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Form **990**

Department of the Treasury Internal Revenue Service

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)

OMB No 1545-0047
2008

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

Open to Public Inspection

A	For the	2008 ca	lendar year, or tax year beginning $JUL 1, 2008$ and ending	UN 30, 20	09			
В	Check if applicable	e Please use IRS	C Name of organization	D Employer ide	ntification number			
[Addre chang Name chang	e print or	PORTUGUESE CULTURAL CENTER, INC. Doing Business As	06	-1535876			
[Initial retum Termir	See	Number and street (or P 0 box if mail is not delivered to street address) Room/suite	E Telephone nu				
֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֟ ֓	ation Ameno retum Applic	ded tions	City or town, state or country, and ZIP + 4 DANBURY, CT 06810	G Gross receipts \$ H(a) Is this a gro	2,242,482.			
	ltion pendii	F Nar	me and address of principal officer:ANTONIO FERNANDES	for affiliates	for affiliates? Yes X No			
_			ME AS C ABOVE	H(b) Are all affiliate				
<u> </u>	Tax-ex	empt state	us: X 501(c) (0 3) ◀ (insert no)	4	ch a list. (see instructions)			
_			nption number 1 M State of legal domicile CT					
		organizatio		of formation 200	1 M State of legal domicile C1			
	Part I	Summ	iscribe the organization's mission or most significant activities: ${\hbox{{\tt TO}}} {\hbox{{\tt STIMUL}}}{\hbox{{\tt BISTIMUL}}}{\hbox{{\tt BISTIMUL}}}{{\tt BISTIM$	TEVEL	OP SPONSOR			
SCANNED	<u> </u>	PLIETIA GE	PROMOTE PUBLIC INTEREST, AWARENESS, APPREC	TATTON. A	ND			
	[]		is box If the organization discontinued its operations or disposed of more					
	2		of voting members of the governing body (Part VI, line 1a)	e man 2070 on 113 a	8			
Č	$\frac{6}{5}$		of independent voting members of the governing body (Part VI, line 1b)		4 0			
c	d 4				5 54			
	5 5		nber of employees (Part V, line 2a)		6 0			
	<u> </u>		nber of volunteers (estimate if necessary) ss unrelated business revenue from Part VIII, line 12, column (C)		7a -271,688.			
(as)	დ 7a	lotal gro		$\frac{7a}{7b}$ $-167,329$.				
Ŏ-	<u> </u>	Net unrei	ated business taxable income from Form 9905 Qine 34 E D	Prior Year	Current Year			
		A A M M M M M M M M M M	O O	214,10				
Ź	e 8		tions and grants (Part VIII, line 1h) of MAY 2 4 2010 of O	33,66				
M	8 9 10	-		4,21				
~ (int income (Part VIII, Column (A), inles 3, 4, and 7d)	120,76				
JUL	11	Other rev	venue (Part VIII, column (A), lines 5, 6d, 80 96; 105; 11d, 11d)	372,74				
7	12		enue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	312713	331,0331			
1	13		and similar amounts paid (Part IX, column (A), lines 1-3)					
\bigcirc	14		paid to or for members (Part IX, column (A), line 4)		104,226.			
2010	ဖွ 15		other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	101/2200			
3	ဋ္ဌိ 16a		onal fundraising fees (Part IX, column (A), line 11e)					
	X b		draising expenses (Part IX, column (D), line 25)	359,25	287,000.			
	1		penses (Part IX, column (A), lines 11a-11d, 11f-24f)	359,25				
	18		penses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,49				
_	၂ 19 . ဟ	Revenue	less expenses. Subtract line 18 from line 12					
9				Beginning of Yea 4,412,08				
ď	20 21 22 22 22 22 22 22 22 22 22 22 22 22		ets (Part X, line 16)	2,288,19				
Δ to	일 21		ulities (Part X, line 26)	2,123,89				
			ts or fund balances. Subtract line 21 from line 20	2,123,03	2,004,303.			
_	Part II		ature Block	and to the best of my kn	owledge and belief it is true, correct.			
		and compl	alties of penjury, declare that I have examined this return, including accompanying schedules and statements, leter Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	,	•			
_	_	. //	attender of	l l				
	ign		nature of officer	Date				
Н	lere	1	NZONIO FERNANDES, PRESIDENT					
			na conto reknambes, resident pe or print name and title					
_		 	Data C		Preparer's identifying number			
P	aid	Preparer signature	S	if- I	(see instructions)			
P	reparer's			EIN >				
U	se Only	yours if self-emplo	EDUCATE & CIROND, EDI	LIIV				
		address, a	DANBURY, CT 06810-4120	Phone no	► 203.798.2721			
-	Anu Ale - 1		ss this return with the preparer shown above? (see instructions)	Trione no	X Yes No			
V	nay the l	NO DISCUS	ss this return with the preparer snown above; (see instructions)		F 000 (2008)			

