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Form 990-EZ

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 and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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

OMB No. 1545-1150

2008

Open to Public Inspection

Α	For the	2008 calendar	уеаг,	or tax year beginning	, 2008, and er	iding			, 20
В	Check if a		lease	C Name of organization	-		D Emplo	yer ider	ntification number
	Address of		se IRS bel or	Brazilian Immigrant Center, Inc.			04	=	3273525
	Name cha		rint or	Number and street (or P O box, if mail is not delivered	to stroot addrass	Room/suite	E Teleph	one ni	
	Initial retu	ım ty	/pe.		o street address)				
ᇦ	Termination	٠ و ا	ee pecific	14 Harvard Ave.		FL2	(617	<u>) </u>	783-8001
\mathbf{Z}	Amended	return In	struc-	City or town, state or country, and ZIP + 4			F Group		otion
\sqsubseteq	Application	on pending tio	ons.	Aliston, MA 02134			Numb		<u>. </u>
	 Section 	on 501(c)(3) on	ganiza	ations and 4947(a)(1) nonexempt charitable trusts	must attach	G Acco	unting me	thod:	☐ Cash ☑ Accrual
		•	а соп	pleted Schedule A (Form 990 or 990-EZ).		Other	r (specify)	▶	
						H Choo	ν ト Π	if the e	organization is not
1	Websit	te: > www.b	razili	ancenter.org					edule B (Form 990,
J	Organiz	ration type (che	ack or	ily one) – ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)	(1) or 527		EZ, or 990		sadic D (i Oilli 330,
								<u> </u>	
K				n is not a section 509(a)(3) supporting organization are		ipts are nor	mally not i	nore th	an \$25,000 A return is
-				zation chooses to file a return, be sure to file a comple					
				e 9 to determine gross receipts; if \$1,000,000 or more,				▶ \$	158,449
L	art	Revenue, E	Expe	nses, and Changes in Net Assets or Fur	<u>nd Balances</u>	(See the	instructi	ons fo	or Part I.)
	1 1	Contributions	. aifts	, grants, and similar amounts received				1	111,810
	2		-	evenue including government fees and contrac				2	41,309
	3							3	
	4	Investment in						4	
	1 _				5a				
	5a			m sale of assets other than inventory		•			
	b			er basis and sales expenses					
Ō	С			sale of assets other than inventory (Subtract line 5				5c	
Revenue	6			rities (complete applicable parts of Schedule G). If any amount		heck here	▶ 📮 ﻣﺎ	.	
Š	а	Gross revenu	ue (no	ot including \$ of contribut	ions ⁻ "		/ .		
æ		reported on I	line 1)	. (:\ 6a/ ``	<u> </u>	1000		
	b	Less: direct of	exper	nses other than fundraising expenses	6b	<u> </u>	'''' 7		
	C			ss) from special events and activities (Subtract	line 6b from li	ne 6a)		6c	
	7a			entory, less returns and allowances	7a	,		I	
	1 .					,		<u>.</u>	
	"	Cross profit	or //o			The same of the sa		7c	
	8 8	Other revenue	OI (IO	ds sold	m line (a) R	FCEN	7ED	8	5,330
	9		(dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8					
_	+				TON THE			옃	158,449
	10			r amounts paid (attach schedule)	. 1891 - AL	JG 20	2010	3þ	
	11			r for members			eain 1	3/1	
Expenses	12	Salaries, other	er co	mpensation, and employee benefits		The same		32	96,191
Ë	13	Professional	fees	and other payments to independent contractor	s <u>L. 9</u> 0	DEN	117	= 3	46,724
Š	14	Occupancy,	rent,	utilities, and maintenance				14	23,070
تن	15	Printing, pub	licatio	ons, postage, and shipping				15	25,312
	16	Other expens	ses (c	lescribe > supplies, travel, depreciation, pro	og & fundrais	ing exp		16	31,685
2	17	Total expens	ses.	Add lines 10 through 16				17	222,982
ຼິ	18	Excess or (de	eficit)	for the year (Subtract line 17 from line 9)				18	(64,533)
Net Assets	19						- 1		
Ş	"	end-of-year	i iuii ficuro	d balances at beginning of year (from line 27	, column (A))	(must agr	ee with	19	48,927
<u>ن</u> خ	20	Other change	ngure	reported on prior year's return)				20	
ž	21	Not assets of	r func	d balances at end of year. Combine lines 18 th	1)			_	/4 F COC)
Б	art II							21	(15,606)
	ai t II _	Dalance Si		If Total assets on line 25, column (B) are \$2,	ouo,uuu or mo				
			-	ee the instructions for Part II.)		(A) Be	ginning of y		(B) End of year
22		n, savings, and					52,7	66 22	
23	s Lanc	and building	S.	Contracts & Grants Recv; Prepaid Exp; E		<u> </u>		0 23	
24			cribe	Contracts & Grants Recv; Prepaid Exp; E	quipment)	<u> </u>		03 24	
2	5 Tota	ıl assets , .		ere gregorija store glavere ere er				69 25	
26	6 Tota	ıl liabilities (de	escrib	e ► Accts Payable; Accrued Exp)			42 26	
27				lances (line 27 of column (B) must agree with			48,9	27 27	
Fo	r Privac	y Act and Pape	erwor	k Reduction Act Notice, see the Instruction for Fo	rm 990.	Cat No	106421		Form 990-EZ (2008)

