(Rev January 2020)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

		nue Service	► Go to www.irs.gov/Form990 for instructions and the latest	information.		Inspection	
Ā	For the	e 2019 calen	dar year, or tax year beginning , 2019, and ending		, 20		
В	Check i	f applicable	C Name of organization CLUBE SOCIAL PORTUGUES, INC.		D Employe	r identification number	
		change	Doing business as		05-047	2878	
	Name c	-			E Telephone		
Η	Initial re	•	174 PORTUGUESE SOCIAL CLUB WAY	JOH/JUNE	-	24-9834	
님					(401) /.	24 7034	
		urn/terminated	City or town, state or province, country, and ZIP or foreign postal code PAWTUCKET, RI 02860		0 0		
		ed return	Ÿ		G Gross rec		
Ш	Applicat	tion pending	F Name and address of principal officer			bordinates? Yes X No	
			MANUEL ALVES, 174 Portuguese Social Club Way, PAWTUCKET, RI 028				
<u> </u>		empt status	501(c)(3)	If "No," at	tach a list (see instructions)	
J		e: ► N/A		H(c) Group ex			
K		organization >		tion 1920	M State of I	egal domicile RI	
Р	art I	Summa	- -				
	1		scribe the organization's mission or most significant activities: A SOC		ZATION	FOR THE	
9		ADVANCE	MENT OF THE PORTUGUESE HERITAGE LANGUAGE AND C	USTOMS			
ā							
ē	2		s box ► ☐ If the organization discontinued its operations or disposed		5% of its	net assets.	
Ĝ	3	Number of	f voting members of the governing body (Part VI, ଲெட்ஷேIVED IN CO	RRES	3	365	
વ્ય	4	Number of	f independent voting members of the governing body (Part VI, Pine 15)	27	4	365	
ies	5	Total numi	ber of individuals employed in calendar year 2019 (Part V, line 2a)		5	0	
Ξ	6		ber of volunteers (estimate if necessary)		6	0	
Ž	7a		lated business revenue from Part VIII, column (C), line 12		7a	27,260.	
2025	ь		ted business taxable income from Form 990-T, line 39OGDEN, UTAL	1	7b	0.	
9				Prior Year		Current Year	
	8	Contribution	4.	311.	3,700.		
DEC 1	9		ervice revenue (Part VIII, line 2g)	337,		309,752.	
چ پي	10	-	t income (Part VIII, column (A), lines 3, 4, and 7d)	33.7	6.	7.	
	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3	717.	3,462.	
Ω	12		nue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	345,		316,921.	
Expenses ANNED	13		d similar amounts paid (Part IX, column (A), lines 1–3)		731.	310,321.	
Ź	14		aid to or for members (Part IX, column (A), line 4)		<u> </u>		
₹.	15		ther compensation, employee benefits (Part IX, column (A), lines 5–10)				
	16a		nal fundraising fees (Part IX, column (A), line 11e)				
Jen J	b		raising expenses (Part IX, column (D), line 25)				
ă	17		enses (Part IX, column (A), lines 11a–11d, 11f–24e)	3.0.0	722	221 040	
	l	•		388,		331,840.	
	18	-	enses. Add lines 13–17 (must equal Part IX, column (A), line 25) .	388,		331,840.	
	19	Revenue ie	ess expenses Subtract line 18 from line 12	-42,		-14,919.	
ls or		-	<u>-</u>	Beginning of Curre		End of Year	
sse	20		ts (Part X, line 16)	230,		217,166.	
Net Assets Fund Balanc	21		ities (Part X, line 26)	14,		16,247.	
			s or fund balances. Subtract line 21 from line 20	215,	838.	200,919.	
_ر	art II		ıre Block				
			 I declare that I have examined this return, including accompanying schedules and state Declaration of preparer (other than officer) is based on all information of which prepare 			knowledge and belief, it is	
	-,	1 1	, , , , , , , , , , , , , , , , , , , ,				
Sig	.	S					
	_	1.	Ture of officer UEL ALVES, PRESIDENT MANUEL ACVE	Date	1.	1 11 2	
пе	ere					1-11-20	
		17 7"	or print name and title	 		l print	
Pa	id	1			Check 🔀	.1	
	epare	er ANTON	IO J ALMEIDA ANTONIO J ALMEIDA		self-employ	ed P00834282	
	e On		me ► KANE, BOSWORTH, ALMEIDA & ASSOCIATES, INC.	Firm's	's EIN ▶ 26-4256562		
		Firm's add	dress ▶ P. O. BOX 6890, WARWICK, RI 02887	Phone	no (401)451-2687	
Ma	y the I	RS discuss	this return with the preparer shown above? (see instructions)	<u> </u>		Yes □ No	

