SEE ATTACHED FORM 1128 & IRS ACCEPTANCE NOTICE Return of Organization Exempt From Income Tax Form 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Open to Public Department of the Treasury Internal Revenue Sensor Go to www.irs.gov/Form990 for instructions and the latest information. Inspection , and ending 09/30/18 For the 2018 calendar year, or tax year beginning 04/01/18 C Name of organization D Employer Identification number Check if applicable CUBANET NEWS, Address change INC Doing business as 65-0615598 Name change Number and street (or P O box if mail is not delivered to street address) Room/suite Initial return 145 MADEIRA AVENUE, SUITE # 202 305~774-1887 Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated CORAL GABLES 423,188 G Gross receipts\$ Amended return Name and address of principal officer H(a) Is this a group return for subordinates? HUGO A. LANDA Application pending Yes 145 MADEIRA AVENUE, STE # H(b) Are all subordinates included? If "No," attach a list. (see instructions) CORAL GABLES 33134 **X** 501(c)(3) 501(c) WWW.CUBANET.ORG Website: H(c) Group exemption number ▶ X Corporation 1995 FL Form of organization Trust Year of formation M State of legal domicile Part I **Summary** 1 Briefly describe the organization's mission or most significant activities PUBLISH A CUBA-FOCUSED INTERNET DAILY NEWS SITE. NEWS AND ARTICLES ARE Соунталсь SUBMITTED FROM CUBA BY INDEPENDENT JOURNALISTS. 2 Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets 6 3 Number of voting members of the governing body (Part VI, line 1a) **0**5 Š 4 Number of independent voting members of the governing body (Part VI, line 1b) JUL **3 0** 2**019** 6 4 6 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 5 6 Total number of volunteers (estimate if necessary) 6 OGDEN. UT Ö 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 7b 0 b Net unrelated business taxable income from Form 990-T, line 38 Prior Year Current Year 728,368 423,188 8 Contributions and grants (Part VIII, line 1h) 62 0 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 728,430 423,188 12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 280,659 123,803 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>357,531</u> 298,916 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 638,190 422,719 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 90,240 469 19 Revenue less expenses Subtract line 18 from line 12 End of Year ъ Beginning of Current Year 143,505 145,706 20 Total assets (Part X, line 16) 3,302 5,034 21 Total liabilities (Part X, line 26) 140,203 140,672 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of penjury, 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 ature of office Sign Here HUGO A. PRESIDENT Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature Check Paid ALFREDO A. JACOMINO 07/22/19 self-employed P01060842 ALEREDO A. **JACOMINO** Preparer 59-1759944 JACOMINO TANDOC **GAMARRA** SANSON KLINE Firm's EIN ▶ **Use Only** 5805 Blue Lagoon Dr Ste 19

33126

Miami,

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

FL

305-269-8633

X Yes No Form 990 (2018)

Form 990 (2018) CUBANET NEWS, INC.
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)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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		X
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? If "Yes," complete Schedule C, Part II	4		X
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		X
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		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,"		}	77
	complete Schedule D, Part III	8		X
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		x
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
•	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
1	if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			1
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	x	
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		X
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		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		1	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		v
2-	the organization's liability for uncertain tax positions under FiN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
24	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	12a	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	ł	x
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	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		ł	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
5	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		<u> </u>
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		ł	
_	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			₩.
0	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10	- 1	x
9	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		
-	If "Yes," complete Schedule G, Part III	19	- 1	X
0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	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		X

<u>P</u>	art IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			۱
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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			•
240	employees? 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	}		l
	\$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		x
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		<del></del> -
·	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		
	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		x
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	1		
	disqualified persons? 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,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	İ		1
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	igsquare	X
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, or key employee? If "Yes," complete Schedule L, Part IV	28a	$\sqcup$	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	ļ		
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			77
	was an officer, director, trustee, or direct or indirect owner? 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			•
24	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		x
33	complete Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 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? If "Yes," complete Schedule R, Part II, III,	- 55		
••	or IV, and Part V, line 1	34	1 1	x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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	ĺ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable			
	related organization? 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
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	X	
Pa	rt 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			╨
	1 1 -		Yes	No
1a				
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  [1b] 1	<b>-</b>		,
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			. <del></del>
	reportable gaming (gambling) winnings to prize winners?	1c	000	X
		Fon	m <b>990</b>	/ (2018)

<u>l Pa</u>	art V   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			l
	Statements, filed for the calendar year ending with or within the year covered by this return  2a 6	ļ		ļ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	L
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<u> </u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		X
þ				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			<u></u>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c_		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods.			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	l _ l		₹.
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
9	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	76		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h	-	X
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<del>/"</del>		Α
0	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?	-		
a	Sponsoring organizations maintaining donor advised funds.  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 person?	9b	-	
10	Section 501(c)(7) organizations. Enter	30		
а	Initiation fees and capital contributions included on Part VIII, line 12		1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b		ļ	
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	}	1	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
_	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	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		
	Note. See the instructions for additional information the organization must report on Schedule O		Ì	
b	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		ĺ	
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) dunng the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O			

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 6 Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent 6 16 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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 Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8b X 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 in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? 12b 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 X 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 14 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? X The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a b 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 16b organization's exempt status with respect to such arrangements? Section C. Disclosure FL List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records HUGO A. LANDA 145 MADEIRA AVENUE, STE # 202 FL 33134 305-774-1887 CORAL GABLES