Form 990-EZ (2008)					Page 2
Part III Statement of Program Service Accom	plishments (See the instr	ructions for Part	II.)		Expenses
What is the organization's primary exempt purpose?	Resource center for the Br	azilian communit	у	(Req	uired for 501(c)(3)
Describe what was achieved in carrying out the organiz	ation's exempt purposes. In	a clear and conc	ise manner,	and	(4) organizations 4947(a)(1) trusts,
describe the services provided, the number of persons be	nefited, or other relevant info	rmation for each p	rogram title.	optio	onal for others.)
28 Provide educational material, classes, information	on & referrals on issues fa	cing immigrants	as they		-
assimilate. Provided classes on workplace safet	y & health, and assistance	& support for we	orkers		
advocating for rights in the workplace.				'	
(Grants \$) If this amount incl	udes foreign grants, check	here	. ▶ 🗀	28a	141,301
29	•				
(Grants \$) If this amount incl				29a	
30					
(Grants \$) If this amount incl				30a	
31 Other program services (attach schedule)	dues loreign grants, check	<u> </u>	·	304	
(Grants \$) If this amount incl				31a	
32 Total program service expenses (add lines 28a th	prough 31a)	nere	<u>. </u>	32	141,301
Part IV List of Officers, Directors, Trustees, and Key					
List of Officers, Directors, Trustees, and Rey	(b) Title and average	(c) Compensation	(d) Contributio		(e) Expense
(a) Name and address	hours per week	(If not paid,	employee benefit	plans &	account and
Fuelda Bassas da Oliviasa	devoted to position	enter -0)	deferred comper	nsation	other allowances
Evaldo Borges de Oliviera	President, 5 hrs	0		0	0
2 Mt. Vernon St., Peabody MA		U			
Maria Rocha-Tracy	Secretary, 5 hrs			^	
9 Roanoke St., Quincy, MA 02169		0		0	0
Gilvan Da Silva	Treasurer, 5 hrs				١ .
50 Antwerp St., Brighton, MA 02135		0		0	0
Fausto da Rocha	Executive Director	40.000		_	
14 Harvard Ave., Allston, MA 02134		16,320		0	0
Alexandra Barker	Board Member, 2 hrs		-		
23 Hammond St., Woburn, MA 01801		0		0	0
Elisa Garibaldi	Board Member, 2 hrs	_			
900 Skyline Dr. #2, Dracut, MA 01826		0		0	0
Alexandre Andrade	Board Member, 2 hrs				
4 Vista Ave., Salem, MA 01970		0		0	0
Alvaro Lima	Board Member, 2 hrs				
25 Sigourney St., Jamaica Plain, MA 02130		0		0	0
Jose Reinaldo	Board Member, 2 hrs				
255 Somerville Ave, Somerville MA 02143	Dodra Member, 2 ms	0		0	0
Estela Dantes	Board Member, 2 hrs				
60 Brighton Ave. #5, Allston, MA 02134	board Member, 2 ms	0		0	o
Andrea Gouveia	Board Member, 2 hrs				
40 Sayles St., Lowell, MA 01854	Board Member, 2 ms	0		0	0
Amarildo Barbosa	Paged Mambar 2 bro				
10 Holden St., Brighton, MA 02135	Board Member, 2 hrs	0	ļ	0	0
Dayanne Leal	Daniel Marchae 2 has				
15 Crescent Sq., Newton, MA 02458	Board Member, 2 hrs	0		0	l 0
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Pa	other Information (Note the statement requirements in the instructions for Part VI.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		✓
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 your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		✓
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	complete applicable parts of Schedule N			
	Did the organization file Form 1120-POL for this year?	37b		✓
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 unpaid at the start of the period covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		✓
39		1		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities]		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		1
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization ▶			
ө	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	40e		1
41	List the states with which a copy of this return is filed. ▶			
42a	The books are in care of ▶ Telephone no. ▶ (
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	42b		No
	account)?	420		 •
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		/
	If "Yes," enter the name of the foreign country: ▶		L	
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			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		. 53	1.10
77	Form 990-EZ	44		
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			\vdash
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		_