REV 10/27/20 PRO

For Paperwork Reduction Act Notice, see the separate instructions. BAA

Form **990** (2019)

	90 (2019)				Page
Parţ		ment of Program Service	Accomplishments esponse or note to any line in this F	Part III	_
1		cribe the organization's missi		artii	· · · <u>·</u>
•	-	ORGANIZATION FOR T	717		
			SE HERITAGE LANGUAGE AND	CUSTOMS	
2	Did the ora	anization undertake any sign	ficant program services during the y	ear which were not listed on the	
	prior Form 9				Yes ⊠No
3	services? .	ganization cease conducting the second conduction condu	g, or make significant changes in 	how it conducts, any program]Yes ⊠No
4	Describe the expenses.	ne organization's program se Section 501(c)(3) and 501(c)(rvice accomplishments for each of it 4) organizations are required to reported. for each program service reported.		
4a			1,937. including grants of \$		
	FOR THE	ADVANCEMENT OF THE	PORTUGUESE HERITAGE		
		·····			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
		••••••			
		·····			
4=	/O) (Fire and a fi		V/Devenue &	
4c	(Code:) (Expenses \$	ncluding grants of \$) (Hevenue \$)
		(2)	1-1-0)		
4d	Other progr (Expenses :	ram services (Describe on Sc \$including g		: \$)	
4e		am service expenses ▶	331,937.		

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1_		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	Ć
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
20a	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		 ^
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×

Part	Checklist of Required Schedules (continued)			<u> </u>
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		_ ×_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32 33	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		×
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	36		
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		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38		×
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
•-	Enter the number reported in Boy 2 of Form 1006. Enter 0 of ant applicable		Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	×	

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)		_		,
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				732
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 0	無物情		
b	If at least one is reported on line 2a, did the organization file all required federal employment t	ax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see insti			72.5%	24.
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year	?	3a	×	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Si		3b	×	
	At any time during the calendar year, did the organization have an interest in, or a signature or oth				
	a financial account in a foreign country (such as a bank account, securities account, or other finan		4a		×
b	If "Yes," enter the name of the foreign country ▶	,			99
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (FBAR).			3. 14
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5a		×
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	•	5b		×
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,00	nn and did the	<u> </u>		
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		×
ь	If "Yes," did the organization include with every solicitation an express statement that such				
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		100 A	233	¥).#3
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and	partly for goods			9(,),(1)
	and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for	or which it was			
	required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	737	李莊	7.00
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b	enefit contract?	7e	<u> </u>	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene	fit contract? .	7f	<u> </u>	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	•	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fil	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund ma	aintained by the	an area	2000	
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.			-	******
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related pers	on?	9b		,
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a 0.		18.3	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b 20,860.			4
11	Section 501(c)(12) organizations. Enter:				30 :
	Gross income from members or shareholders	11a		4	
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	11b		2.5.7.1	\$ (A)
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			**
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	0.00	
	Note: See the instructions for additional information the organization must report on Schedule	e O.		# 200	
	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c	1000	8772	
	Did the organization receive any payments for indoor tanning services during the tax year? .		14a	<u> </u>	×
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on S		14b	<u> </u>	<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in	remuneration or		'	1
	excess parachute payment(s) during the year?		15	W 1266	1000
	If "Yes," see instructions and file Form 4720, Schedule N.			~ 350 - 250 - 250	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investigated in a second to 5 area 4700. Only adults O	stment income?	16	Aug Sinia	Microba
_	If "Yes," complete Form 4720, Schedule O.		200		1

