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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545 0047 2009

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

Open to Public Inspection

De Int	epartment of ernal Reve	of the Treasury enue Service		► The orga	nization may have to use a	copy of this retu	rn to satisfy state rep	orting requi	rements.	Open	to Public Inspection
_		ne 2009 calend	dar year,	or tax year	beginning		, 2009, and end	ling		,	
В		f applicable		С					D Employ	er Identif	cation Number
	X Add	ldress change	Please use IRS label		for a Free Cu				52-	<u> 20609</u>	54
		ime change	or print or type.		8th Street, NW				E Telepho	пе питье	er
	Init	tial return	See specific	Washin	gton, DC 20036				(20)	2) 46	3-8430
	Ter	rmination	instruc- tions.								
	Arr	nended return							G Gross re	eceipts \$	592,117.
	Apı	plication pending	F Name a	and address of	principal officer Manue	el Cutil	las		nis a group retur		ates? Yes X No
_				As C Ab	ove				all affiliates incl lo,' attach a list		uctions) Yes No
1	Tax-	-exempt statu	s X 501	(c) (3)◀ (insert no)	4947(a)(1) or 527		,	(000	,
<u>J</u>	Web	osite: ► WW		center.	org				up exemption nu	ımber 🟲	
K		of organization	X Corpora	ation Tru	st Association C	other ►	L Year of For	mation 19	97 M/s	tate of le	gal domicile DC
P	art I	Summa									
					mission or most sign						
9	3 -				isan institut					rig.	nts_and_a
200	-	ransıtı	on_to_	democra	cy and the ru	re or ra	w_on_tne_1	srand.			
Š	2	Check this bo	× >	of the organ	nization discontinued i	ts operations	or disposed of	nore than	25% of its	assets	
č	3				governing body (Part		or disposed or	11010 11101	1 20 70 01 110	3	12
ď	4				embers of the governing		t VI, line 1b)			4	12
1	5	Total number		3 1						5	12
T. Activities & Governance	6				ate if necessary)	1	10			6	0
; ~	, , ,				venue from Part VIII, o come from Form 990-		ine 12			7a 7b	0.
! —	0	ivet unrelated	Dusiness	laxable III	Come nom Pom 350-	1, 11116 34			D:	-/-	
•	. 8	Contributions	and gran	te (Part VIII	L line 1h)				Prior Year 1,428,0	20	<u>Current Year</u> 592,054.
Revenue	9	Program serv	-	•	•				1,420,0	27.	372,034.
֓֞֞֝֞֝֓֞֝֟֝֓֓֓֓֓֟֝	10	•		•	ımn (A), lines 3, 4, an	d 7d)					
_ 6	11		-		(A), lines 5, 6d, 8c, 9c		le)		6,3	01.	63.
7			•		gh 11 (must equal Pa		•		1,434,3		592,117.
Ĭ	13	Grants and si	mılar am	ounts paid	(Part IX, column (A), I	ines 1-3)	•		329,6	42.	694.
	14	Benefits paid	to or for	members (Part IX, column (A), lı	ne 4)					
Ī.	 15	Salaries, othe	er compe	nsation, em	ployee benefits (Part	IX, column (A), lines 5-10)		336,0	41.	204,640.
֓֞֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	<u>16a</u>	Professional 1	fundraisir	ng fees (Pa	t-IX, cotump (A) - Ine	1-19)					
و لا	В ь	Total fundrais	ing expe	nses (Part	IX, column (b), time 2	5 <u>U</u>	25,575				
ű	- 17	Other eynens	es (Part I	IX column	(A) Uines 11a-11d 11	f-24f). 👸		_	764,1	13.	396,320.
	18	Total expense	es. Add II	nes 13-17 (nggat equal Barth X9co	AUMA (A) C	te 25) .		1,429,7		601,654.
	19	Revenue less	expense	s Subtract	lifte 18 from line 12				4,5		-9,537.
8	_					117		Be	ginning of Y	ear	End of Year
		Total assets (Part X, Iı	ne 16).	OGDEN	, U I	ل		253,2		161,261.
Net Aeeot	្នី 21 ំ	Total liabilitie	s (Part X	, line 26)					262,9		180,497.
ž	ا 22 ا	Net assets or	fund bala	ances. Sub	tract line 21 from line	20			-9,6	97.	-19,236.
F	art II	Signatu	ire Bloc	ck							
		Under penaltie	s of perjury	I declare that I	have examined this return, in	cluding accompa	inying schedules and	statements, a	and to the best o	f my knov	vledge and belief, it is
		true, correct, a	ind compete	Decidration	/	is pased on all il	normation of which pr	eparer nas a	iny knowledge		•
	ign		<i>Z [</i>	100	MU						,
Н	ere	Signatute		/					Date		
			c Calz					Exe	cutive I	Dir.	
_		Type or pr	int name an	a title			15.			Dro	pararia idantifican mumbar
_	_:_			_	0	/	Date		Check if self-	(See	parer's identifying number instructions)
	aid re-	Preparer's signature	▶ 34=	//~	- 1 ·	2	2-2	1-12	employed -		0.637004
	arer's				opez, CPA					120	0637804
Ù	se	Firm's name (d		ry Grou						0201	:1012
0	nly	employed), address, and ZIP + 4			Vernon Avenue	:			•		51012
_				xandria	, VA 22305	(000 instrict	one)		Phone no	(703) 838-7611 X Yes No

