						_	
						<del></del>	
f Total	number of other employees paid over \$1	<u> </u> 00 000 ►			<del></del>		
	plete this table for the organization's five I		dependent contractors	who each received more that	n \$100.	000 of	÷
	bensation from the organization. If there is	none, enter 'None.'	·				
None	(a) Name and address of each independent cont	ractor paid more than \$100,000	)	(b) Type of service	(c) Comp	ensation	1
NOTIE -							
_							
				*			
	number of other independent contractors	•	·				
	he organization complete Schedule A? No table trusts must attach a completed Sche		organizations and 4947	7(a)(1) nonexempt	X Yes	Г	No
Under penalt	les of perjury, I declare that I have examined this return and complete. Declaration of preparer (other than office	n, including accompanying sche	edules and statements, and to	the best of my knowledge and belief,	ıt ıs		
inde, correct,	and complete Declaration of preparer (other than only	er) is based off all information	of which preparer has any kno	wiedge	·		
Sign	Signature of officer	0 1- 0		Date	1/		
Here	SHU-TSUNG LIAO	ruffing to	\ <u>~0</u>	Executive Directo	r = 1	2/1	2
	Type or print name and title	Drang Dia and June		I DTIN		1	
D : 1	Print/Type preparer's name CPA  SAMUEL T. CHUANG		Olmana 12/30	Check I if PTIN PO	0410	944	
Paid Preparer	Firm's name Samuel T. Chuan	7.	7 1-0	self employed 10			
Use Only	Firm's address > 4250 N. Marine		v	Firm's EIN ▶36-	3403	889	
		13-1744		Phone no (847)	291-		
	RS discuss this return with the preparer sh	own above? See instruc	etions		X Yes		No
BAA				F	orm <b>99</b> (	D-EZ (	2010)

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

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2010

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

NORTH AMERICA TAIWANESE PROFESSORS

Open to Public Inspection

Employer identification number

222556

		ASSOCI								225500			
Par	t I	Reason for Publ	ic Charity Status	(All organizations	must	compl	ete thi	s part.	) See	instruc	tions.		
The o	orga	nization is not a privat	e foundation because	it is (For lines 1 throu	gh 11, c	heck on	ly one b	ox.)					
1	Ň												
2	Н												
3	$\vdash$					ion 170(	<b>Ъ</b> Х1ХА)	(iii).					
4	$\vdash$	•	•	_					ъх1хах	iii). Ente	er the hosp	ıtal's	
•	Ш	name, city, and state											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(bX1)(A)(iv). (Complete Part II.)											
6		A federal, state, or lo	cal government or go	vernmental unit describ	ed in se	ction 17	<mark>′0(Ь)(1)(</mark>	A)(v).					
7		in section 170(b)(1)(A	<b>)(vi).</b> (Complete Part	: II )			ernmeni	tal unit d	or from t	he gene	ral public o	escrib	ed
8		A community trust de	scribed in section 170	<b>0(b)(1)(A)(vi)</b> . (Complete	e Part II.	)							
9	X	from activities related investment income ar	l to its exempt function and unrelated business	ns — subject to certain : taxable income (less s	exception	ns, and	(2) no r	nore tha	an 33-1/3	3% of its	support fr	om ara	ÖSS
10		An organization organ	nized and operated ex	clusively to test for pul	blic safe	y See	section !	509(a)(4	).				
11		more publicly support	ed organizations desi	cribed in section 509(a) on and complete lines	(1) or se 11e thro	ection 50 ugh 11h	19(a)(2).	See se	, or carry ction 50	y out the <b>9(a)(3).</b>	purposes Check the	of one box th	or at
		a Type!	<b>b</b> Type II			_	-			d 📙			r
e		By checking this box, other than foundation section 509(a)(2).	I certify that the orga managers and other	inization is not controlle than one or more publi	ed direct icly supp	ly or ind orted or	rectly by ganizati	y one or ons des	r more d scribed in	lisqualifie n section	ed persons n 509(a)(1)	or	
f		If the organization red check this box	ceived a written deter	mination from the IRS t	that is a	Type I,	Type II o	or Type	III suppo	orting or	ganızatıon,		
g		Since August 17, 200	6, has the organization	on accepted any gift or	contribu	ition fron	n any of	the foll	lowing p	ersons?			
												Yes	No
		below, the gove	rning body of the sup	ported organization?	ogether	with per	sons de	scribed	ın (ıı) ar	nd (III)	11 g (i)		
		•	· ·										
		` '	•	., .,							11 g (iii)		L
h		Provide the following	information about the	supported organization	n(s).								
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organiz column ( your go	ation in ) listed in overning	the organ columi	ization in	organiza colum	ation in in (i)	(vii) Amount of support		
					Yes	No	Yes	No	Yes	No			
(A)													
			on operated for the benefit of a college or university owned or operated by a governmental unit described in section (v). (Complete Part II.)  Ite, or local government or governmental unit described in section 170(bX1)(A)(v).  In that normally receives a substantial part of its support from a governmental unit or from the general public described (bX1)(A)(v).  In that normally receives a substantial part of its support from a governmental unit or from the general public described (bX1)(A)(v).  In the section 170(bX1)(A)(v). (Complete Part II.)  In on that normally receives. (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts in the section section 5-10 (2) in more than 33-1/3% of its support from contributions, membership fees, and gross receipts in the section section 5-10 (2) in more than 33-1/3% of its support from gross receipts in the section 509(a)(2). (Complete Part III.)  In or organized and operated exclusively to test for public safety. See section 509(a)(4).  In organization described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that it type of supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that it type of supported organization and complete lines 11e through 11h.  In organization and complete lines 11e through 11h.  In organization is not controlled directly or indirectly by one or more disqualified persons undation managers and other than one or more publicly supported organizations described in (ii) and (iii)										
(B)													
(C)													
(D)													
(E)						-							
Tota	l												