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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)?		l	
	If "Yes," complete Schedule A	1_	_X	<u> </u>
2	is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		i	
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4_	ļ	X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	_5_		L
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	_8_		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10_		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was		İ	
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	İ		
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		<u>X</u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		X
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 questions 24b-24d and complete Schedule K.	l		
	If "No", go to question 25	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
2 5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
	prior year? If "Yes," complete Schedule L, Part I	25b	L	<u>X</u> _
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			_
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
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Part IV Checklist of Required Schedules (continued)

	•		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			į
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			İ
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV .	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			1
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			1
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			1
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	:		1
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			ĺ
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			l
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		<u>X</u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	!		l
	If "Yes," complete Schedule R, Part V, line 2	_35_		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Page 6 Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			
þ	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	<u> </u>
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		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5_		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
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?	8ь	Х	<u> </u>
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	9ь		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			l
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		<u> </u>
Sec	tion B. Policies			
			Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		-
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this is done	12c		v
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		^
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:			v
a	The organization's CEO, Executive Director, or top management official?	15a		X
b	Other officers or key employees of the organization?	15b		_
40	Describe the process in Schedule O. (see instructions)			
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		х
	taxable entity during the year?	16a		
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	16ь		
800	exempt status with respect to such arrangements?	100		<u> </u>
	List the states with which a copy of this Form 990 is required to be filed ▶CT			
17 10		for		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	101		
	public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request			
40	· · · ·	.d fi	noisi	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	iu iina	ncial	
20	statements available to the public.	1100· •		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization and provided the person who possesses the books and records of the organization and provided the person who possesses the books and records of the organization and provided the person who possesses the books and records of the organization and provided the person who possesses the books and records of the organization and provided the person who possesses the books and records of the organization and provided the person who possesses the books and records of the organization and provided the person who possesses the books and records of the organization and provided the person who possesses the books and records of the organization and provided the person who possesses the books and records of the organization and provided the person who possesses the books and provided the person who possesses the books and provided the person who possesses the books are provided the person and provided the person who person are provided the person and provided the person and provided the person and provided the person and provided the person and provided the person and person are provided the person and person are provided the person and person are person and person are person and person are person and person are person and person are person and person are person and person are person and person are person are person and person are person and person are person and person are person are person and person are person are person are person are person and person are	non: 💌		
	KATHY DOMINGOS - 203-748-1278 65 SAND PIT ROAD, DANBURY, CT 06811			