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

TEEA0113L 12/29/09

Form 990 (2009)

	n 990 (2009) Center for a Free Cuba	52-2	06095	54		⊃áge 2
Par						
1	Briefly describe the organization's mission					
	Center for a Free Cuba is an independent, non-partisan institution					
	promoting human rights and a transition to democracy and the rule	e_of_lav	<u>on</u>	<u>the</u>		-
	island.					
2	Did the organization undertake any significant program services during the year which were not listed or	n the prior			_	
	Form 990 or 990-EZ?			Yes	X	No
_	If 'Yes,' describe these new services on Schedule O	_				
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices?		Yes	X	No
	If 'Yes,' describe these changes on Schedule O		_	_		
4	Describe the exempt purpose achievements for each of the organization's three largest program service and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants are	s by expen	ses Se	ction t hers t	01(c) he tot	(3) al
	expenses, and revenue, if any, for each program service reported		.0 10 01	, .		٠.
4 :	(Code. (Sepenses \$ 340,620. including grants of \$)	(Revenue	Ś			,
	Help the courageous but beleaguered Cuban civil society by provide	dina in		tion		
	pro-democracy activities on the island and by encouraging solidar	rity and	d emp	port	- <u> </u>	
	them by democratic governments, international organizations, and					
	organizations from around the world.	11011 90	,C=1411	<u> </u>		
					- 	
	105 545					
41	b (Code) (Expenses \$105, 545. including grants of \$)	(Revenue	\$)
	Maintain an information inflow effort to the island by distribut					
	press_releases, appeals, and special_reports_to_newspapers_and_el	Lectron:	rc_we	<u>d1a.</u>		
					-	
				-		
						-
				- :		
					-	-
					-	
40	c (Code) (Expenses \$33,582. including grants of \$)	(Revenue	\$)
	Provide humanitarian assistance to victims of Castro's repression	i, inclu	iding			
	political prisoners and former political prisoners and their fami					
						-
						-
40	d Other program services (Describe in Schedule O)					
- 1	(Expenses \$ including grants of \$) (Revenue \$	3)	
-	a Total program service expenses > 179 777	<u> </u>			<i>,</i>	

Form 990 (2009) Center for a Free Cuba

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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		<u>x</u>
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		<u> </u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	1		
•	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			
•	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	10		
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X	→		
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		Х
12	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Yes No 12 A X			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u> _
	Dud the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		<u>x</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		<u>x</u>
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u>