Form 990 (2018) CUBANET 1	NEWS, IN	<u>C.</u>						65-061	5598	Pa	age <b>7</b>
		irec	tor	s, T	rus	tee	s, ł	Key Employees, High	nest Compensated E	mployees, and	
. Independent Co											
								any line in this Part V			<u>Ц</u>
						_		Compensated Employees			
1a Complete this table for all person organization's tax year									-		
List all of the organization's compensation Enter -0- in columns	(D), (E), and (F)	) if n	0 00	mpei	nsat	on w	as p	paid		f	
<ul> <li>List all of the organization's ci</li> <li>List the organization's five cui</li> </ul>		•		•				-			
who received reportable compensation organization and any related organization	on (Box 5 of For										
<ul> <li>List all of the organization's for \$100,000 of reportable compensation</li> </ul>	on from the orga	anıza	tion	and	any	relat	ed o	rganizations			
<ul> <li>List all of the organization's forganization, more than \$10,000 of</li> </ul>	reportable comp	ensa	ition	from	the	org	anıza	ition and any related organ	nzations		
List persons in the following order is compensated employees, and formed		s or	dire	ctors	, ins	tituti	onal	trustees, officers, key emp	loyees, highest		
Check this box if neither the org	anization nor ar	y rel	ated	orga	anıza	ation	com	pensated any current office	er, director, or trustee		
(A)	(B)				C)			(D)	(E)	(F)	
Name and Title	Average hours per	(d	o not		ition more	than	one	Reportable compensation	Reportable compensation from	Estimated amount of	
	week (list any					is both or/trus		from the	related organizations	other compensation	
	hours for	L					<u> </u>	organization	(W-2/1099-MISC)	from the	
	related organizations	Individual or director	Institutional	Officer	ey er	Highest c employee	omner	(W-2/1099-MISC)		organization and related	
	below dotted	or a	ora e	1	employee	88	]			organizations	
	line)	hustee	trustee		8	compensated					
		"	8		l						
(1) HUGO A. LANDA		T	┢	<b>-</b>	$\vdash$		<del> </del>		· · · · · · · · · · · · · · · · · · ·		
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PRESIDENT	0.00	X	1	x				72,484	0		0
(2) JUAN A. ESPASANI	ÞΕ	ļ									
	0.00	l		1	ľ	1	l	1			
BOARD MEMBER	0.00	X	_		<u> </u>	<u> </u>		0	0		0
(3) ALBERTO MASCARO	0.00										
BOARD MEMBER	0.00	x				1		o	0		0
(4) JOSE AZEL						$\vdash$					
.,	0.00										
BOARD MEMBER	0.00	X						0	0		0
(5) MIGUEL SALUDES		П									
	0.00	ĺ	ĺ		ĺ	ĺ	ĺ	ĺ		,	
BOARD MEMBER	0.00	X				<u> </u>	L.	0	0		0
(6) ROLANDO MORELLI											
	0.00								•		_
BOARD MEMBER	0.00	X	├-		<u> </u>	$\vdash$		0	0		0
(7)							İ				
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(10)											
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(11)

1 Pa	irt VII	Section A. Officers	, Directors, Tru	istee	s, K	ey E	mp	loyee	<del>3</del> \$, ∂	and High	est Compensate	d Employees (continued)				
		(A) Name and title	(B) Average hours per week (list any hours for related	of	x, uni	Pos check ess pe ind a	erson directi	than of both or/trust	ee)	<u> </u>	(D) Reportable compensation from the organization -2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimated amount of other compensation from the organization and related organizations		
			organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(**	2 1000 111100,			and re	lated	<del>,</del> ,
															-	
											<del></del>					
															<u> </u>	
1b c		rom continuation shee	ets to Part VII, S	Secti	on A	`	<u> </u>		<b>&gt; &gt;</b>		72,484 72,484					
d 	Total r	add lines 1b and 1c) number of individuals (inc ible compensation from				thos	e list	ted a	bov	e) who re			<u> </u>		Yes	No
3	employ	e organization list any <b>fo</b> vee on line 1a? If "Yes," y individual listed on line	complete Sched	tule .	J for	suci	h inc	irvidu	ıal					3		X
5	organiz individi Did an	zation and related organ ual y person listed on line 1	a receive or acc	than xue	\$15 com	50,00 pens	0? <i>l</i> t	f "Ye	s," o n ar	complete s	Schedule J for su ed organization o	uch		4		x
—— Sect		vices rendered to the or ndependent Contracto		es,	com	piete	Sci	nedu	ie J	tor such p	person			5_		
1	Comple	ete this table for your fiven sation from the organization	e highest comparation Report co	ensa impe	ted i	nder	end or th	ent o	onti lend	ractors that lar year e	nding with or with	nin the organization's tax ye	ear		(C)	
		Name and	(A) business address				- <u>-</u>				Descrip	(B) obon of services			(C) mpensat	oon
2		umber of independent of more than \$100,000 of								se listed a	bove) who					· · · · · ·

