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RETROACTIVE REINSTATEMENT

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

Form 990-EZ

2007

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning 2007, and ending 2007, and ending

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: Cuba Independiente y Democratica, INC. D Employer identification number: 59-2092724. E Telephone number: (321) 759-8066. F Group Exemption Number.

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

G Accounting method: Cash, Accrual. H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: www.cubacid.org

J Organization type (check only one): 501(c)(3), 4947(a)(1), 527

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. \$ 7,810

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see page 155 of the instructions.)

Table with 17 rows for Revenue and Expenses, and 4 rows for Net Assets. Includes 'RECEIVED' stamps for SEP 21 2016 and SEP 19 2016.

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 60 of the instructions.)

Table with 7 rows for Balance Sheets, columns (A) Beginning of year and (B) End of year.

For Privacy Act and Paperwork Reduction Act Notice, see the separate Instructions.

Cat. No. 106421

Form 990-EZ (2007)

Statute clear

SEP 22 '16

0436896929

ENVELOPE DATE SEP 16 2016

SCANNED OCT 14 2016

<b>Part III Statement of Program Service Accomplishments</b> (See page 60 of the instructions.)	<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? <b>Promote democracy and human rights</b> Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.	
28 ..... (Grants \$ ..... ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>
29 ..... (Grants \$ ..... ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
30 ..... (Grants \$ ..... ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
31 Other program services (attach schedule) (Grants \$ ..... ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
32 Total program service expenses. Add lines 28a through 31a	<b>32</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See page 61 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Rogelio Matos 1880 Shore View Drive, Indialantic, FL 32902	President, 10	0	0	0
Miguel Remon, ESQ 401 Ocean Drive, Apt 524, Miami Beach FL 33139	Chairman, 2	0	0	0
Rolando Baster MD 16107 SW 154 Court, Miami FL 33187	Treasurer, 1	0	0	0
Eloy Vazquez 875 W 71 Street, Hialeah FL 33014	Director, 1	0	0	0

<b>Part V Other Information</b> (Note the statement requirement in General Instruction V.)		Yes	No
33 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	33		✓
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		✓
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.	36		✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>			
b Did the organization file Form 1120-POL for this year?	37b		✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		✓
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b		
39 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on line 9	39a		
b Gross receipts, included on line 9, for public use of club facilities	39b		

**Part V Other Information** (Note the statement requirement in General Instruction V.) (Continued)

- 40a** 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  
 section 4911 ▶ \_\_\_\_\_ ; section 4912 ▶ \_\_\_\_\_ ; section 4955 ▶ \_\_\_\_\_
- b** 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation . . .
- c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ \_\_\_\_\_
- d** Enter amount of tax on line 40c reimbursed by the organization . . . ▶ \_\_\_\_\_
- e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . .

	Yes	No
<b>40b</b>		✓
<b>40c</b>		
<b>40d</b>		
<b>40e</b>		✓

**41** List the states with which a copy of this return is filed. ▶ \_\_\_\_\_

**42a** The books are in care of ▶ ROGELIO MATOS Telephone no. ▶ (321) 759-8066  
 Located at ▶ 1880 SHOREVIEW DRIVE, INDIALANTIC, FL ZIP + 4 ▶ 32903-4522

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

	Yes	No
<b>42b</b>		✓
<b>42c</b>		

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

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

**Please Sign Here**

Signature of officer: Rogelio Matos Date: 9-12-2016  
 Type or print name and title: ROGELIO MATOS, PRESIDENT

**Paid Preparer's Use Only**

Preparer's signature: [Signature] Date: 9/16/2016 Check if self-employed   
 Preparer's SSN or PTIN (See Gen. Inst. X): 267-72-1206  
 Firm's name (or yours if self-employed), address, and ZIP + 4: Luis B Gonzalez & Co PSC EIN ▶ 66 ; 0584106  
P.O. Box 191689 San Juan PR 00916 Phone no ▶ ( 787 ) 758-0027