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See ın	struc	tions.
Section	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 365			
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		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6	×	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	×	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	×	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	
ь	Each committee with authority to act on behalf of the governing body?	8b	<u>×</u>	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue Co		
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	104		├
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	100		
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b		×
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		×
14	Did 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?			
а	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b		×
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		×
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O)	·		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			опсу,
20	State the name, address, and telephone number of the person who possesses the organization's books and re JOSE BORGES, 174 Portuguese Social Club Way, PAWTUCKET, RI 02860 (401)724-			

OOO	(2019)	

Page 7

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. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization noi	r any relate	d org	anız	atıc	n c	ompe	nsa	ted any current	officer, director,	or trustee
				(6	C)					
(A)	(B)	,			ition			(D)	(E)	(F)
Name and title	Average					than o		Reportable	Reportable	Estimated amount
	hours per week	office	er an	-	irect	or/trus	<u> </u>	compensation	compensation from related	of other
	(list any hours for	Individual or dire	Institu		Key e	Highe emplo	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and
	related organizations	Individual trustee or director	itional	Officer	Key employee	st com	14		, ,	related organizations
	below dotted line)	ıstee	Institutional trustee		e	Highest compensated employee				
(4) VANTURE AT 1110	25.00			_	_	8				
(1) MANUEL ALVES	25.00		-	J						_
PRESIDENT			┢	×	\vdash	 	_	0.	0.	0
(2) JOSE BORGES TRESURER	15.00			×				0.	0.	0
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										_
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

	90 (2019)	Frustana	K ov l	E	212			- 1 L	liaboot Compo		Emplo	Page 8
Parį	(A) Name and title	(B) Average	(do n	ot ch	(C) Position check more than class person is both			one an Reportable		(E)		(F) Estimated amount
							Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compens from rel organiza (W-2/1099	ated itions	of other compensation from the organization and related organizations
(15)							ed			·-		
(16)										·		
(17)				-		H						
(18)												
(19)				-						-		
(20)												
(21)												
(22)												
(23)									-			
(24)												
(25)												
1b c d	Subtotal Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio	n A	•			•	> > >	0.		0.	0.
2	Total number of individuals (including but reportable compensation from the organic	not limited						e) w	<u> </u>	e than \$1		<u> </u>
3	Did the organization list any former of employee on line 1a? If "Yes," complete:									t compe	nsated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual.	sum of reg	portal	ble (con	nper	nsatio	n a	nd other compe			
5	Did any person listed on line 1a receive of for services rendered to the organization?										lıvıdual	2022 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	on B. Independent Contractors						l A					
1	Complete this table for your five high compensation from the organization. Rep											
	(A) Name and business add	ress							(B) Description of serv	rices		(C) Compensation
					-							· <u> </u>
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abov	e) who	and the same	