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 rf additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if the organization did not co	ompensate an	y of	ficer	, dire	ecto	r, tru	ıste	e, or key employee.		
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average			Posi	tion			Reportable	Reportable	Estimated
	hours	(с	hecl	call 1	that	арр	ly)	compensation	compensation	amount of
	per	ğ						from	from related	other
	week	g g				2		the	organizations	compensation
		8	PS S			ansat		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		Individual trustee or director	Institutional trustae	Officer	88	E S		(44-2/1099-141100)		and related
		vidua	휥	Þ	E E	Sover	je.			organizations
		ᅙ	last I	ĕ	Š.	Highest compensated employee	For			
MANUEL COELHO										
BOARD OF TRUSTEES PRESID	5.00	Х						0.	0.	0.
FRANCISCO BAHIA										,=
BOARD MEMBER	5.00	Х						0.	0.	0.
JOSE BOA										
BOARD MEMBER	5.00	X						0.	0.	0.
RAY BOA			ŀ						_	_
BOARD MEMBER	5.00	Х				ļ		0.	0.	0.
AGOSTINHO RIBEIRO	_							_	_	_
BOARD MEMBER	5.00	Х						0.	0.	0.
MANUEL RIBEIRO								_		
BOARD MEMBER	5.00	Х						0.	0.	0.
AGOSTINHO RIBEIRO									_	
CHAIRMAN	15.00		_	X				0.	0.	0.
CHICO BAHIA										
PRESIDENT	30.00			X		ļ.,		0.	0.	0.
ISABELLE BOULANGER	1.5 0.0			١		ł			•	
TREASURER	15.00		<u> </u>	X		-		0.	0.	0.
ZAIDA RODRIGUES				١,,					•	_
SECRETARY	5.00		<u> </u>	X	<u> </u>			0.	0.	0.
			\vdash	├		-		_		
			_		-	-				
		 		-						
				-						
	<u>.</u>	 			<u> </u>		-			
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rai	T VII Section A. Officers, Directors, Tr		mple	oyee			High	est						
	. (A)	(B)		(C)					(D)	(E)			(F)	
	Name and title	Average	Position (check all that apply)						Reportable	Reportable			timate	
		hours per week	Individual trustee or director						compensation from the organization (W-2/1099-MISC)	compensatio from related organization: (W-2/1099-MIS	s	comp	ount other oensa om th anizat	ation e
			Individual trus	Institutional trustee	Officer	Key employee	Highest compensated emolowes	Former	(1, 2, 1000 1, 1100)			and	i relat nızatı	ed
				_										<u> </u>
														.
							ļ. <u>.</u>							
				-										
				<u> </u>		<u> </u>								
										: - -				
16	Total			;					0.		0.		_	0.
2	Total number of individuals (including thos compensation from the organization	e in 1a) who re	celv	ed n	ore	tha	n \$1	00,0			>			
3	Did the organization list any former officer			, ke	y em	plo	yee,	or h	nighest compensated er	nployee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the sand related organizations greater than \$15	um of reportab	le c							the organization	-	4		X
5	Did any person listed on line 1a receive or the organization? If "Yes," complete Scheduler and the sch	accrue compe	nsat	ion f						ices rendered to		5		Х
	tion B. Independent Contractors									_				
1	Complete this table for your five highest continuous the organization. NONE	ompensated in	depe	ende	nt c	onti	racto	ors t		\$100,000 of com	pensa			
	(A) Name and business	s address			_			_	(B) Description of s	ervices	Co	(C omper		n
						_		\dashv						
			_		<u> </u>			-			_			
		 	_				_	\dashv						
								\dashv		:				
2	Total number of independent contractors ((including those	e in	1) w	no re	ecer	ved i	more	e than \$100,000 in com	pensation				
	nom the organization P			-							F	orm 9	90 (2008)

2008.05020 PORTUGUESE CULTURAL CENTER, PCC58761

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete columns (A) but are not required to complete columns (B) (C), and

Do no	All other organizations must complete include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 (Grants and other assistance to governments and				
(organizations in the U.S. See Part IV, line 21				······
2	Grants and other assistance to individuals in				
1	the U.S. See Part IV, line 22				······
3 (Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees				
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	02 705		02 705	
	Other salaries and wages	92,705.		92,705.	
	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	2,785.		2,785.	•
	Other employee benefits	8,736.		8,736.	
	Payroll taxes	0,130.		0,130.	
	Fees for services (non-employees):				
	Management				
	Legal	9,194.		9,194.	
	Accounting .	7,174.		7,174	
	Lobbying Professional fundraising services See Part IV, line 17				
	Investment management fees	•			
	Other .	2,195.	1,450.	745.	· · · · · ·
_	Advertising and promotion	2,388.		2,388.	
	Office expenses	24,367.		24,367.	
_	Information technology	11,080.	259.	10,821.	
	Royalties				
	Occupancy				
	Travel	2,090.		2,090.	
	Payments of travel or entertainment expenses	·			
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization				
	Insurance				
	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
	CLEANING, REFUSE & PEST	51,029.		51,029.	
ь	REFRESHMENTS	23,651.	23,651.		
c	TRANSPORTATION	22,890.	22,890.		
d	SCHOLARSHIPS	19,000.	19,000.		
e	MAINTENANCE	14,047.	14,047.		
f	All other expenses	105,069.	65,614.	39,455.	
	Total functional expenses. Add lines 1 through 24f	391,226.	146,911.	244,315.	0
	Joint Costs. Check here				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