Total revenue   Personal Commence   Personal C	T. C	ii.i. A	Check if Schedule		itains a	response	or note to any line	ın this Part VIII		
### Federated campagins   b Membership duse   1a			•				(A)	(B) Related or exempt function	Unrelated business	Revenue excluded from tax under sections
3 Investment income (including dividends, interest, and other similar amounts)  I Income from investment of tax-exempt bond proceeds  Royalties  (i) Realt (ii) Personal  (ii) Personal  Less rental exps  C Rental in cor of (oss)  I Gross amount from (ii) Securities slate of seates other than reventory  b Less cost or other base a sale exps  c Gain or (loss)  I Het gain or (loss)  I Het gain or (loss)  I Het gain or (loss)  See Part IV, line 18  b Less direct expenses  c Net income or (loss) from gaining activities  See Part IV, line 19  Less direct expenses  C Net income or (loss) from gaining activities  See Part IV, line 19  Less direct expenses  D Less cort of organing activities  See Part IV, line 19  Less cort of organing activities  See Part IV, line 19  Less cort of organing activities  See Part IV, line 19  Less cort of organing activities  See Part IV, line 19  Less cort of goods odd b  C Net income or (loss) from gaining activities  Revenue  Buan. Code  11a  Buan. Code  11a  C d All other revenue  Fotal. Add lines 11a-11d	इस	1a	Federated campaigns	1a			51			1
3 Investment income (including dividends, interest, and other similar amounts)  I Income from investment of tax-exempt bond proceeds  Royalties  (i) Realt (ii) Personal  (ii) Personal  Less rental exps  C Rental in cor of (oss)  I Gross amount from (ii) Securities slate of seates other than reventory  b Less cost or other base a sale exps  c Gain or (loss)  I Het gain or (loss)  I Het gain or (loss)  I Het gain or (loss)  See Part IV, line 18  b Less direct expenses  c Net income or (loss) from gaining activities  See Part IV, line 19  Less direct expenses  C Net income or (loss) from gaining activities  See Part IV, line 19  Less direct expenses  D Less cort of organing activities  See Part IV, line 19  Less cort of organing activities  See Part IV, line 19  Less cort of organing activities  See Part IV, line 19  Less cort of organing activities  See Part IV, line 19  Less cort of goods odd b  C Net income or (loss) from gaining activities  Revenue  Buan. Code  11a  Buan. Code  11a  C d All other revenue  Fotal. Add lines 11a-11d	ğ	ь	· -				A			
3 Investment income (including dividends, interest, and other similar amounts)  I Income from investment of tax-exempt bond proceeds  Royalties  (i) Realt (ii) Personal  (ii) Personal  Less rental exps  C Rental in cor of (oss)  I Gross amount from (ii) Securities slate of seates other than reventory  b Less cost or other base a sale exps  c Gain or (loss)  I Het gain or (loss)  I Het gain or (loss)  I Het gain or (loss)  See Part IV, line 18  b Less direct expenses  c Net income or (loss) from gaining activities  See Part IV, line 19  Less direct expenses  C Net income or (loss) from gaining activities  See Part IV, line 19  Less direct expenses  D Less cort of organing activities  See Part IV, line 19  Less cort of organing activities  See Part IV, line 19  Less cort of organing activities  See Part IV, line 19  Less cort of organing activities  See Part IV, line 19  Less cort of goods odd b  C Net income or (loss) from gaining activities  Revenue  Buan. Code  11a  Buan. Code  11a  C d All other revenue  Fotal. Add lines 11a-11d	%Æ	c	•				1			1
3 Investment income (including dividends, interest, and other similar amounts)  I Income from investment of tax-exempt bond proceeds  Royalties  (i) Realt (ii) Personal  (ii) Personal  Less rental exps  C Rental in cor of (oss)  I Gross amount from (ii) Securities slate of seates other than reventory  b Less cost or other base a sale exps  c Gain or (loss)  I Het gain or (loss)  I Het gain or (loss)  I Het gain or (loss)  See Part IV, line 18  b Less direct expenses  c Net income or (loss) from gaining activities  See Part IV, line 19  Less direct expenses  C Net income or (loss) from gaining activities  See Part IV, line 19  Less direct expenses  D Less cort of organing activities  See Part IV, line 19  Less cort of organing activities  See Part IV, line 19  Less cort of organing activities  See Part IV, line 19  Less cort of organing activities  See Part IV, line 19  Less cort of goods odd b  C Net income or (loss) from gaining activities  Revenue  Buan. Code  11a  Buan. Code  11a  C d All other revenue  Fotal. Add lines 11a-11d	₩.	la	_	1d		· · · · · ·	1		1	
3 Investment income (including dividends, interest, and other similar amounts)  I Income from investment of tax-exempt bond proceeds  Royalties  (i) Realt (ii) Personal  (ii) Personal  Less rental exps  C Rental in cor of (oss)  I Gross amount from (ii) Securities slate of seates other than reventory  b Less cost or other base a sale exps  c Gain or (loss)  I Het gain or (loss)  I Het gain or (loss)  I Het gain or (loss)  See Part IV, line 18  b Less direct expenses  c Net income or (loss) from gaining activities  See Part IV, line 19  Less direct expenses  C Net income or (loss) from gaining activities  See Part IV, line 19  Less direct expenses  D Less cort of organing activities  See Part IV, line 19  Less cort of organing activities  See Part IV, line 19  Less cort of organing activities  See Part IV, line 19  Less cort of organing activities  See Part IV, line 19  Less cort of goods odd b  C Net income or (loss) from gaining activities  Revenue  Buan. Code  11a  Buan. Code  11a  C d All other revenue  Fotal. Add lines 11a-11d	S.E	e		10		423,188	1			
3 Investment income (including dividends, interest, and other similar amounts)    A Income from investment of tax-exempt bond proceeds	S.S.	f					1			
3 Investment income (including dividends, interest, and other similar amounts)    A Income from investment of tax-exempt bond proceeds	異		and similar amounts not included above	1f						
3 Investment income (including dividends, interest, and other similar amounts)    A Income from investment of tax-exempt bond proceeds	<b>150</b>	g	Noncash contributions included in lines 1a	-1f	\$		1			
3 Investment income (including dividends, interest, and other similar amounts)    A Income from investment of tax-exempt bond proceeds	<u>3</u> E	h	Total. Add lines 1a-1f				423,188			
3 Investment income (including dividends, interest, and other similar amounts)    A Income from investment of tax-exempt bond proceeds	ue					Busn Code		,		
3 Investment income (including dividends, interest, and other similar amounts)    A Income from investment of tax-exempt bond proceeds	3Ver	2a								
3 Investment income (including dividends, interest, and other similar amounts)    A Income from investment of tax-exempt bond proceeds	2	ь								
3 Investment income (including dividends, interest, and other similar amounts)    A Income from investment of tax-exempt bond proceeds	Š	С								
3 Investment income (including dividends, interest, and other similar amounts)    A Income from investment of tax-exempt bond proceeds	8	d								
3 Investment income (including dividends, interest, and other similar amounts)    A Income from investment of tax-exempt bond proceeds	ᇤ	θ								
3 Investment income (including dividends, interest, and other similar amounts)    A Income from investment of tax-exempt bond proceeds	ğ	f	All other program service reve	nue		L			<u> </u>	
and other similar amounts)  4 Income from investment of tax-exempt bond proceeds > 5 Royalties  (i) Real (ii) Personal  6a Gross rents	4	_ 9						· · · · · · · · · · · · · · · · · · ·	<del>,</del>	<del>,</del>
Income from investment of tax-exempt bond proceeds   Society		3		divider	ids, intere	est,	•			
S Royalties									<del> </del>	
(i) Real   (ii) Personal				(-exem	pt bond p	proceeds >				-
Ga Gross rents   b Less rental exps   c Rental income or (loss)		5				<u></u>	 			<u> </u>
b Less rental exps c Rental no or (loss) d Net rental income or (loss) Fasts after a sales exps other than inventory b Less out or other bases & sales exps c Gan or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) for income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events See Part IV, line 19 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities  a b Less direct expenses b c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaniaous Revenue  Buen. Code  11a b c c d All other revenue e Total. Add lines 11a–11d			<del></del>		(11)	Personal	1			
d Net retail in core or (loss)  d Net retail in norme or (loss)  7a Gross amount from sates of assets other than inventory, b  Less cost or other base & sates exps  c Gain or (loss)  8a Gross income from fundraising events (not including \$ of contributions reported on line 1c).  See Part IV, line 18										ļ
d Net rental income or (loss)  Gross amount from sale of issels other than wentrony  b Less cost or other basis & sales exps  c Gain or (loss)  d Net gain or (loss)  8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events See Part IV, line 19 a b Less direct expenses c Net income or (loss) from gaining activities  10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busn. Code  11a b c Total. Add lines 11a–11d		_	·				1			
Page   Page		_	· · ·					<del></del>		
Sales of assels other bass & sales exps  C Gain or (loss)  d Net gain or (loss)  8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18  b Less direct expenses  c Net income or (loss) from fundraising events  See Part IV, line 19  b Less direct expenses  c Net income or (loss) from gaming activities  C Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b   C Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busin. Code  11a  b  c d All other revenue  e Total. Add lines 11a-11d			Crocc amount from		(11)					
b Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss)  8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18			sales of assets		("/					
basis & sales exps  c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses b c Net income or (loss) from fundraising events See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities  To a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busin. Code  d All other revenue e Total. Add lines 11a-11d		h			<u> </u>		1			
C Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events See Part IV, line 19 a b Less direct expenses c Net income from gaming activities  10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busn. Code  11a b c d All other revenue e Total. Add lines 11a–11d	1	_	i		[					
d Net gain or (loss)  8a Gross income from fundraising events (not including \$ of contributions reported on line 1c).  See Part IV, line 18  b Less direct expenses  c Net income or (loss) from fundraising events  See Part IV, line 19  b Less direct expenses  c Net income or (loss) from gaming activities  See Part IV, line 19  b Less direct expenses  c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a  b Less cost of goods sold  c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busin, Code  11a  b  c d  All other revenue  e Total. Add lines 11a–11d		С	·							,
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(not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less direct expenses b c Net income or (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11a b c c d All other revenue e Total. Add lines 11a–11d		8a		nts (						
of contributions reported on line 1c). See Part IV, line 18  b Less direct expenses c Net income from gaming activities See Part IV, line 19  b Less direct expenses c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busn. Code  11a b c d All other revenue e Total. Add lines 11a-11d	ğ		<del>-</del>						j	
c Net income or (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busn. Code  11a b c d All other revenue e Total. Add lines 11a–11d	ě		of contributions reported on line 1c)	).						
c Net income or (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busn. Code  11a b c d All other revenue e Total. Add lines 11a–11d	E		See Part IV, line 18	а						
c Net income or (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busn. Code  11a b c d All other revenue e Total. Add lines 11a–11d	美	b	Less direct expenses	b					 	
See Part IV, line 19  b Less direct expenses  c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances  a b Less cost of goods sold  c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busn. Code  11a  b  c  d All other revenue  e Total. Add lines 11a–11d	ا۲			r	events					
b Less direct expenses b  c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b  c Net income or (loss) from sales of inventory  Miscellaneous Revenue Busn. Code  11a b c d All other revenue e Total. Add lines 11a–11d		9a		s						
c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busn. Code  11a b c d All other revenue e Total. Add lines 11a–11d										
10a Gross sales of inventory, less returns and allowances  b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busn. Code  11a  b  c  d All other revenue e Total. Add lines 11a–11d			•	٠.				<del></del>		<del></del>
returns and allowances  b Less cost of goods sold  c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busn. Code  11a  b  c  d All other revenue  e Total. Add lines 11a–11d				ning ac	tivities			·		
b Less cost of goods sold b  c Net income or (loss) from sales of inventory  Miscellaneous Revenue Busn. Code  11a  b  c  d All other revenue  e Total. Add lines 11a–11d		10a								
C Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busn. Code  11a  b  C  d All other revenue  Total. Add lines 11a–11d				1						
Miscellaneous Revenue  Buen. Code  11a  b  c  d All other revenue  Total. Add lines 11a–11d			=						<del></del>	ļ <del></del>
11a b c d All other revenue e Total. Add lines 11a–11d	ŀ	<u>c</u>		s of in	ventory	Dur. 0.4				
b c d All other revenue e Total. Add lines 11a–11d	ŀ	44	Miscellaneous Revenue			Busn. Code				
c d All other revenue e Total. Add lines 11a–11d	İ								<del></del>	
d All other revenue e Total. Add lines 11a–11d		_				<b>——</b>				· · · · · · · · · · · · · · · · · · ·
e Total. Add lines 11a-11d			All other revenue			<del></del>		<u> </u>		-
									<del></del>	
112 lotal revenue. See instructions P   423,100! UI UI UI U	l	12	Total revenue. See instruction	าร			423,188	0	0	0