_	90 (2019 VIII	Statement of Re	venu	e			•			Page 9
		Check if Schedule			espon	ise or note to a	ny line in this Pa	art VIII		🗆
					,		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaig	ns .		1a			Land of the	/// <i>//////////////////////////////////</i>	
tributions, Gifts, Grants Other Similar Amounts	ь	Membership dues	· ·		1b	3,700.				
S, E	С	Fundraising events			1c	·				
Contributions, Gifts, and Other Similar An	d	Related organizatio			1d					
S, E	е	Government grants			1e					
ë ë	f	All other contribution								
듍		and similar amounts no		-	1f					
텵정	g	Noncash contribution	ons in	icluded in						
Contand	_	lines 1a-1f			1g	\$	######################################			
-	h	Total. Add lines 1a-	- IT .	• • •	· ·	Business Code	3,700.	(45544611-3466) +.57034467754		**************************************
ø,	2a	LIQUOR SALES				900099	219,196.	100 336	20 0C0	(*************************************
۳ چ	h	HALL FUNCTION	S			900099	55,124.	198,336. 55,124.	20,860.	0.
Program Service Revenue	c	HALL RENTAL			900099	34,800.	28,400.	6,400.	0.	
	ď	VARIOUS DONAT	IONS			900099	282.	282.	0.	0.
	e	MEMBERSHIP FE				900099	350.	350.	, 0.	0.
	f	All other program se	ervice	revenue			- 330.			
_	g	Total. Add lines 2a-				>	309,752.	ATTIME		
	3	Investment income	(ıncl	luding divi	dends	s, interest, and				,
		other similar amoun	its) .			>	7.	7.	0.	0.
	4	Income from investr	nent d	of tax-exen	npt bo	ond proceeds ►				
	5	Royalties .			<u>. : </u>	•	-	, '		
	ŀ			(i) Rea	ıl	(ii) Personal				
	6a	Gross rents	6a							
	b	Less. rental expenses	6b							
	С	Rental income or (loss)	6c	<u> </u>	_	<u> </u>	\$\$\\ \alpha \tag{\tag{\tag{\tag{\tag{\tag{\tag{	AND SHOP IN THE REAL PROPERTY.	S CAMPACHER STATES	
	d	Net rental income o	r (IOS	S) (i) Secunt	· ·	(ii) Other	Secretaria de la Carta de Cart	Dominion of the second secon	TELESCO DE CES	the second reserved the
	7a	Gross amount from		(i) Securi	ues	(ii) Other				
		sales of assets other than inventory	7a							
Ф	۱ ہ	Less: cost or other basis	10							
evenue	"	and sales expenses .	7b			_				
eve	c	Gain or (loss) .	7c							
Æ	ď	Net gain or (loss)	• •			•				
Other R	8a	Gross income fro	m fu	ndraising					4572 4 744742	
Ö		events (not including				i				<u> </u>
		of contributions re		d on line						
		1c). See Part IV, line			8a					
	b	Less: direct expens			8b	L				
	С	Net income or (loss)			ig eve	nts ▶	1.000012.01.000.000 10 0.0000		700 MO (200 (200)	AND AS UN HAND DESIGNATION OF THE
	9a	Gross income 1				2 462	-			
		activities. See Part			9a	3,462.	22.11.42.2.20			
	b	Less: direct expens Net income or (loss)			9b		2462	2 460	HANZEIGERA	
	C 100				Cuviue	<u>,, , , , , , , , , , , , , , , , , , ,</u>	3,462.	3,462.	0.	0.
	iva	Gross sales of in returns and allowan		ory, less	10a	•				
	Ь	Less cost of goods			10b	 -				
•	c	Net income or (loss)				orv.	NAMES OF TAXABLE PARTY.			
"	├		,			Business Code				
Miscellaneous Revenue	11a									Annual Control of the
scellaneo Revenue	, p				•••••				-	
e e e e e e e e e e e e e e e e e e e	С									
iš R	d	All other revenue								
≥	е	Total. Add lines 11a	a-11d	<u> </u>	•	•				446.6530
	12	Total revenue. See	ınstri	uctions			316,921.	285.961.	27,260.	0.