Page 4

Part IV

Checklist of Required Schedules (continued)

No Yes Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III Х 22 23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Х Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a X b 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 25b X Schedule L, Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III 27 X 28 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV 28b Х c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV X 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Х Schedule N, Part II. 32 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 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 X 34 line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 Х 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 X 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 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38

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Form 990 (2009)

			Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a 8			
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			
c Did the organization comply with backup withholding rules for reportable payments to vendo	rs and reportable gaming	10	2 1000	X
(gambling) winnings to prize winners?		1c	2	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2.E	Æ	
2b If at least one is reported on line 2a, did the organization file all required federal employment	Ti di	2b		X
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this ret	, , ,	<u> </u>		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year this return?	ar covered by	3a		Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' 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 financial account in a foreign country (such as a bank account, securities account, or other f	e or other authority over, a inancial account)?	4a		X
b If 'Yes,' enter the name of the foreign country. ▶				
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Financial Accounts	Foreign Bank and			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the ta	x year?	5a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelf	ter transaction?	5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Er Tax Shelter Transaction?	ntity Regarding Prohibited	5с		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible?	and did the organization	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such deductible?		6b		
7 Organizations that may receive deductible contributions under section 170(c).		12	1.20	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and provided to the payor?	partly for goods and services	7a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7Ь		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for w Form 8282?	T T	7 c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d			#Y.
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiu benefit contract?	ms on a personal	7e		х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber	nefit contract?	7f		X
${f g}$ For all contributions of qualified intellectual property, did the organization file Form 8899 as	•	7 g		L
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a For	m 1098-C as required?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ng organizations. Did the nave excess business	8	Ž	<u> </u>
9 Sponsoring organizations maintaining donor advised funds.		-3	T.	S.E
a Did the organization make any taxable distributions under section 4966?		9a	_#.#.24.	25_
b Did the organization make any distribution to a donor, donor advisor, or related person?	}	9b		·
10 Section 501(c)(7) organizations. Enter			# 14 k	
a Initiation fees and capital contributions included on Part VIII, line 12	10a	: :		\$
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1.3		
11 Section 501(c)(12) organizations. Enter	<u></u>	3.5		
a Gross income from other members or shareholders	11a	E. 3		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b			577
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a	***************************************	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	- 1778) - V	22

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Form 990 (2009)

Section A. Governing Body and Management

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.