Part IX | Statement of Functional Expenses

	Check if Schedule O contains a resp	onse or note to any line in	this Part IX		X
	not include amounts reported on lines 6b, Bb, 9b, 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				
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				
	ındividuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees			***************************************	
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 salanes and wages	108,928	108,928		
8	Pension plan accruals and contributions (include		ł		}
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	6,511	6,511		
10	Payroll taxes	8,364	8,364		
11	Fees for services (non-employees)				
a	Management				
b	Legal				
С	Accounting			<del></del>	· · · <del>- ·</del> · · · · - · - · - · - · - ·
d	Lobbying				
9	Professional fundraising services See Part IV, line 17	·			·
t -	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column	122,916	122,916		
12	(A) amount, list line 11g expenses on Schedule O)	450	450		
12 13	Advertising and promotion	30,660	30,660		
14	Office expenses Information technology	30,860	30,000	<del></del>	
15	Royalties			· · · · · · · · · · · · · · · · · · ·	
16	Occupancy	11,400	11,400		
17	Travel	19,054	18,984	70	
18	Payments of travel or entertainment expenses	23,7003			
	for any federal, state, or local public officials	İ			
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates			<del></del>	
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If	ĺ		İ	
	line 24e amount exceeds 10% of line 25, column				·
	(A) amount, list line 24e expenses on Schedule O)				
а	IN-COUNTRY COSTS	87,048	87,048		<del></del> _
b	COMMUNICATIONS	23,354	23,354		
С	MISCELLANEOUS	3,884	1,957	1,927	
d	BANK CHARGES	150	150		
0	All other expenses				
25_	Total functional expenses. Add lines 1 through 24e	422,719	420,722	1,997	0
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 SOP 98-2 (ASC 958-720)				