	orm	990-EZ	(2008)
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Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II If the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . 48 Is the organization make any transfers to an exempt non-charitable related organization? 49 Did the organization make any transfers to an exempt non-charitable related organization? 49 Did the organization make any transfers to an exempt non-charitable related organization? 49 Did the organization make any transfers to an exempt non-charitable related organization? 40 Difference organization make any transfers to an exempt non-charitable related organization? 41 Difference organization organization is a section 527 organization? 42 Difference organization organization is a section 527 organization? 43 Difference organization organization is a section 527 organization? 44 Difference organization organization is a section 527 organization? 45 Difference organization organization is a section 527 organization? 46 Difference organization organization is a section 527 organization. If there is no organization is a section 527 organization organization. If there is no organization is a section 527 organization organization. If there is no organization organization organization organization organization organization. If there is no organization organization organization organization organization. If there is no organization orga		Raction 501/a/2) arganizations and	All conting Ent/al/al	raani-ct:		t analyse alle	otiona A	6 4
candidates for public office? If "Yes," complete Schedule C, Part I 4 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 4 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 4 Subtraction operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 4 Subtraction operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 4 Subtraction operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 4 Subtraction operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 4 Subtraction operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 4 Subtraction operation operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 5 If "Yes," was the related 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) to the received more than \$100,000 (compensation from the organization. If there is none, enter "None." (d) Name and address of each independent contractor paid more than \$100,000 (e) Type of service (c) to the service of other independent contractors each receiving over \$100,000 (e) Type of service (c) to the best and belief, it is using correct, and complete Declaration of prepare (other than officer) is based on all information of which prepare has Sign Here (c) Check If Peparer's Identified Name (d) Check If Peparer's Identified Name (e) Check If Peparer's Identified Name (e) Check If Peparer's Identified Name (f) Check If Peparer's Identified Name	,			organizati	ions mus	st answer ques	SUONS 4	0-4
candidates for public office? If "Yes," complete Schedule C, Part I 7 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 8 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 9 Did the organization make any transfers to an exempt non-charitable related organization? 9 If "Yes," was the related organization(s) a section 527 organization? 9 If "Yes," was the related organization(s) a section 527 organization? 9 If "Yes," was the related organization(s) a section 527 organization? 9 If "Yes," was the related organization(s) a section 527 organization? 9 If "Yes," was the related organization from the organization. If there is none, enter "None." 10 If the and average of the position	46 Did tl	ne organization engage in direct or indirect p	olitical campaign activitie	s on beha	alf of or in	opposition to		Ye
Sign Water of other independent contractors each receiving over \$100,000 ► Total number of other independent contractors each receiving over \$100,000 ► Total number of other independent contractors each receiving over \$100,000 ► Total number of other independent contractors each receiving over \$100,000 ► Total number of other independent contractors each receiving over \$100,000 ► Total number of other independent contractors each receiving over \$100,000 ► Total number of other independent contractors each receiving over \$100,000 ► Total number of other independent contractors each receiving over \$100,000 ► Total number of other independent contractors each receiving over \$100,000 ► Total number of other independent contractors each receiving over \$100,000 ► Total number of other independent contractors each receiving over \$100,000 ► Total number of other independent contractors each receiving over \$100,000 ► Total number of other independent contractors each receiving over \$100,000 ► Total number of other independent contractors each receiving over \$100,000 ► Total number of other independent contractors each receiving over \$100,000 ► Total number of other independent contractors each receiving over \$100,000 ► Total number of other independent contractors each receiving over \$100,000 ► Sign Water of other independent contractors each receiving over \$100,000 ► Signature of other independent contractors each receiving over \$100,000 ► Signature of other independent contractors each receiving over \$100,000 ► Signature of other independent contractors each receiving over \$100,000 ► Signature of other independent contractors each receiving over \$100,000 ► Determine the received more than \$100,000 Feet independent contractors each received more than \$1	candi	dates for public office? If "Yes," complete S	chedule C, Part I				46	
49a Did the organization make any transfers to an exempt non-charitable related organization? b if "Yes," was the related organization(s) a section 527 organization? 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key emeach 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 (b) Title and average hours per week devoted to position (c) Compensation (d) Compensation of the position (e) Compensation of the position of t	47 Did ti	ne organization engage in lobbying activities	? If "Yes," complete Sche	edule C, P	art II .		47	L