15550514 800821 PCC5876

Pal	T A	balance Sheet								
	•		(A) Beginning of year		(B) End of year					
	1	Cash - non-interest-bearing	271,228.	1	172,925.					
	2	Savings and temporary cash investments	55,442.	2	89,513.					
	3	Pledges and grants receivable, net		3_						
	4	Accounts receivable, net		4	89,260.					
	5	Receivables from current and former officers, directors, trustees, key		İ						
		employees, or other related parties. Complete Part II of Schedule L		5						
	6	Receivables from other disqualified persons (as defined under section								
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete								
		Part II of Schedule L		6						
sts	7	Notes and loans receivable, net		7						
Assets	8	Inventories for sale or use	39,843.	8	59,665.					
•	9	Prepaid expenses and deferred charges	18,639.	9	14,512.					
	10a	Land, buildings, and equipment: cost basis 10a 5,529,332.								
	Ь		4 026 026		2 000 721					
		Part VI of Schedule D	4,026,936.	10c	3,889,721.					
	11	Investments - publicly traded securities		11						
	12	Investments - other securities. See Part IV, line 11		12						
	13	Investments - program-related. See Part iV, line 11		13						
	14	Intangible assets .		14						
:	15	Other assets. See Part IV, line 11	4,412,088.	15 16	4,315,596.					
	16 17	Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses	4,412,000.	17	4/313/330.					
	18	Grants payable		18						
ı	19	Deferred revenue		19						
	20	Tax-exempt bond liabilities		20						
"	21	Escrow account liability. Complete Part IV of Schedule D		21						
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,								
ige		highest compensated employees, and disqualified persons. Complete Part II								
اڌ		of Schedule L		22						
	23	Secured mortgages and notes payable to unrelated third parties	2,260,221.	23	2,211,657.					
	24	Unsecured notes and loans payable		24						
	25	Other liabilities. Complete Part X of Schedule D	27 , 971.	25	39,376.					
	26	Total liabilities. Add lines 17 through 25	2,288,192.	26	2,251,033.					
		Organizations that follow SFAS 117, check here X and complete								
Se		lines 27 through 29, and lines 33 and 34.								
auc l	27	Unrestricted net assets .	1,904,825.	27	1,849,292.					
3al	28	Temporanly restricted net assets	219,071.	28	215,271.					
פ	29	Permanently restricted net assets	······································	29	······································					
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here and								
Š		complete lines 30 through 34.								
set	30	Capital stock or trust principal, or current funds		30						
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31						
Vet	32	Retained earnings, endowment, accumulated income, or other funds	2 122 996	32	2,064,563.					
_	33	Total net assets or fund balances	2,123,896. 4,412,088.	33 34	4,315,596.					
Day	34 1 XI	Total liabilities and net assets/fund balances	4,412,000	34	4,313,390.					
rai	(Ai	Financial Statements and Reporting			Yes No					
1	٨٥٥٥	ounting method used to prepare the Form 990: Cash X Accrual	Other							
' 2а		e the organization's financial statements compiled or reviewed by an independent a			2a X					
b		e the organization's financial statements audited by an independent accountant?			2b X					
_		es* to lines 2a or 2b, does the organization have a committee that assumes respons	sibility for oversight of the	audıt.	- - - - - - - - - -					
•		w, or compilation of its financial statements and selection of an independent accou		,	2c					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit									
		and OMB Circular A-133?			3a X					
ь		es." did the organization undergo the required audit or audits?			3b					

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.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