**Balance Sheet** 

Part X

Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 144,206 142,005 Cash-non-interest bearing 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsonng organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or <u>3,9</u>57 other basis Complete Part VI of Schedule D 10a 3,957 b Less accumulated depreciation 10b 10c Investments—publicly traded securities 11 11 12 Investments—other securities See Part IV, line 11 12 Investments-program-related See Part IV, line 11 13 13 14 14 Intangible assets 1,500 1,500 15 Other assets See Part IV, line 11 15 145,706 143,505 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 3,302 5,034 Accounts payable and accrued expenses 17 17 Grants payable 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 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 5,034 3,302 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 140,203 27 140,672 27 Unrestricted net assets 28 28 Temporanly restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 140,203 140,672 33 33 Total net assets or fund balances 143,505 145,706 Total liabilities and net assets/fund balances 34

om	990 (2018) CUBANET NEWS, INC.	<u>65-0615598</u>			Pa	ige <b>12</b>
Pa	rt:XI Reconciliation of Net Assets				-	
	Check if Schedule O contains a response or note to any line in	this Part XI	<del> </del>			$\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)		1		23,	
2	Total expenses (must equal Part IX, column (A), line 25)		2	4	22,	<u>719</u>
3	Revenue less expenses Subtract line 2 from line 1		3			<u>469</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, cold	mn (A))	4	1	.40,	203
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 in Schedule O)		9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equ	al Part X, line				
	33, column (B))		10	1	40,	<u>672</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in	this Part XII				
					Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual	Other		<del></del>		1 1
	If the organization changed its method of accounting from a prior year or checked	"Other," explain in				
	Schedule O			<u></u>	.	
2a	Were the organization's financial statements compiled or reviewed by an indepen	dent accountant?		2a	<u> </u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year	ar were compiled or			1	) )
	reviewed on a separate basis, consolidated basis, or both			ļ		1 1
	Separate basis Consolidated basis Both consolidated and s	eparate basis				
b	Were the organization's financial statements audited by an independent accounta	nt?		2b	<u> </u>	X
	If "Yes," check a box below to indicate whether the financial statements for the ye	ar were audited on a				1
	separate basis, consolidated basis, or both	•				1
	Separate basis Consolidated basis Both consolidated and s	eparate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes re	sponsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an	independent accountant?		2c		
	If the organization changed either its oversight process or selection process duning	the tax year, explain in				[
	Schedule O				.	
3a	As a result of a federal award, was the organization required to undergo an audit	or audits as set forth in				}
	the Single Audit Act and OMB Circular A-133?			3a	<u> </u>	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization	on did not undergo the				1 -
	required audit or audits, explain why in Schedule O and describe any steps taken	to undergo such audits		3b		<u> </u>
				Fo	m 99	0 (2018)

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

Public Charity Status and Public Support

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

OMB No 1545-0047 2018

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ.

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

Employer Identification number

			CUBANET NEWS	S, INC.			65-061	5598
l P	art I	Reas	on for Public Charity	Status (All organizations	must c	omplete	this part.) See instruction	ns.
The	orga			se it is (For lines 1 through 12,				
1	$\Box$		•	sociation of churches described		•	· /	
2	Н	•	·	(A)(ii). (Attach Schedule E (For				
3	H			ice organization described in se			am ()1	
A	H	•	·	d in conjunction with a hospital			• •	nocnital'e name
*	Ш		•	o in conjunction with a nospital	uescribed	III Secui	on 170(b)(1)(A)(iii). Enter the i	iospitais riaine,
_	$\Box$	city, and stat						
5	Ш	•	•	of a college or university owned	or operat	ed by a g	jovernmental unit described in	
	$\Box$		(b)(1)(A)(iv). (Complete Part	•				
6		•		governmental unit described in s				
7	X	•	•	substantial part of its support fro	om a gov	emmenta	unit or from the general public	
•			section 170(b)(1)(A)(vi). (C	•				
8	Н	-		170(b)(1)(A)(vi). (Complete Part				
9	Ш	_	•	scribed in section 170(b)(1)(A)(				ge
		•	or a non-land-grant college	of agriculture (see instructions)	Enter the	name, c	ty, and state of the college of	
40	$\Box$	university	Abak aa	4) than 22 4/20/ of the aver			one werehooder fore and an	
10	Ш	•	•	<ol> <li>more than 33 1/3% of its sup npt functions—subject to certain</li> </ol>	•			USS
		•		nd unrelated business taxable in	-		-	
			•	0, 1975 See section 509(a)(2)			•	
11	$\Box$		•	exclusively to test for public safe	•		•	
12	Н			exclusively for the benefit of, to	_	_		ses
	ш	_	- ,	zations described in section 50	•			
				hat describes the type of suppo				•
	а	Type I. A	supporting organization op	erated, supervised, or controlled	by its su	pported (	organization(s), typically by givi	ng
		the supp	orted organization(s) the pov	ver to regularly appoint or elect	a majority	of the di	rectors or trustees of the	•
		supportin	g organization You must o	omplete Part IV, Sections A a	nd B.			
	b	Type II.	A supporting organization su	pervised or controlled in connection	ction with	its suppo	rted organization(s), by having	
		control of	r management of the suppor	rting organization vested in the s	same pers	sons that	control or manage the support	ed
		organizat	on(s) You must complete	Part IV, Sections A and C.				
	С			supporting organization operated				rth,
		its suppo	orted organization(s) (see in:	structions) You must complete	Part IV,	Sections	A, D, and E.	
	d			d. A supporting organization ope	_			
			• •	e organization generally must sa			·	ess
		_ `	•	must complete Part IV, Section		-		
	6			eived a written determination fro			s a Type I, Type II, Type III	
			• •	on-functionally integrated suppor	ung organ	iizalion		Γ
	†		mber of supported organizat	he supported organization(s)				
	<u>9</u>		T	1	6.3 1. 0			
(I		e of supported anization	(II) EIN	(ilii) Type of organization (described on lines 1–10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
	U. g	LINE COOK		above (see instructions))		ment?	instructions)	instructions)
					Yes	No	·	
(A)								
• •					1			
(B)								
(C)								
					ł			
(D)								
					<u> </u>			
(E)								