	X Statement of Functional Expenses	olata all askumas All	l other organizations	must complete cal	ιmα (Δ)
Sectio	in 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response t include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		ехрепзез	A.C. A. A. A.	
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees			\$45. # 15.#1.\$1.91.7	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			,	
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits				
11 a b	Fees for services (nonemployees): Management Legal				
c d	Accounting				
e f	Professional fundraising services. See Part IV, line 17 Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 13	Advertising and promotion	1,650. 21,017.			
14 15 16	Information technology				,
17 18	Travel				
19 20	for any federal, state, or local public officials Conferences, conventions, and meetings Interest				
20 21 22	Payments to affiliates Depreciation, depletion, and amortization	18,511.	-		
23	Insurance	10,683.			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	COST OF GOODS SOLD	124,416.	* * Ac #245 Skrivasky, seeduring a seed of	Trusterite, no mountains his tettion the	Attorbay to shart that a
b	TAX EXPENSE	26,824.		 	
C	REPAIRS/MAINTENANCE EXP	70,891.		-	
d	ELECTRIC EXPENSE	22,858.	-	-	
e	All other expenses	34,990.			
25	Total functional expenses. Add lines 1 through 24e	331,840.			<u> </u>
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ☐ if following SOR 98.2 (ASC 958, 720)				

1	art X	Balance Sheet Check if Schedule O contains a response or note to any line in this Pa	art X		
		The second secon	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	101,618.	1	101,548.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,	a and in degraph in a construction of the second se	zages Samia	
		trustee, key employee, creator or tounder, substantial contributor, or 35% controlled entity or family member of any of these persons		 5	en i il indice de la company de
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6 6	. Printerando de Adamio (n. 160 de 160 d
ţ	7	Notes and loans receivable, net	-	7	
Assets	8	Inventories for sale or use . `	15,300.	8	20,890.
ğ	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	Aut in a service of the service of t		atribasional minepada
	ь	Less: accumulated depreciation 10b 550, 975.	113,239.	10c	94,728.
	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	_	15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	230,157.	16	217,166.
	17	Accounts payable and accrued expenses	14,319.	17	16,247.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	PA TO DOME TO THE SAME SAME SAME SAME SAME SAME SAME SAM
E:	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	14,319.	26	16,247.
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here ▶ □ and complete lines 27, 28, 32, and 33.			
Jan	27	Net assets without donor restrictions		27	
Ba	28	Net assets with donor restrictions		28	
5		Organizations that do not follow FASB ASC 958, check here ▶ ☒			West Property and
뎚	İ	and complete lines 29 through 33.			
9	29	Capital stock or trust principal, or current funds	260,000.	29	260,000.
sts	30	Paid-in or capital surplus, or land, building, or equipment fund	200,000.	30	200,000.
SS	31	Retained earnings, endowment, accumulated income, or other funds	-44,162.	31	-59,081.
Ť	32	Total net assets or fund balances	215,838.	32	200,919.
ž	33	Total liabilities and net assets/fund balances	230,157.	33	217,166.