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Total number of other employees paid over \$100,000 ► 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,0 compensation from the organization. If there is none, enter "None." (e) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) to NONE Total number of other independent contractors each receiving over \$100,000 ► Under penalties of peruy, I declare that I have examined this return, including accompanying schedules and statements, and to the best and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has signature of officer Signature of officer NALLY EXECUTIVE Director Type or pant name and title Check if Preparer's Identifying Name	1 (a)		hours per week	(c) Comp		employee benefit plans	& acc	Exp
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has Sign O8 13 O Date Date Check If Preparer's Identifying Number Date Check If Preparer's Identifying Number	51 Comp	plete this table for the five highest compensation from the organization. If there is no	one, enter "None."	tors who e				
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has Sign 08/13/10 Date	51 Comp	plete this table for the five highest compensation from the organization. If there is no	one, enter "None."	tors who e				
and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has O8/13/10 Signature of officer Date NA + A C (A TRACY EXECUTIVE DIRECTOR Type or print name and title Date Check If Preparer's Identifying Number	NONE	plete this table for the five highest compensation from the organization. If there is not (a) Name and address of each independent contractor in the contrac	paid more than \$100,000	tors who e				
Signature of officer MA + A C A TRACY EXECUTIVE DIRECTOR Type or print name and title Date Check if Preparer's Identifying Number	NONE	plete this table for the five highest compensation from the organization. If there is not all the contractor is not all the contractors are not contractors.	paid more than \$100,000 Seceiving over \$100,000		(b) Тур	pe of service	(c) Con	mper
Signature of officer NA +Alicia TRACY EXECUTIVE Dinector Type or print name and title Preparer's Date Check if Preparer's Identifying Number	NONE	plete this table for the five highest compensation from the organization. If there is not (a) Name and address of each independent contractor in the contrac	paid more than \$100,000 Celving over \$100,000 and this return, including accompany that the second control is a second control in the second control in	. ▶	(b) Typ	pe of service	(c) Con	mper
MA talicia TRALY EXECUTIVE Dinector Type or print name and title Date Check if Preparer's Identifying Number	NONE Total numb	plete this table for the five highest compensation from the organization. If there is not (a) Name and address of each independent contractor in the contrac	paid more than \$100,000 Celving over \$100,000 and this return, including accompany that the second control is a second control in the second control in	. ▶	(b) Typ	pe of service	(c) Con	mpe
Date Check If Preparer's Identifying Number	NONE Total numb	Detect this table for the five highest compensation from the organization. If there is not sensation from the organization of each independent contractor is not sensation from the organization of period of the organization of the organization. If there is not sensation of the organization of the or	paid more than \$100,000 Celving over \$100,000 and this return, including accompany that the second control is a second control in the second control in	. ▶	(b) Typ	pe of service	(c) Con	mper
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signature	NONE Total numb Sign Here	Detect this table for the five highest compensation from the organization. If there is not be ensation from the organization. If there is not constant to the contractor of the contractors each result of the contractors of the contractors each result of the contractors of the contractors of the contractors of the contractors each result of the contractors each	eceiving over \$100,000 and this return, including accomon of preparer (other than office	panying scher) is based of	edules and son all inform	statements, and to thation of which preposate	(c) Con	my k
Firm's name (or yours)	NONE Total numb Sign Here	Detect this table for the five highest compensation from the organization. If there is not the independent contractor in the independent contractor in the independent contractor in the independent contractor in the independent contractors each result of the independent contractor in the independent c	eceiving over \$100,000 and this return, including accomon of preparer (other than office	panying scher) is based of	edules and son all inform	statements, and to thation of which preparer's Identify	(c) Con	my kr
	NONE Total numb Sign Here	Detect this table for the five highest compensation from the organization. If there is not the interest of the independent contractor in the independent contractors each result in the independent contractor	eceiving over \$100,000 and this return, including accomon of preparer (other than office	panying scher) is based of	edules and son all inform Check If self-employed	statements, and to thation of which preparer's Identify	(c) Con	my kr
Use Unity if self-employed),	NONE Total numb Sign Here	Detect this table for the five highest compensation from the organization. If there is not the interest of the independent contractor in the independent contractors each result in the independent contractor	eceiving over \$100,000 and this return, including accomon of preparer (other than office	panying scher) is based of	edules and son all inform Check If self-employed	statements, and to thation of which preparer's Identify	(c) Con	mp my