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	516,071	569,135	614,416	728,368	423,188	2,851,178
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	516,071	569,135	614,416	728,368	423,188	2,851,178
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)				7		
6	Public support. Subtract line 5 from line 4						2,851,178
Sec	tion B. Total Support						
Caler	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	516,071	569,135	614,416	728,368	423,188	2,851,178
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10	1					2,851,178
12	Gross receipts from related activities, etc	•				12	62
13	First five years. If the Form 990 is for the	-	, second, third, fou	rth, or fifth tax year	r as a section 501	(c)(3)	. $\Box$
<del></del>	organization, check this box and stop her				<del></del>	·	▶
	tion C. Computation of Public St	<del></del>			<del></del>		T
14	Public support percentage for 2018 (line 6	* -	-	ר) ו (ד) ר		14	100.00%
15 16-	Public support percentage from 2017 Sche			2 and line 44 is 2	2 1/20/ 25	15	100.00%
16a	33 1/3% support test—2018. If the organ box and stop here. The organization qual				3 1/3% OF More, C	neck this	► X
<b>h</b>	33 1/3% support test—2017. If the organ				5 is 33 1/3% or m/	ore check	
U	this box and stop here. The organization				7 13 33 173 76 OF THE	ore, areas	▶ □
17a					or 16b and line	14 is	ــا -
	10% or more, and if the organization meet	=					
	Part VI how the organization meets the "fa organization				•		▶ 🗆
þ	10%-facts-and-circumstances test—201	_				l line	
	15 is 10% or more, and if the organization			•	•	hlich	
	Explain in Part VI how the organization me supported organization	eels the Tacts-and-	circumstances" tes	st the organization	i quaimes as a pu	ibiidy	▶ □
18	Private foundation. If the organization did	I not check a how o	n line 13 16a 16h	. 17a or 17h cher	ck this box and se	e	- 🗆
	Instructions			.,,,		-	▶ □

Sche	dule A (Form 990 or 990-EZ) 2018	BANET NEW	S, INC.		65	-0615598	Page 3
	art III   Support Schedule for C	rganizations	Described in S	ection 509(a)(			
	(Complete only if you che					to qualify under	Part II
	If the organization fails to	qualify under t	he tests listed l	pelow, please o	omplete Part I	l.)	
Sec	tion A. Public Support					/	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018 /	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	<del> </del>				1./	<del></del>
	furnished in any activity that is related to the organization's tax-exempt purpose						·- <u></u> -
3	Gross receipts from activities that are not an unrelated trade or business under section 513		<u></u>				
4	Tax revenues levied for the organization's benefit and either paid					/ /	
	to or expended on its behalf	· · · · · · · · · · · · · · · · · · ·			/	1	<del></del>
5	The value of services or facilities furnished by a governmental unit to the organization without charge						200
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		ļ	į			
c	Add lines 7a and 7b			/		<del></del>	<del></del>
8	Public support. (Subtract line 7c from						
	line 6)						
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c)/2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6				· · · · · · · · · · · · · · · · · · ·	ļļ.	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets						
13	(Explain in Part VI)  Total support. (Add lines 9, 10c, 11,		/		<del> </del>		<del></del>
	and 12)		<b>1</b>			<u> </u>	
14	First five years. If the Form 990 is for the	- /	st, second, third, for	urth, or fifth tax yea	ar as a section 50	1(c)(3)	. 🗀
	organization, check this box and stop her		<del></del>				
	tion C. Computation of Public S	<del></del>				· · · · · · · · · · · · · · · · · · ·	<del></del>
15	Public support percentage for 2018 (line 8	<i>u</i>		n (f))		15	%
<u>16</u>	Public support percentage from 2017 School					16	
	tion D. Computation of Investme			ackies (5)	·	147	<u> </u>
17 10	Investment income percentage for 2018 (I	1	· -	o, column (t))		17	<u>%</u>
18 19a	Investment income percentage from 2017 33 1/3% support tests—2018. If the orga	,		14 and line 15 in	more than 22 1/2	18   % and line	%_
1 44	17 is not more than 33 1/3%, check this be	/					▶ □
b	33 1/3% support tests—2017. If the orga	/	-		_		
~	line 18 is not more than 33 1/3%, check th	,					▶ 🗌
20	Private foundation. If the organization did	,					▶ 🗍
_		/	<del></del>	····	<del></del>	Schedule A (Form 99	0 or 990-EZ) 2018

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#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Q,	ation	_	AII	Sunna	Hina	<b>Organizations</b>	
v	FULLULI	Λ.	ΜII	Suppu	nuny.	Organizations	

	ion A. All Supporting Organizations	<del></del>	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		162	140
•	documents? If "No," describe in Part VI how the supported organizations are designated if designated by			
	class or purpose, describe the designation of historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	<u>                                   </u>		<u> </u>
•	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		}	
		2		
2-	organization was described in section 509(a)(1) or (2)  Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	<u>-</u>		
3a	• • • • • • • • • • • • • • • • • • • •	3a		
L	(b) and (c) below	Ja		<u> </u>
Þ	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the			
		25		
	organization made the determination	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	<u> </u>	[	
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	45		
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	-	_
þ	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	<del></del> -		
_	purposes O M m ( )	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	j		
	answer (b) and (c) below (f applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(III) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?			L
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the chantable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
_	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6_		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	<u> </u>		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		-
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	[ <del>-</del>		
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	ŀ		
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		_
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	1		

10a

supporting organizations)? If "Yes," answer 10b below

determine whether the organization had excess business holdings)

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

<u>Schedu</u>	ule A (Form 990 or 990-EZ) 2018 CUBANET NEWS, INC. 65	-0615598		Page 5
Par	t IV   'Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
Secti	on B. Type I Supporting Organizations			
_		<del></del>	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			i i
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities if the organization had more than one supported organization,	•		l 1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year  Did the organization operate for the benefit of any supported organization other than the supported	1		
4	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	1 1		[ ]
	supervised, or controlled the supporting organization	2		
Secti	on C. Type II Supporting Organizations		-	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			1
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			]
	the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	<u> </u>		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	_	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1 1		[
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			}
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	ļ		
<u> </u>	supported organizations played in this regard	3		
	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions)		
a	The organization satisfied the Activities Test Complete line 2 below			
þ	The organization is the parent of each of its supported organizations Complete line 3 below	4. (		
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity	y (see instructions)		
2 A	Activities Test Answer (a) and (b) below.	i	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			]
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			1
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1 1		
	reasons for the organization's position that its supported organization(s) would have engaged in these	, ,		
	activities but for the organization's involvement	2b		<del></del>
3	Parent of Supported Organizations Answer (a) and (b) below.			- 1
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u> </u>		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

emergency temporary reduction (see instructions)

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

3

<u>4</u> 5

Adjusted net income for pnor year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