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

## Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support		· · · · · · · · · · · · · · · · · · ·						
	ndar year (or fiscal year nning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	<b>(f)</b> Total		
1	Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants')								
2	Tax revenues levied for the organization's benefit and either paid to it 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								
Sec	tion B. Total Support				-				
	ndar year (or fiscal year nning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	<b>(e)</b> 2010	(f) Total		
7	Amounts from line 4						<u> </u>		
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	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						<u>.</u>		
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activ	ities, etc (see ins	tructions)			12			
13	First five years. If the Form 990 organization, check this box and		ation's first, secon	d, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ □		
	tion C. Computation of Pu								
	Public support percentage for 20			e 11, column (f))		14	<u>%</u>		
15	Public support percentage from 2	2009 Schedule A,	Part II, line 14			15	%		
16	16a 33-1/3% support test — 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
ı	b 33-1/3% support test — 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
17:	17a 10%-facts-and-circumstances test — 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization								
f	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstances test The organiz	s' test, check this la ation qualifies as a	box and <b>stop here</b> a publicly supporte	. Explain in Part IV ed organization	how the		
18	Private foundation. If the organization	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,					
BAA	<b>\</b>				So	chedule A (Form 99	0 or 990-EZ) 2010		

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

(Complete only if you checked the box on line 9 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.)

Soc	tion A. Public Support						<del>-</del>		
		(a) 2006	<b>(b)</b> 2007	(c) 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	(f) Total		
	dar year (or fiscal yr beginning in)► Gifts, grants, contributions	(a) 2006	( <b>b)</b> 2007	(6) 2008	(a) 2009	(e) 2010	(i) rotai		
•	and membership fees received. (Do not include any 'unusual grants.')	15,043.	8,024.	52,730.	10,343.	56,941.	143,081.		
2	Gross receipts from admis-		5/521.	027.001		9.07.0.12.1			
	sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's	25 205	24 170	24 607	2 202	11 615	00.000		
_	tax-exempt purpose	25,205.	24,170.	24,697.	2,393.	11,615.	88,080.		
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.		
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
6	Total. Add lines 1 through 5	40,248.	32,194.	77,427.	12,736.	68,556.	231,161.		
	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.		
ŀ	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	0.	0.	0.	0.	0.	0.		
c	: Add lines 7a and 7b	0.	0.	0.	0.	0.	0.		
	Public support (Subtract line 7c from line 6.)						231,161.		
Sec	tion B. Total Support								
Calen	dar year (or fiscal yr beginnıng in)►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total		
9	Amounts from line 6	40,248.	32,194.	77,427.	12,736.	68,556.	231,161.		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,231.	4,030.	855.	1,712.	1,016.	12,844.		
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.		
	: Add lines 10a and 10b	5,231.	4,030.	855.	1,712.	1,016.	12,844.		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.		
13	Total support. (Add Ins 9, 10c, 11, and 12)	45,479.	36,224.	78,282.	14,448.	69,572.	244,005.		
14	First five years. If the Form 990 rorganization, check this box and	s for the organizat <b>stop here</b>					<b>▶</b> □		
Sec	tion C. Computation of Pu	blic Support F	Percentage			-			
15	Public support percentage for 20	10 (line 8, column	(f) divided by line	13, column (f))		15	94.7 %		
16	Public support percentage from 2	2009 Schedule A, I	Part III, line 15			16	93.3 %		
Sec	tion D. Computation of Inv	estment Inco	me Percentage	•					
17					n (f))	17	5.3 %		
18	Investment income percentage fr		***	=	• • • •	18	6.7 %		
	33-1/3% support tests — 2010. If is not more than 33-1/3%, check	the organization d	id not check the b	ox on line 14, and	l line 15 is more that a publicly support	han 33-1/3%, and led organization			
t	33-1/3% support tests — 2009. If line 18 is not more than 33-1/3%,	the organization d	id not check a box	on line 14 or line	19a, and line 16	is more than 33-1	/3%, and		
	D Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

# SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

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.

Name of the organization NORTH AMERICA TAIWANESE PROFESSORS ASSOCIATION	Employer identification number 36-3225568
Form 990-EZ, Part III - Organization's Primary Exempt Purpose	
Scientific research and academic study and publications.	
Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishment	s
Setting up organizational structure to support the functioning	of a think-tank
under NAPTA, as wells the mechanism for mobilizing members' exp	pertise to provide
lectures to communities and students.	
Provide studies on searching the route for gaining energy from	non-nuclear power
sources to replace nuclear energy	
Release public statements on issues concerned to Taiwanese Amer	ican community.
Organizing an annual meeting discussing Taiwan identity, Taiwan	's energy challenge
and vision, Taiwan's economy, and youth development program	
Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contra	cts
(a) Did the organization, during the year, receive any funds,	directly or
indirectly, to pay premiums on a personal benefit contract?	No
(b) Did the organization, during the year, pay premiums, direc	tly or
indirectly, on a personal benefit contract?	No
	· · · · · · · · · · · · · · · · · · ·

010 . Schedul NORTH	e O - Supplemental I AMERICA TAIWANESE PRO ASSOCIATION	nformation OFESSORS		Page 2
Form 990-EZ, Part I, Line 16 Other Expenses				
Advertising and Promotion Annual report filing fees Conferences, Conventions, and Office Expenses	Meetings		\$ Total <u>\$</u>	200. 200. 12,269. 285. 12,954.
Form 990-EZ, Part IV List of Officers, Directors, Trustees, a	Title and Average Hours	Compen-	Contri- bution to	Account/
Name and Address SHU-TSUNG LIAO 5632 S. WOODLAWN AVE. CHICAGO, IL 60637-1623	Per Week Devoted  Executive Direc 0	sation \$ 0.	<u>EBP &amp; DC</u> \$ 0.	
SHYU-TU LEE 7720 SE 16th CIRCLE VANCOUVER, WA 98664	President 0	0.	0.	0
WENYUH TSAI 504 AVENIDA VERDE SAN MARCOS, CA 92069	VP & SECRETARY 0	0.	0.	0
SIMON LIU 117 BOOKHAM LANE GAITHERSBURG, MD 20877	Treasurer 0	0.	0.	0
PETER CHOW 57-47 HEWLETT ST. LITTLE NECK, NY 11362	Director 0	0.	0.	0
ING-HOUR LIN 14529 ANTIGONE DR. N. POTOMAC, MD 20878	Director 0	0.	0.	0
SHUNDAR LIN 3012 W. ALAN COUR PEORIA, IL 61615	Director 0	0.	0.	0
PHILIP K. LIU 233 MYSTIC VALLEY PARKWAY WINCHESTER, MA 01890	Director 0	0.	0.	0
MING-CHI WU 3210 SANTA MONICA DR. DENTON, TX 76205	Director 0	0.	0.	0
CARL YANG 277 COLLEGE AVE	Director	0.	0.	0

2010

# Schedule O - Supplemental Information NORTH AMERICA TAIWANESE PROFESSORS ASSOCIATION

Page 3

36-3225568

Form 990-EZ, Part IV (continued) 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
MING-LON YOUNG 7600 SW 124th ST. MIAMI, FL 33156	Director \$	(	Ο.	\$ 0.	\$ 0.
	Total \$	(	<del>.</del>	\$ 0.	\$ 0.