					Yes	No
1 8	Enter the number of voting members of the governing body	1a	12			
	Enter the number of voting members that are independent	1 b	12	,		
	Did any officer, director, trustee, or key employee have a family relationship or a business re			2		ν,
-	officer, director, trustee or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or of officers, directors or trustees, or key employees to a management company or other personal company or other personal company.	under f	the direct supervision ee Sch 0	3	Х	
4	Did the organization make any significant changes to its organizational documents			4		X
	since the prior Form 990 was filed?					_
5	Did the organization become aware during the year of a material diversion of the organizatio	n's as	sets?	5		Х
6	Does the organization have members or stockholders?			6		Х
7	a Does the organization have members, stockholders, or other persons who may elect one or governing body?	more r	members of the	7a		Х
ı	Are any decisions of the governing body subject to approval by members, stockholders, or o	ther pe	ersons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions under the following:	•		¥		
	a The governing body?			8a	Х	8.2.386_ J
	Each committee with authority to act on behalf of the governing body?			8b	X	_
	· · · · · · · · · · · · · · · · · · ·			00	^	
	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who ca organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not in	requii	red by the Internal			
Rev	enue Code)					
					Yes	No
10	a Does the organization have local chapters, branches, or affiliates?			10a		X
1	of Yes,' does the organization have written policies and procedures governing the activities of and branches to ensure their operations are consistent with those of the organization?	of such	chapters, affiliates,	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body	before	filing the form?	11	Х	
	ADescribe in Schedule O the process, if any, used by the organization to review this Form 990		•		(.(1.)	
	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	-		12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests	that c	ould awe rice	124		
	to conflicts?		-	12b		<u>X</u>
	Does the organization regularly and consistently monitor and enforce compliance with the possible of how this is done	olicy? i	T 'Yes,' describe in	12c		X
	Does the organization have a written whistleblower policy?			13		X
14	Does the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and persons, comparability data, and contemporaneous substantiation of the deliberation and determining the contemporaneous substantiation and determining the contempo	approcision?	val by independent			
	The organization's CEO, Executive Director, or top management official See Schedule	0		15a	Х	
- 1	Other officers of key employees of the organization			15b	Х	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)			1 2	A S. L	
16	Did the organization invest in, contribute assets to, or participate in a joint venture or similar entity during the year?	arran	gement with a taxable	16a		X
	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization	to ev	aluate its participation	2 3 30004	3,3 18	¥ .\$
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard status with respect to such arrangements?	i the oi	rganization's exempt	16b		للدن
Sec	tion C. Disclosures				<u>.</u>	
	List the states with which a copy of this Form 990 is required to be filed ► None			_	_	
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, all	nd 990		– – – ⁄aılabl	e for p	ublic
	Inspection Indicate how you make these available. Check all that apply Own website X Another's website X Upon request				•	
19	Describe in Schedule O whether (and if so, how) the organization makes its governing docum statements available to the public See Schedule O	nents,	conflict of interest poli	cy, ar	nd fina	ıncıal
20	State the name, physical address, and telephone number of the person who possesses the b	ooks a	and records of the orga			
	Frank Calzon 1319 18th Street, NW #400 Washington DC 2003	<u>36 (2</u>	202) 293-5910			-

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did no	ot compen	sate a	any (curre	ent	officer	, dır	ector, or trustee.		
(A)	(B)			(6	c)			(D)	(E)	(F)
Name and Title	Average hours					that app	•	Reportable compensation from	Reportable compensation from	Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W 2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Manuel Cutillas										
Chairman	10	Х		x				0.	0.	0.
Filiberto Agusti, Esq. General Counsel	10	х						0.	0.	0.
Ambassador Everett Briggs	1		┝	\vdash	-			0.	<u> </u>	<u>.</u>
Director	2	Х						0.	0.	0.
Nestor Carbonell								•		
Director	2	Х						0.	0.	0.
Beatriz Casals										
Director	2	X						0.	0.	0.
Anita Winsor Edwards										
Director	2	X						0.	0.	0.
Jeronimo Esteve-Abril										
Director	2	X						0.	0.	0.
Richard J. Fernandez										
Director	2	X	L.			ļ		0.	0.	0.
Guillermo Marmol								_		•
Director	_2	Х			_	├─		0.	0.	0.
Richard O'Connell	_									•
Director	2	X	\vdash		┝	<u> </u>		0.	0.	0.
Ambassador Jose Sorzano	2									•
Director Fac		X	H		-	-		0.	0.	0.
Manuel Iglesias, Esq. Director	2	X						0.	0.	0.
Frank Calzon		- ^ -			 		-	0.	0.	<u> </u>
Executive Dir.	40			x	x			64,716.	0.	0.
Executive DII.	10			_	^	_		04,710.		