2 Enter 85% of line 1

Enter greater of line 2 or line 3

5 Income tax imposed in prior year

Schedule A (Form 990 or 990-EZ) 2018

Part.V   Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	Current Year					
_1_	Amounts paid to supported organizations to accomplish exempt purpo					
2	Amounts paid to perform activity that directly furthers exempt purpose					
	organizations, in excess of income from activity	· · · · · · · · · · · · · · · · · · ·				
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations				
_4_	Amounts paid to acquire exempt-use assets	<del></del>	·			
5	Qualified set-aside amounts (pnor IRS approval required)					
6	Other distributions (describe in Part VI) See instructions					
_7_	Total annual distributions. Add lines 1 through 6		<u></u>			
8	Distributions to attentive supported organizations to which the organizations					
	(provide details in Part VI) See instructions					
9	Distributable amount for 2018 from Section C, line 6		· · · · · · · · · · · · · · · · · · ·			
<u> 10</u>	Line 8 amount divided by line 9 amount	T	····			
	Section E - Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018		
_1	Distributable amount for 2018 from Section C, line 6			1		
2	Underdistributions, if any, for years prior to 2018					
	(reasonable cause required-explain in Part VI) See					
	instructions		·····			
3	Excess distributions carryover, if any, to 2018					
	From 2013	<del></del>	<u> </u>			
	From 2014	<del></del>				
	From 2015	<del> </del>	······································			
	From 2016			<u> </u>		
	From 2017					
	Total of lines 3a through e					
	Applied to underdistributions of prior years					
	Applied to 2018 distributable amount					
<u>-</u>	Carryover from 2013 not applied (see instructions)					
	Remainder, Subtract lines 3g, 3h, and 3i from 3f					
4	Distributions for 2018 from Section D. line 7 \$					
		<u> </u>				
	Applied to underdistributions of prior years  Applied to 2018 distributable amount			<del></del> -		
	Remainder Subtract lines 4a and 4b from 4	<u> </u>	<u> </u>			
5	Remaining underdistributions for years prior to 2018, if					
3	any Subtract lines 3g and 4a from line 2 For result					
	greater than zero, explain in Part VI See instructions					
6	Remaining underdistributions for 2018 Subtract lines 3h		·			
Ü	and 4b from line 1 For result greater than zero, explain in					
	Part VI See instructions	1				
7	Excess distributions carryover to 2019. Add lines 3			1		
•	and 4c	1				
	Breakdown of line 7.					
_ <u></u> -	Excess from 2014			i		
	Excess from 2015		······································			
	Excess from 2016		······································			
	Excess from 2017			ĺ		
	Excess from 2018					

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information. (See instructions.)

#### 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

Name of the organization Employer identification number CUBANET NEWS, INC 65-0615598 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confering impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a 2b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue 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 to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue 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 the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (iii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 \$ Assets included in Form 990, Part X

Schedule D (Form 990) 2018 CUBANET N	<u>ews, inc.</u>			<u> 65-0</u>	615598			P	<u>age 2</u>
Part III Organizations Maintaining	Collections of	Art, Historical	Treasures,	or Othe	r Similar A	ssets (d	contin	ued)	
3 Using the organization's acquisition, accessio collection items (check all that apply)	n, and other record	s, check any of the t	ollowing that a	ire a signifi	icant use of its				
a Public exhibition	d∏	Loan or exchange p	rograms						
b Scholarly research	• □	Other							
c Preservation for future generations	_								
4 Provide a description of the organization's co	llections and explain	n how they further th	e organization	's exempt	purpose in Pari	t			
XIII  S Duning the year, did the organization solicit or	r mecelive donations	of art, historical trea-	sures or other	eimilar					
assets to be sold to raise funds rather than to		•					☐ Ye	s Г	No
Part IV Escrow and Custodial Arr		<u> </u>							-
Complete if the organization	answered "Yes"	" on Form 990, F	Part IV, line	9, or rep	orted an am	ount on	Form	1	
990, Part X, line 21.									
1a Is the organization an agent, trustee, custodia	in or other intermed	diary for contributions	or other asse	ets not		j	<b>п</b> √-		1
included on Form 990, Part X?		-U table				l	Ye	s L	No
<b>b</b> If "Yes," explain the arrangement in Part XIII	and complete the to	blowing table				<del></del>	Amount		
a Danimura halanaa					1-1-		anoun		
c Beginning balance					1c				
d Additions during the year					1d				—
Distributions during the year					10				
f Ending balance	000 Dad V I	- 04 for access on a		-4 15.1.4.4	1f		7 7-		T No
2a Did the organization include an amount on Fo						l	Ye	•  -	No
b If "Yes," explain the arrangement in Part XIII Part V Endowment Funds.	Check here if the e	xpianation has been	provided on P	an Aiii		<del></del>			Щ.
Complete if the organization	answered "Ves"	on Form 990 E	ent IVI Ime	10					
Complete ii the organization	(a) Current year	(b) Pnor year	(c) Two ye		(d) Three years	hank	(e) Four	vears I	nack
1a Beginning of year balance	(a) Culteria your	(b) i noi you	(6) 1.00 / 0	ars buck	(a) Theo years	- Datas	(0) 1 001	700/5	-
b Contributions	<del></del>					<del></del>			
	<del></del>								
c Net investment earnings, gains, and losses		[							
d Grants or scholarships		·	<del>                                     </del>						
e Other expenditures for facilities and	<del></del>	<del></del>							
' I									
programs	<del></del>		<del></del>		· <del></del>	-+			
f Administrative expenses g End of year balance	<del></del>								
g End of year balance  2 Provide the estimated percentage of the curre	ent year and halana	o (lino 1a column (a	)) hold as						
a Board designated or quasi-endowment ▶	"It year end baland	e (iiile 19, coluiliii (a	// Held as						
b Permanent endowment ▶ %	70								
c Temporanly restricted endowment	%								
The percentages on lines 2a, 2b, and 2c shot									
3a Are there endowment funds not in the posses		ation that are held ar	nd administere	d for the					
organization by	Sion of the organiza	adon that are note at	ia administere	u 101 u10			ſ	Yes	No
(I) unrelated organizations							3a(i)		110
(ii) related organizations							3a(ii)		
b If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	ired on Schedule R2					3b		
4 Describe in Part XIII the intended uses of the	•						0.0	I	
Part VI Land, Buildings, and Equi		owner tando	<del></del> - ·					_	
Complete if the organization		on Form 990. P	art IV. line	11a. See	Form 990.	Part X.	line 1	0.	
Description of property	(a) Cost or other		r other basis		Accumulated		d) Book		
• On Brokeria	(investment)		ther)		preciation	1 '			
1a Land			<del></del> _			1			
b Buildings						1			
c Leasehold improvements			<del></del>			1			
d Equipment				· · · ·	· · · · · · · · · · · · · · · · · · ·	1			
e Other			3,957		3,957	7			
Total. Add lines 1a through 1e (Column (d) must ed	ual Form 990, Par	t X, column (B), line		· · · · · · · · · · · · · · · · · · ·	•				