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2008

Open to Public Inspection

Nam	e of t	the organization	ı						Employe		ion number
		ın İmmigrant							04		273525
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganizatio	ons mus	t comple	ete this	part.) (se	e instru	ctions)
The 1 2 3		A church, co A school de	onvention of chu scribed in sectio	idation because it is: rches, or association on 170(b)(1)(A)(ii). (Att	of church	nes desci edule E.)	ribed in s	ection 1	[,] 70(b)(1)(<i>А</i>		Schedule H)
4											
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described section 170(b)(1)(A)(iv). (Complete Part II.)									l unit described in	
6 7	\square	An organizat	tion that normally	ernment or governme y receives a substantia (1)(A)(vi). (Complete F	al part of			•			the general public
8 9		An organizat receipts from support from	tion that normally n activities relate n gross investm	d in section 170(b)(1) receives: (1) more that ed to its exempt function ent income and unre a after June 30, 1975.	an 33½ % tions—su lated bus	of its sup bject to d siness tax	pport from certain ex kable inc	ceptions ome (les	, and (2) s section	no more	than 331/3 % of its
10 11		An organiza purposes of	tion organized a one or more pu	nd operated exclusive and operated exclusive blicly supported organ at describes the type	rely for the nizations of suppo	ne benefi described rting orga	t of, to p d in section	perform to on 509(a) and com	he functi (1) or sec plete line	ons of, o ction 509(r to carry out the (a)(2). See section
е		persons other	this box, I cer	tify that the organizat on managers and othe	tion is no		led direc	tly or inc	irectly by	y one or	
f g		organization	, check this box at 17, 2006, has	a written determination							
				r indirectly controls, ening body of the sup					s descrit		Yes No
h		(iii) A 35% c	controlled entity	erson described in (i) a of a person described ation about the organ	d in (i) or	(ii) above					11g(ii) 11g(iii)
(i)		e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the o	organization sted in your document?	(v) Did y the organ col (i)	ou notify nization in of your port?	organizat	Is the tion in col zed in the S?	(vii) Amount of support
					Yes	No	Yes	No	Yes	No	
					 				-	-	
		- <u>-</u>				 					
			<u> </u>		-						
Tota	al										

