

Short Form

Return of Organization Exempt From Income Tax

2008

Open to Public Inspection

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

- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 1-1-2008, and ending 12-31-08

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization FLORIDA PUERTO RICAN/HISPANIC CHAMBER OF COMMERCE, INC.		D Employer identification number 02-0633544	
		Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 360473		E Telephone number (321) 752-1003	
		City, town, or country MELBOURNE	State FL	ZIP + 4 32936	F Group Exemption Number 0000
					Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶

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

I Website: ▶ www.fprhcc.org

J Organization type (check only one)— 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 19,757

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

SCANNED Revenue 1 2008	1 Contributions, gifts, grants, and similar amounts received	1	500
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	19,257
	4 Investment income	4	0
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0
	b Less: direct expenses other than fundraising expenses	6b	0
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8 Other revenue (describe ▶)	8	0
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	19,757
	Expenses	10 Grants and similar amounts paid (attach schedule)	10
11 Benefits paid to or for members		11	
12 Salaries, other compensation, and employee benefits		12	
13 Professional fees and other payments to independent contractors		13	
14 Occupancy, rent, utilities, and maintenance		14	2,363
15 Printing, publications, postage, and shipping		15	583
16 Other expenses (describe ▶ See attached statement)		16	16,790
17 Total expenses. Add lines 10 through 16	17	19,736	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	21
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	28,194
	20 Other changes in net assets or fund balances (attach explanation)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	28,215

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		18,516	22 15,425
23 Land and buildings			23
24 Other assets (describe ▶ See attached statement)		9,678	24 12,790
25 Total assets		28,194	25 28,215
26 Total liabilities (describe ▶)		0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		28,194	27 28,215

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

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

28		
(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	<u>0</u>
29		
(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	<u>0</u>
30		
(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	<u>0</u>
31 Other program services (attach schedule)		
(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	<u>0</u>
32 Total program service expenses. (add lines 28a through 31a)	32	<u>0</u>

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

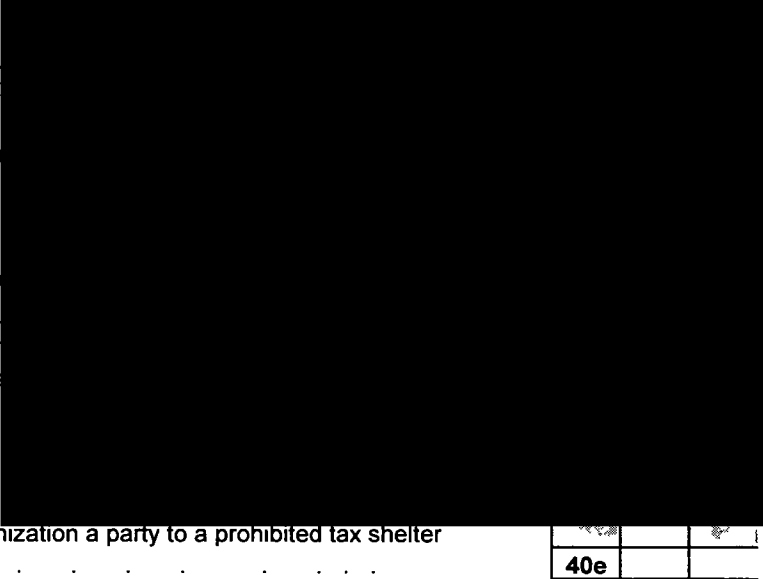
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>Sam Lopez</u> Str <u>2129 Royal Ponciana</u> City <u>Melbourne</u> ST <u>FL</u> ZIP <u>32935</u>	Title <u>Chairman</u> Hr/WK <u>35 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Teresa lopez</u> Str <u>2129 Royal Ponciana</u> City <u>Melbourne</u> ST <u>FL</u> ZIP <u>32935</u>	Title <u>President</u> Hr/WK <u>15 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>ART CASHAL</u> Str <u>911 GARRAGE HILL</u> City <u>MELB</u> ST <u>FL</u> ZIP <u>32940</u>	Title <u>TREASURER</u> Hr/WK <u>10.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>COLON COLON</u> Str <u>2700 CLAYTON RD.</u> City <u>MELB</u> ST <u>FL</u> ZIP <u>32935</u>	Title <u>DIRETOR</u> Hr/WK <u>20.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>SYLVIA FELS</u> Str <u>497 MINOR AVE</u> City <u>PALM BAY</u> ST <u>FL</u> ZIP <u>32907</u>	Title <u>CHAIR ELECT</u> Hr/WK <u>20.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>MIKE MORENO</u> Str <u>337 GLEN CLUB</u> City <u>Debarj</u> ST <u>FL</u> ZIP <u>32713</u>	Title <u>VP</u> Hr/WK <u>10.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____	<u>0</u>	<u>0</u>	<u>0</u>

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

- 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
- 34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes
- 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T
 - a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?
 - b If "Yes," has it filed a tax return on Form 990-T for this year?
- 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N

	Yes	No
33		X
34		
35a		X
35b		
36		X

- 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions
- b Did the organization file Form 1120-POL for this year?
- 38 a Did the organization borrow from, or make any loans to, any off-indebtor, related, or disqualified person? If "Yes," complete Schedule L, Part II and enter the total amount of such loans made in a prior year and still unpaid at the start of the year
- b If "Yes," complete Schedule L, Part II and enter the total amount of such loans made in a prior year and still unpaid at the start of the year
- 39 Section 501(c)(7) organizations Enter:
 - a Initiation fees and capital contributions included on line 9
 - b Gross receipts, included on line 9, for public use of club facilities
- 40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization for the year under sections 4911, 4912, 4955, and 4958
 - b Section 501(c)(3) and (4) organizations. Did the organization enter into a prohibited transaction during the year or did it become aware of an excess business holdings, jeopardy investment, or self-dealing transaction? If "Yes," complete Schedule L, Part I
 - c Enter amount of tax imposed on organization managers or disqualified persons for the year under sections 4912, 4955, and 4958
 - d Enter amount of tax on line 40c reimbursed by the organization
 - e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T



41 List the states with which a copy of this return is filed: _____

42 a The books are in care of Name Teresa Lopez, President Telephone no. (321) 752-1003
 Located at 2293 Aurora Rd City Melbourne ST FL ZIP + 4 32935

- b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: _____
 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
- c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: _____

	Yes	No
42b		X
42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year: **43** N/A

- 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ
- 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ

	Yes	No
44		X
45		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

	Yes	No
46		X
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.

47		X
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- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		X
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- 49 a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
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- b If "Yes," was the related organization(s) a section 527 organization?

49b		X
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- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Total number of other employees paid over \$100,000 ▶		0	0	0

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Total number of other independent contractors each receiving over \$100,000 . . . ▶		0

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: *Tevesa Lopez* Date: 03/24/09

Type or print name and title: Tevesa Lopez (TEVESA LOPEZ)

Paid Preparer's Use Only

Preparer's signature: *Wilfredo Roman* Date: 3/24/2009 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP +4: CBS ACCOUNTING AND TAX EIN: 20-8978686
210 RING AVE, PALM BAY, FL 32907 Phone no: 321-750-8254

May the IRS discuss this return with the preparer shown above? See instructions Yes No