	Complete if the organization answered "Ye	es" on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of vatuation
<del></del>	(including name of security)		Cost or end-of-year market value
) Financial (			
	ld equity interests		
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col (B) line 12)▶		
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Ye	s" on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column	n (b) must equal Form 990, Part X, col (B) line 13 ) ▶		
Part IX	Other Assets.  Complete if the organization answered "Ye		e 11d. See Form 990, Part X, line 15.
(4)	(a) Descrip	uon	(b) Book value
(1) (2)			
(2)			
(3)			
(4)			<del></del>
(5)	<del></del>		
<u>(6)</u>	<del>-</del>		
(7)	- <del></del>		
(8)			_ <del></del>
9)			
	(b) must equal Form 990, Part X, col. (B) line 15)		<b>&gt;</b>
Part X	Other Liabilities.  Complete if the organization answered "Ye line 25	s" on Form 990, Part IV, line	e 11e or 11f See Form 990, Part X,
	(a) Description of liability	(b) Book value	
	Income taxes	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	monio and		
1) Federal ı			
1) Federal ı 2)			•
1) Federal II 2) 3)			
1) Federal    2) 3) 4)			
1) Federal   (2) (3) (4) (5)			
(1) Federal (2) (2) (3) (4) (5)			je
(1) Federal (2) (2) (3) (4) (5) (6)			,   <b>   </b>  -
(2) (3) (4) (5) (6) (7)			, ,
(1) Federal (2) (3) (4) (5) (6) (7) (8) (9)	(b) must equal Form 990, Part X, col (B) line 25) ▶		, 

Sche	edule D (Form 990) 2018 CUBANET NEWS, INC.		0010098	Page 4
P	art XI Reconciliation of Revenue per Audited Financial S	Statements With Revenu	ie per Return.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a	•	
1	Total revenue, gains, and other support per audited financial statements		1	423,188
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	2b		
С	Recovenes of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
9	Add lines 2a through 2d		2е	
3	Subtract line 2e from line 1		3	423,188
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	( I		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
C	Add lines 4a and 4b		4c	
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	)	5	423,188
LPa	art XII Reconciliation of Expenses per Audited Financial	Statements With Expen	ses per Return.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	422,719
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a	····	
þ	Pnor year adjustments	2b		
C	Other losses	2c		
ď	Other (Describe in Part XIII )	2d		
9	Add lines 2a through 2d		2ө	
3	Subtract line 29 from line 1		3	422,719
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
C	Add lines 4a and 4b		4c	
_5_	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8)	5	422,719

Part XIII | Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Part XIII | Supplemental Information (continued)

# SCHEDULE F (Form 990)

### Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.

2018

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

		r news, inc		65-0615				
	neral Information m 990, Part IV, line		utside the United States. Co	omplete if the organization answ	wered "Yes" on			
			s to substantiate the amount of its g	rants and				
	_		assistance, and the selection criteria					
	award the grants or assistance?							
2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States								
3 Activities per	Region (The following	Part I, line 3 table car	n be duplicated if additional space is	s needed )				
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients	(e) if activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region			
		contractors in the region	located in the region)	Service(s) in the region	in the region			
(1)								
(2)								
(3)								
(4)								
(5)								
_(6)								
(7)								
(8)								
<u>(9)</u>								
<u>(10)</u>								
(11)		)						
(12)					<del></del>			
(13)		<u> </u>						
(14)								
<u>(15)</u>								
(16)								
(17)								
3a Subtotal								
<b>b</b> Total from continuation sheets to Part I								
c Totals (add times 3a and 3b)			1 '					

Schedule F (Form 990) 2018

Instructions for Form 5713, don't file with Form 990)

### SCHEDULE O (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.

Open to Public

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Inspection

OMB No 1545-0047

Name of the organization

Employer Identification number

CUBANET NEWS, INC.

65-0615598

Form 990, Part III, Line 4d - All Other Accomplishments

INTERVIEWS - CUBANET IS SUPPORTED MAINLY BY 2 LARGE GRANTS GRANT DRL-NED

AND THE MAIN OBJECTIVE IS TO HELP INDEPENDENT JOURNALISTS IN CUBA TO REPORT

THE REAL CUBAN REALITY AND THE VIOLATION OF HUMAN RIGHTS AND THUS HELP

PROMOTE DEMOCRACY INSIDE THE ISLAND.

CUBANET PROVIDES INFORMATION TO INTERNATIONAL COMMUNITY VIA INTERNET ARTICLES WRITTEN BY INDEPENDENT JOURNALIST IN CUBA.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members Yes.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 OFFICERS RECEIVE A COPY OF FORM 990 AND REVIEW BEFORE FILING.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
THE BOARD OF DIRECTORS REVIEWS AND APPROVES SALARY INCREASES MADE FOR THE
EXECUTIVE DIRECTOR. THERE ARE NO OTHER TOP MANAGEMENT OFFICIALS. THEY
REVIEW AND APPROVE THE ANNUAL EVALUATION AND SALARY INCREASE FORM USING THE
ANNUAL EVALUATION FORM AND THE PERSONNEL ACTION FORM.

Form 990, Part VI, Line 15b - Compensation Process for Officers

THE ANNUAL REVIEW OF EACH EMPLOYEE CONDUCTED BY THE EMPLOYEE'S SUPERVISOR.

ONCE THIS IS APPROVED THE REQUEST FOR A SALARY INCREASE IS COMPLETED BY WAY

OF A PERSONNEL ACTION FORM SIGNED AND APPROVED BY THE EXECUTIVE DIRECTOR.

CUBANET NEWS, INC.

65-0615598

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation FINANCIAL STATEMENTS, CONFLICTS OF INTEREST POLICY AND OTHER DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON FORMAL REQUEST TO THE ORGANIZATION.

Form 990, Part IX, Line 11g - Other Fees for Services
Description

	Tot/	Prog Service	Mgt &	General	Fund	raising
CONTRACT	LABOR					
	\$	81,131	\$	0	\$	0
CONTRACT	LABOR					
	\$	25,569	\$	0	\$	0
CONTRACT	LABOR					
	\$	5,100	\$	0	\$	0
CONTRACT	LABOR					
	\$	11,116	\$	0	\$	0
	Total					
	\$	122,916	\$	0	\$	0