			ESE CULTURAL			NC.			0	0-1030	8/6	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	te this par	t.) (see ins	tructions)				
The organ	ization is not a	a private foundation	because it is: (Please ch	eck only o	ne organiz	zation.)						
1 🔲	A church, co.	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i).				
2 🗀	A school des	cribed in section 17	/0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🔲	A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	(A)(iii). (At	tach Sche	dule H.)			
4 🔲	A medical res	search organization	operated in conjunction	with a hos	prtal descr	nbed in se	ection 170	(b)(1)(A)(ii	i). Enter tl	he hospital	's nam	ie,
	city, and stat											
5 🔲	An organizati	on operated for the	benefit of a college or u	niversity o	wned or op	perated by	a govern	mental uni	t describe	ed in		
		(b)(1)(A)(iv). (Compl										
6	A federal, sta	ate, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(1)(A)(v).					
7		-	eives a substantial part					or from the	general p	oublic desc	ribed i	n
	-	(b)(1)(A)(vi). (Comple				J						
8			section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 X	-		eives: (1) more than 33			rom contr	ibutions, n	nembershii	o fees. an	d aross re	celots	from
	•	•	nctions - subject to certa									
			axable income (less sec									
		509(a)(2). (Complete			,		•	,			•	
10 🔲			perated exclusively to te	st for publ	ıc safetv. S	See sect io	on 509(a)(4	4). (see ins	tructions)			
11	_	-	perated exclusively for the								of one	or
	_		ations described in secti									
			organization and compl				-,					
	а П Туре		¬	$\overline{}$	e III · Func		tegrated		d \square	Type III - 0	Other	
е 🔲			at the organization is not			•	•	r more disc	aualified p			n
•—			han one or more publich									
f			tten determination from						(-/(-/		. , . ,	
•	_	rganization, check tl				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,					
g		-	organization accepted ai	nv aift or c	ontribution	from anv	of the foll	owing pers	sons?	• •		
9	•		lirectly controls, either a			_					Yes	No
	-		upported organization?			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		() (.	,,	11g(i)		
	-		n described in (i) above?	,		•	•			11g(ii)		
	•	•	person described in (i)		e?					11g(iii)		
h			about the organizations			nnorts						
••	T TOVIGE WIE T	onowing intermedien	about the organizations	o and organ		operio.						
	-4 4 - 4	(::) F(N)	(iii) Type of	(iv) Is the c	organization	(v) Did vo	u notify the	(vi) is	the	/vii\ A =		
	of supported anization	(ii) EIN	organization		sted in your		ion in col	organizatio	on in col [(vii) An	port	ı
orga	amzation		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	(i) organize	2 111 1116	Jup	poit	
			(see instructions))	Yes	No	Yes	No	Yes	No			
	_			1								
							ł					
				İ								
-												
				Ì								
				i -								
				1							-	
Total												
	Privacy Act ar	nd Paperwork Redu	ction Act Notice, see t	he Instruc	tions for F	orm 990.		Schedul	e A (Form	990 or 99	0-EZ)	2008