_	dule A (Form 990 or 990-EZ) 2008						Page 2
	Support Schedule for Org (Complete only if you chec					and 170(b)(1)(A)(vi)
-	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	212,532	312,963	287,680	434,877	111,810	1,359,862
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 1-3	212,532	312,963	287,680	434,877	111,810	1,359,862
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						169,626
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4.						1,190,236
Sec	tion B. Total Support	1		······································			-,,
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	212,532	312,963	287,680	434,877	111,810	1,359,862
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.)						
11	Total support. Add lines 7 through 10 .						1,359,862
12	Gross receipts from related activities, etc					12	· · · · · · · · · · · · · · · · · · ·
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>	d, third, fourth			
	tion C. Computation of Public Su						07.50
14	Public support percentage for 2008 (line					14	87.53 %
15	Public support percentage from 2007 Sc	hedule A, Part I	V-A, line 26f			15	81.93 %
16a	33% % support test—2008. If the organi						
	and stop here. The organization qualifies						
Ь	33% % support test—2007. If the organi box and stop here. The organization qua						
170	10%-facts-and-circumstances test—20						
170	more, and if the organization meets the "f organization meets the "facts-and-circum	acts-and-circun	nstances" test,	check this box	and stop here.	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2007 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	facts-and-circum ances" test. The	stances" test, corganization qua	heck this box a difies as a public	and stop here. Bly supported or	Explain in Part ganization	IV how the

	rt III Support Schedule for Orga (Complete only if you checke	nizations De	escribed in S n line 9 of Pa	section 509(a rt I.)	1)(2)		
	tion A. Public Support		.				
C	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					:	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished 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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
C	Add lines 7a and 7b					ļ	
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support	4) 2224	# N 0005	() 2222		1	T
	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business 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 IV.)						
13	Total support. (Add lines 9, 10c, 11,						
14	First five years. If the Form 990 is for organization, check this box and stop	the organization					ion 501(c)(3)
Sec	tion C. Computation of Public Su		ntage	 		· ·	· · · · · ·
15	Public support percentage for 2008 (lin	<u> </u>		ne 13, column	(f))	15	%
16	Public support percentage from 2007 \$	Schedule A, Pa	art IV-A, line 2			16	<u>%</u>
Sec	tion D. Computation of Investmen	nt Income P	ercentage	<u> </u>			
17	Investment income percentage for 200				olumn (f)) .	17	<u>%</u>
18	Investment income percentage from 20					18	<u>%</u>
19a	17 is not more than 331/3 %, check this b	ox and stop h	ere. The organ	zation qualifies	s as a publicly	supported org	janization 🕨 🗆
b	33% % support tests—2007. If the organ line 18 is not more than 33% %, check this						

	m 990 or 990-EZ) 20							Page 4
Part IV	Supplemental	Information	1. Complete	this part t	o provide th	he explanatio	n required by	Part II, line 10;
•	Part II, line 17	a or 17b; or i	Part III. line	12. Provide	any other	additional info	ormation. (see	instructions)
		, , , , , , , , , , , , , , , , , , , ,					-	

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				*				

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Brazilian Immigrant Center, Inc.	04	3273525	
We have attached an amended return on which the following lines have been changed:			
Lines 1, 2, 8, 9, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 24, 25, 26, 27, 28a, 32, Part IV.			
These changes were identified by the organization's new accountant and are required to	file a co	orrect 2009 return.	-
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			-