Part _s VII Section A. Officers, Directors, Trus (A)	(B)	L			c)	.63,	an	(D)	(E)	(F)
Name and Title	Average	Posi	tion (that a	pply)	Reportable	Reportable	Estimated
	hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099 MISC)	compensation fron related organization (W 2/1099-MISC)	amount of other
								<u> </u>		
				į						
										v
							ļ			
			ļ							
1 b Total							<u> </u>	64,716.	1	0. 0.
2 Total number of individuals (including but not limite from the organization ► 0	ed to the	se I	ıste	d ab	ove	e) wh	o re	ceived more than	\$100,000 in rep	ortable compensation
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such the organization and related organizations greater individual. 5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Schedule III. 	eportablethan \$15	a <i>l</i> e co 50,00	mpe 00?	ensa If '\	itior 'es'	and and	d oth nplet	er compensation e Schedule J for	from such	Yes No 3 X 4 X
Section B. Independent Contractors	tod rade		don	+ 00	ntro	otor	c the	t received more t	han \$100 000 of	-
Complete this table for your five highest compensation from the organization	- Inde	pen	uen	CO	ıııra	CLOF	5 1112			
(A) Name and business address	ss							Description	of Services	(C) Compensation
					_					
					-					
2 Total number of independent contractors (including \$100,000 in compensation from the organization ▶		t Iım	ıted	to t	hos	e lis	ted a	above) who receiv	ed more than	

rai	TO VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
RANTS OUNTS	1a Federated campaigns 1a b Membership dues 1b		**	1 evenue	.4	\$12, 513, 01 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	c Fundraising events d Related organizations e Government grants (contributions) 1 c 1 d 1 d 1 e 306,01	1.	^ 4,	; %		
ONTRIBUTIC	f All other contributions, gifts, grants, and similar amounts not included above 1 1 286,04 g Noncash contribus included in lns 1a-1f \$, <u>, , , , , , , , , , , , , , , , , , </u>	*	, , , , , , , , , , , , , , , , , , ,	.*
3	h Total. Add lines 1a-1f	•	592,054.			
¥	Business Code		· · · · · · · · · · · · · · · · · · ·	was assumed the same of the same		- L a
E	2a				ļ	
w	b			· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Ş	C					
SER	d				<u> </u>	
Α¥	e					
ä	f All other program service revenue					
~	g Total. Add lines 2a-2f	•			**	* **
	3 Investment income (including dividends, interest and					ĺ
	other similar amounts)	•				
	4 Income from investment of tax-exempt bond proceeds	. ▶				
	5 Royalties	•				
	(ı) Real (ıı) Personal		, th	:	* ×\$*	, (%,),
	6a Gross Rents		* *			*
	b Less rental expenses					
	c Rental income or (loss)		, ,]	* ,*	
	d Net rental income or (loss)	•	<u> </u>		i	
	(v) Securities (v) Other			†		
	assets other than inventory			- *	t ,	* *
	b Less cost or other basis and sales expenses c Gain or (loss)					***
	d Net gain or (loss)	•		1	/	
UE	8a Gross income from fundraising events (not including \$, dans	,	Ŷ	
REVENUE	of contributions reported on line 1c)			Ì ,		
	See Part IV, line 18	l	,	*		
OTHER	b Less direct expenses b	\neg		1 1 1	(A	, , , , , , ,
6	c Net income or (loss) from fundraising events	_	*	1		
	9a Gross income from gaming activities. See Part IV, line 19			` * * · :	á Ý	, , ,
	b Less: direct expenses b			1		
	c Net income or (loss) from gaming activities	•		T		
		$\dot{-}$		¥		(** 88,
	10a Gross sales of inventory, less returns and allowances a			The state of the s		\$
	b Less: cost of goods sold b	_	M			
	c Net income or (loss) from sales of inventory			 		
	Miscellaneous Revenue Business Code	_				
	11a Other income		63.			63.
	b				ļ	ļ
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	•	63.		, , , , , ,	*
	12 Total revenue. See instructions	►	592,117.	0.	0.	63.