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

PE	(Complete only if you checke	_			(b)(1)(A)(IV) an	d 170(b)(1)(A)(V	(1)		
50	ction A. Public Support	G the box of the t	<u> </u>		 				
		(=) 0004	#N 0005	(-) 000C	(4) 2007	(-) 0000	(O T-4-1		
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total		
•	Gifts, grants, contributions, and								
	membership fees received. (Do not include any "unusual grants.")								
•	•	<u> </u>		 	 				
2	Tax revenues levied for the organization's benefit and either paid to	Í	}	İ					
	or expended on its behalf		Ì			ŀ			
2	The value of services or facilities								
3	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 - 3		-		 				
4	The portion of total contributions				 				
5	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)								
_	••								
Se	Public Support. Subtract line 5 from line 4 ction B. Total Support	l	£	1	<u></u>	£l			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total		
	Amounts from line 4	(8) 2004	(0) 2003	(0) 2000	(0) 2007	(e) 2008	ti) Total		
_	Gross income from interest,				<u> </u>				
8	·								
	dividends, payments received on								
	securities loans, rents, royalties and income from similar sources								
9	Net income from unrelated business								
	activities, whether or not the								
40	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
44	assets (Explain in Part IV.) Total support. Add lines 7 through 10								
	,,	eta /aca instructi	.t	1	i	12			
	Gross receipts from related activities, First five years. If the Form 990 is for	•	•	rd fourth or fifth to	ov voor oo o oostia				
13		3	s iirst, second, thi	a, lourin, or min to	ax year as a secul	on 50 (C)(S)	▶□		
Sec	organization, check this box and sto ction C. Computation of Publ		rcentage	· -··	.				
14	Public support percentage for 2008 (column (fl)		14	<u> </u>		
15	Public support percentage from 2007			colornir (1))		15			
	33 1/3% support test - 2008. If the c			n line 13, and line	14 is 33 1/3% or n	· · · · · · · · · · · · · · · · · · ·			
	stop here. The organization qualifies				1410 00 17070 011	nord, driedit tind do	▶ □		
ŀ	33 1/3% support test - 2007. If the		-		l line 15 is 33 1/3%	6 or more check th	is box		
_	and stop here. The organization qual	-				or more, erreen in	▶ □		
17:	· · · · · · · · · · · · · · · · · · ·				e 13 16a or 16b :	and line 14 is 10%	or more		
.,,	7a 10% -facts-and-circumstances test - 2008. 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'				· ·	it iv now the organ	▶ □		
p.	10% -facts-and-circumstances tes	_	·		_	17a and line 15 is 1	- ∟ 10% or		
	more, and if the organization meets to	_							
	organization meets the "facts-and-cire				•		▶□		
18			-	•					
	ate roundation. ii the organizatio	in did flot cileck a	SOA OIT III O TO, TO	a, 100, 170, 01 171		edule A (Form 990			

	rt III Support Schedule for C	or garnzations	Described III	Dection 505(a)	(Complete only	ii you checked the bo	ox on line 9 of Part I
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions, and	(4) 253.	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				ty rota:
•	membership fees received. (Do not						
	include any "unusual grants.")	243,831.	165,381.	184,037.	214,105.	142,475.	949,829.
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	966,653.					8932620.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization'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	1210484.	1933750.	2547240.	2128694.	2062281.	9882449.
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						
	Public support (Subtract line 7c from line 6.)						9882449.
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1210484. 2,689.	1933750. 3,151.	2547240. 3,348.	4,217.	3,307.	9882449. 16,712.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	2,000	, , , ,	.,	, ==	,	•
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	2,689.	3,151.	3,348.	4,217.	3,307.	16,712.
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, and 12)						9899161.
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	on 501(c)(3) organiz	ation,
	check this box and stop here			•			▶□_
Sec	ction C. Computation of Publ	<u>ic Support Pe</u>	rcentage				
15	Public support percentage for 2008 (line 8, column (f) d	ivided by line 13, o	olumn (f))		15	99.83 %
16	Public support percentage from 2007					16	%
	ction D. Computation of Inve						
17	Investment income percentage for 20	108 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	.17 %
18	Investment income percentage from					18	
19a	33 1/3% support tests - 2008. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	33 1/3%, and line 1	
	more than 33 1/3%, check this box a						► X
t	33 1/3% support tests - 2007. If the						and
	line 18 is not more than 33 1/3%, che		_				▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th			▶∟
					Sch	nedule A (Form 99	0 or 990-EZ) 20