_	4	•
Page	-1	-

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onn s	30 (20 (3)			Га	ge iz
Pag	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		·		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	16,9	21.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	31,8	40.
3	Revenue less expenses. Subtract line 2 from line 1	3		14,9	19.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	15,8	38.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	2	00,9	19.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☐ Other				- 2
	If the organization changed its method of accounting from a prior year or checked "Other,"	explain ir) 		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were co	mpiled o			Ė
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	lited on a	i		
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			1.1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over		f		
	the audit, review, or compilation of its financial statements and selection of an independent account	ant? .	2c		
	If the organization changed either its oversight process or selection process during the tax year, or	explain or			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in the	.		
	Single Addit Not and Sixte Circular A 100. 1		3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not un		.	1	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such	audits .	3b		<u> </u>
	REV 10/27/20 PRO		For	m 990	(2019)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Mairie U	i die organization		Employer identification flumber
CLUI	BE SOCIAL PORTUGUES, INC.		05-0472878
Par	Organizations Maintaining Donor Advi	sed Funds or Other Similar Fund	s or Accounts.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.	
	<u> </u>	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
_			
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to the	organization's exclusive legal control?	?
6	Did the organization inform all grantees, donors, ar		
	only for charitable purposes and not for the benefit	t of the donor or donor advisor, or for	any other purpose
	conferring impermissible private benefit?		· · · · · · 🗍 Yes 🗌 No
Par	Conservation Easements.		
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the conservation	 	
•	Preservation of land for public use (for example, recre		a historically important land area
	Protection of natural habitat		a certified historic structure
		- Freservation of	a certified historic structure
_	Preservation of open space	d	un the forms of a semiconistical
2	Complete lines 2a through 2d if the organization hel	a a qualified conservation contribution	
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements .		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified hi	· , ,	L 1
d	Number of conservation easements included in (c) acquired after 7/25/06, and not of	n a
	historic structure listed in the National Register		. 2d
3	Number of conservation easements modified, trans	ferred, released, extinguished, or term	inated by the organization during the
	tax year ▶	-	
4	Number of states where property subject to consen	vation easement is located ▶	
5	Does the organization have a written policy reg		ection, handling of
	violations, and enforcement of the conservation eas		Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the vea
_	>	g ,g,	g ,
7	Amount of expenses incurred in monitoring, inspecting	n handling of violations, and enforcing o	onservation easements during the year
•	S	g, nanding or violations, and emoreing e	onservation easements during the yea
•		N/J/\ = b = 0 = = = 4 = 6 + 4 b = = = = = = = = = = = = = = = = = =	
8	Does each conservation easement reported on line 2		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports of	onservation easements in its revenue a	and expense statement and
	balance sheet, and include, if applicable, the text of		ncial statements that describes the
	organization's accounting for conservation easemen		<u> </u>
Part			Other Similar Assets.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FAS	B ASC 958, not to report in its revenue	e statement and balance sheet works
	of art, historical treasures, or other similar assets	held for public exhibition, education,	or research in furtherance of public
	service, provide in Part XIII the text of the footnote t	o its financial statements that describe	s these items
b	If the organization elected, as permitted under FAS	B ASC 958, to report in its revenue st	atement and balance sheet works o
-	art, historical treasures, or other similar assets held		
	provide the following amounts relating to these item	•	
	(i) Revenue included on Form 990 Part VIII line 1	·-·	▶ \$
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		• • • •
_	(ii) Assets included in Form 330, Part A		· · · • •
2	If the organization received or held works of art,		assets for financial gain, provide the
	following amounts required to be reported under FA	ASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1 .		· · · ▶ \$
ь	Assets included in Form 990, Part X		▶ €

Part	III Organizations Maintaining	Collections of	Art, His	torical T	reasures	, or Ot	her Similar A	ssets (con	tınued)
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):								
а	☐ Public exhibition				or exchang				
b	Scholarly research		е	☐ Other					
C	Preservation for future generations								
4	Provide a description of the organizat XIII.	tion's collections a	and expla	an how t	hey further	the org	janization's exe	mpt purpos	e in Part
5	During the year, did the organization assets to be sold to raise funds rather								□ No
Part	Complete if the organization 990, Part X, line 21.		" on For	m 990, F	Part IV, line	e 9, or	reported an ar	mount on f	orm
1a	Is the organization an agent, trustee, included on Form 990, Part X?								☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing ta	able:				
							F	Amount	
С	Beginning balance					10			<u>_</u>
d	Additions during the year					10	1		
е	Distributions during the year					1e			
f	Ending balance					<u>_1f</u>		0 🗆 🗸	
	Did the organization include an amoun If "Yes," explain the arrangement in Po								
Par	Endowment Funds.		" -	000 r	3	- 10			
	Complete if the organization		1				(0.7)		
4	Decimal of wear helenes	(a) Current year	(b) Pri	or year	(c) Two yea	rs back	(d) Three years bac	k (e) Four ye	ears back
1a	Beginning of year balance . Contributions								
c	Net investment earnings, gains, and			·					
d	losses					-			
e	Other expenditures for facilities and								
C	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t	he current year er	nd balanc	e (line 1g	, column (a	a)) held	as:	<u> </u>	
а	Board designated or quasi-endowmer	nt ▶	%						
b	Permanent endowment >	%	· 						
C	Term endowment ▶%								
	The percentages on lines 2a, 2b, and	2c should equal 1	00%.						
3a	Are there endowment funds not in the	e possession of th	ne organı	zation tha	at are held	and ad	ministered for t		
	organization by:								es No
	(i) Unrelated organizations		•					3a(i)	
	(,							3a(ii)	
b	If "Yes" on line 3a(ii), are the related o	•	•					3b	
4 Pari	Describe in Part XIII the intended uses VI Land, Buildings, and Equip		on s endo	winent ii	urius.				
rail	Complete if the organization		" on For	m aan i	Part IV In	و11 م	See Form 990	Part Y lin	no 1Ω
	Description of property	(a) Cost or of			or other basis		Accumulated	(d) Book	
	Description of property	(investm		1	ther)		epreciation	(d) Dook	raide
	Land		0.	-	50,000.		Cranto Cara	5(0,000.
b	Buildings				00,000.		200,000.		0.
c	Leasehold improvements				75,000.		238,576.	36	,424.
d	Equipment				20,703.		112,399.		3,304.
е	Other								
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90. Part	K. column	(B), line 10	Oc.) .	•	94	728.