Form 990 (2009) Center for a Free Cuba

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).	te columns (B), (C), and (D).
--	-------------------------------

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		expenses	general expenses	experises
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	-			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	694.	694.	. 4	* * * * * * * * * * * * * * * * * * * *
4	Benefits paid to or for members			* * * *	7 A
5	Compensation of current officers, directors, trustees, and key employees	40,359.	21,889.	6,554.	11,916.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	114,506.	63,047.	49,411.	2,048.
8	Pension plan contributions (include section 401(k) and section 403(b) employer				
_	contributions)	3,646.	<u>2,056.</u>	1,281.	309.
9	Other employee benefits	29,185.	16,505.	10,200.	2,480.
10	Payroll taxes	16,944.	9,604.	5,897.	1,443.
	Fees for services (non-employees)				
	a Management	1 022	1 4 4	1 670	
	b Legal	1,823. 96,787.	144.	1,679. 96,787.	
	c Accounting	90,707.	 -	90, 181.	
	d Lobbying Prof fundraising svcs See Part IV, In 17		* ***	* *	
	Investment management fees				
	Other	69,436.	51,865.	17,571.	
	Advertising and promotion	09,430.	31,003.	17,371.	
13	Office expenses.	45,148.	24,714.	17,380.	3,054.
14	Information technology	242.	199.	43.	3,034.
15	Royalties	242.		43.	<u>.</u>
16	Occupancy	49,293.	6,969.	42,324.	
17	Travel	60,428.	52,932.	7,496.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	00,1201	527352.	,, 150.	
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,968.		8,968.	
23		496.	26.	470.	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed		*	· ;• • • • • • • • • • • • • • • • • • •	
	5% of total expenses shown on line 25 below)	. > -			* · · · · · · · · · · · · · · · · · · ·
i	a Printing and Publications	30,662.	25,196.	5,466.	
ı	b Postage and Shipping	16,756.	12,934.	3,822.	
(c Humanitarian services	9,500.	9,500.		
	d Outreach	6,781.	6,699.	82.	
	e Allocated expenses		174,774.	-179,099.	4,325.
	f All other expenses	601 651	450 545	25 222	
	Total functional expenses. Add lines 1 through 24f	601,654.	479,747.	96,332.	25,575.
26	Joint costs. Check here ► if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form 990 (2009)

	πX	Balance Sheet	(A)		(B)
			Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	37,553.	1	15,843
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	131,787.	3	79,614
	4	Accounts receivable, net	7,409.	4	262
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
- 1	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))	<u>, </u>		
. 1		and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L	<u> </u>	6	
A S E T S	7	Notes and loans receivable, net		7	
ĒΙ	8	Inventories for sale or use		8	
\$	9	Prepaid expenses and deferred charges	5,475.	9	3,463
	10 a	Land, buildings, and equipment cost or other basis. 10a 26,094. Complete Part VI of Schedule D			
ĺ	b	Less accumulated depreciation 10b 10, 975.	24,087.	10c	15,119
	11	Investments – publicly-traded securities		11	
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	46,960.	15	46,960
ļ	16	Total assets Add lines 1 through 15 (must equal line 34)	253,271.	16	161,261
	17	Accounts payable and accrued expenses	167,921.	17	78,479
1	18	Grants payable		18	
- 1	19	Deferred revenue	- · · · - · · · · · · · · · · · · · · ·	19	
Ļ	20	Tax-exempt bond liabilities		20	
Å	21	Escrow or custodial account liability Complete Part IV of Schedule D	<u></u>	21	
r L	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II		- 4	
T		of Schedule L	24,000.	22	39,000
E S	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
Ì	25	Other liabilities Complete Part X of Schedule D	71,047.	25	63,018
1	26	Total liabilities. Add lines 17 through 25	262,968.	26	180,497
N		Organizations that follow SFAS 117, check here ► X and complete lines	1. 15 . 1		
F		27 through 29 and lines 33 and 34.	* * * * * * * * * * * * * * * * * * * *		
A	27	Unrestricted net assets	-9,697.	27	-19,236
ANNET-N	28	Temporarily restricted net assets		28	<u>, , , , , , , , , , , , , , , , , , , </u>
Ŗ	29	Permanently restricted net assets	.,	29	· · ·
R		Organizations that do not follow SFAS 117, check here ► and complete		*	A SALES
- 1		lines 30 through 34.	. "' .		
	30	Capital stock or trust principal, or current funds		30	
- 1	31	Paid-in or capital surplus, or land, building, and equipment fund	- '	31	
BAL	32	Retained earnings, endowment, accumulated income, or other funds		32	
SCIEN S	33	Total net assets or fund balances.	-9,697.	33	-19,236
Ē	34	Total liabilities and net assets/fund balances	253,271.	34	161,261.