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Inspection

Name of the organization

Employer identification number

	PORTUGUESE CULTURAL CENTER, INC.		06-1535876
Par	rt 1 Organizations Maintaining Donor Advised Funds or Other Simila	r Funds or A	ccounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in do	onor advised fun	ds
	are the organization's property, subject to the organization's exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund	ds may be used	only
	for charitable purposes and not for the benefit of the donor or donor advisor or other imperm	issible private b	enefit? Yes No
Pai	rt # Conservation Easements. Complete if the organization answered 'Yes' to Fo	orm 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
	Preservation of land for public use (e.g., recreation or pleasure)	n of an historical	ly important land area
	Protection of natural habitat Preservation	n of certified hist	onc structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified conservation contribution in the form	of a conservati	on easement on the last day
	of the tax year.		
			Held at the End of the Year
а	Total number of conservation easements	•	2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure included in (a)		2c
d	Number of conservation easements included in (c) acquired after 8/17/06		2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ted by the organ	ization during the taxable
	year ▶		
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, vio	lations, and	
	enforcement of the conservation easements it holds?		Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during	the year 🟲 _	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the	year ▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of se	ection 170(h)(4)(E	
	and section 170(h)(4)(B)(ii)?		└── Yes
9	In Part XIV, describe how the organization reports conservation easements in its revenue an		
	include, if applicable, the text of the footnote to the organization's financial statements that	describes the org	ganization's accounting for
_	conservation easements.		
Pa	Organizations Maintaining Collections of Art, Historical Treasure	es, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statem		
	treasures, or other similar assets held for public exhibition, education, or research in furthera	nce of public se	rvice, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these items.		
ь			
	or other similar assets held for public exhibition, education, or research in furtherance of public	ilic service, provi	de the following amounts relating to
	these items:		~ *
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other similar assets for	or tinancial gain,	provide
	the following amounts required to be reported under SFAS 116 relating to these items:		.
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
Ь	Assets included in Form 990, Part X	-	> \$

Schedule D (Form 990) 2008

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

4 Describe in Part XIV the Intended uses of the or	<u>ganization's endowment</u>	tunas.		
Part VI Investments - Land, Buildings,	and Equipment. Se	ee Form 990, Part X, line 1	0.	
Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		698,773.		698,773
b Buildings		3,669,067.	783,305.	2,885,762
c Leasehold improvements		263,073.	130,781.	132,292
d Equipment		560,366.	521,472.	38,894
e Other		338,053.	204,053.	134,000
Total Add lines 13:1e (Column (d) should equal Form	3,889,721			

Schedule D (Form 990) 2008

	CULTURAL CENT		06-1535876	Page 3	
Part VII Investments - Other Securities.	See Form 990, Part X, line 12			_	
 (a) Description of security or category (including name of security) 	(b) Book value		e) Method of valuation: or end-of-year market value		
Financial derivatives and other financial products					
Closely-held equity interests					
Other				_	
		_			
				-	
		-			
		· · · · · · · · · · · · · · · · · · ·			
					
		- -			
Total. (Col (b) should equal Form 990, Part X, col (B) line 12					
Part VIII Investments - Program Related.	See Form 990, Part X, line 13		N Made and a foundation of		
(a) Description of investment type	(b) Book value	•	(c) Method of valuation: Cost or end-of-year market value		
			or end-or-year market value		
		·			
			-		
Total. (Col (b) should equal Form 990, Part X, col (B) line 13)	>				
Part IX Other Assets. See Form 990, Part X, IIr					
	a) Description		(b) Book va	lue	
····					
					
					
	<u>-</u>				
	* **				
Total. (Column (b) should equal Form 990, Part X, col (B)			>		
Part X Other Liabilities. See Form 990, Part X	X, line 25.				
(a) Description of liability		(b) Amount			
Federal income taxes					
SALES TAX PAYABLE		6,876.			
SECURITY DEPOSITS		12,500.			
ACCRUED INTEREST		5,000.			
ACCRUED LEASE TERMINATION		2,500.			
GIFT CERTIFICATES PAYABLE		12,500.			
		-			
		39,376.			
Total. (Column (b) should equal Form 990, Part X, col (B)		30 377			

832053 12-23-08

Schedule D (Form 990) 2008

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► 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.

2008 Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** 06-1535876 PORTUGUESE CULTURAL CENTER, INC. FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: UNDERSTANDING OF THE CULTURE, ARTS, AND LANGUAGE OF PORTUGAL. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: COSTS BENEFITING ALL FOUR ACHIEVEMENTS DESCRIBED ABOVE. EXPENSES \$ 20832. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 2: BOARD MEMBERS JOSE BOA AND RAY BOA ARE BROTHERS FORM 990, PART VI, SECTION A, LINE 10: AT LEAST ONE MEMBER OF THE GOVERNING BODY REVIEWS THE FORM 990 BEFORE IT IS FILED. IF ANY SIGNIFICANT MATTERS ARE IDENTIFIED, A FULL BOARD MEETING MAY BE CALLED TO REVIEW BEFORE FORM 990 IS FILED. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES THEIR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.