Part VII	Investments—Other Securities.		<u> </u>	
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	11b. See Form	990, Part X, line 12.
	(a) Description of secunty or category (including name of security)	(b) Book value		od of valuation if-year market value
(1) Financial	derivatives		·	
(2) Closely h	eld equity interests			
(3) Other				
(A)				
(B)				
(C)		_		
(D)				
(E)				
(F)				
(G)				
(H)				
	mn (b) must equal Form 990, Part X, col. (B) linc 12.) .	1	payar veriling	man i signi a sa a a a a a a a a a a a a a a a a a
Part VIII	Investments—Program Related.	000 David IV Iva	. 11a Caa Fawaa (200 Dark V. Iraa 40
	Complete if the organization answered "Yes" on For			
	(a) Description of investment	(b) Book value		od of valuation if-year market value
(4)				you mand that
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)	• ·•·			
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) lino 13.) . 🕨		र्गामामार्गरण नगार्गकर्भ	
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11d. See Form	990, Part X, line 15.
	(a) Description	··		(b) Book value
(1)	***	 		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on For	rm 990, Part IV, line	e 11e or 11f. See	Form 990. Part X.
	line 25.	,		,
1.	(a) Description of liability			(b) Book value
(1) Federal ır	come taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				.
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)		<u> ▶ </u>	
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the footn	ote to the organization	's financial statemen	ts that reports the

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments 2a	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	- 15 m
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
Ь	Other (Describe in Part XIII.)	
C	Add lines 4a and 4b	
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Part		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	
a	Donated services and use of facilities	
b	Prior year adjustments	
C	Other losses 2c Other (Describe in Part XIII.) 2d	
d		2e
е 3	Add lines 2a through 2d	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	
	XIII Supplemental Information.	
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	
		
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Schedule D (Fo	orm 990) 2019	Page 5
Part XIII	Supplemental Information (continued)	
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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization	Employer identification number
CLUBE SOCIAL PORTUGUES, INC.	05-0472878
Pt VI, Line 6: MEMBERS	
Pt VI, Line 7a: MEMBERS	
Pt VI, Line 7b: MEMBERS	
Pt VI, Line 11b: MEETING HELD FOR THE REVIEW OF FORM 990	
Pt VI, Line 19: FINANCIALS ARE POSTED MONTHLY FOR THE MEMBERS TO	REVIEW
Pt IX, Line 24e:	
Description: RUBBISH/SNOW REMOVAL	
Total: \$7,704	
Description: WATER SEWER	
Total: \$7,156	
Description: CABLE EXPENSE	
Total: \$5,744	
Description: MUSIC	
Total: \$6,200	
Description: GAS HEATING	
Total: \$7,586	
Description: TELEPHONE EXPENSE	
Total: \$600	
,	