	Yes	No
1 Accounting method used to prepare the Form 990. Cash X Accrual Other	2	
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O	1	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	1	X
b Were the organization's financial statements audited by an independent accountant?)	Х
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	:	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:		
Separate basis Consolidated basis Both consolidated and separate basis		4.7
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? 3.		х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	.	

ВАА

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.

Openito P

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer identification number

OMB No 1545 0047

2009

		for a											060954			
						ı s (All organ						See ı	nstruct	ions		
	orga					use it is (For li		•		•	,					
1	Н	-				ociation of chu			section	170(b)	(1)(A)(i)).				
2	Н					A)(ii). (Attach		•								
3	Н	•		•		e organization			•							
4	Ш			•	on operate	ed in conjunction	on with a r	nospital	describe	d in sec	tion 17	U(Б)(Т)(А	A)(iii) Er	nter the hos	pital's	
5		An organia	zation op		ne benefit	of a college of	r university	y owned	or oper	ated by	a gove	nmenta	unit de	scribed in s	ection	
6 7	X	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described														
•		in section	170(b)(1	(Cd)	omplete P	art II)	art 01 113 31	аррок п	om a go		mar am		i tilo goi	noral public	acscri	bca
8	\sqcup	A commur	nity trust	described in	section '	1 70(b) (1)(A)(vi)). (Comple	te Part I	1)							
9		from activit	ties relate it income	d to its exem and unrelat	ipt functior ted busine	more than 33-1. ns — subject to e ess taxable inc complete Part I	certain exci ome (less	eptions, a	and (2) r	o more	than 33-	1/3 % of	its suppo	ort from gros	SS	ter
10		An organiz	zation or	ganized and	operated	exclusively to	test for pu	ublic safe	ety See	section	1 509(a)	(4).				
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.															
	a ☐ Type I b ☐ Type II c ☐ Type III — Functionally integrated d ☐ Type III — Other															
е	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).															
f				received a v	written det	termination fro	m the IRS	that is a	Type I	, Type II	or Typ	e III sup	porting (organızatıor	١,	
g)	Since Aug	ust 17, 2	006, has the	e organiza	ation accepted	any gift o	r contrib	ution fro	om any	of the f	ollowing	persons	57		
															Yes	No
						controls, eithei upported orgai		together	with pe	rsons d	escribe	d ın (ıı) a	and (III)	11 g (i)		
		(ii) a far	nıly men	nber of a pe	erson desc	cribed in (i) abo	ove?							11 g (ii)		
		(iii) a 35	% contro	lled entity o	f a persor	described in	(ı) or (ıı) a	bove?						11 g (iii)		
h	1	Provide th	e followi	ng informati	on about t	the supported	organizatio	ons.								
	Œ	Name of Sup Organization	ported on	(ii) E	EIN	(iii) Type of ord (described on above or IRC (see instruc	ganization lines 1 9 C section ctions))	organizat (i) listed gove	Is the tion in cold in your erning ment?	the organ	ou notify ization in (i) of upport?	(vi) Is the organization in col (i) organized in the US?		(vii) Amount	of Supp	ort
								Yes	No	Yes	No	Yes	No			
													:			
							-									
											-					
					· 🔅 , 🕬 .			7.:	e		* **					
Total	1			. * * .	1	[" " " " " " " " " " " " " " " " " " "		.	L	Ī	1 ′ %	L 🔅 🗍	, , , ,			

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

							, ,
Sche	dule A (Form 990 or 990-EZ) 200	9 Center f	or a Free (Cuba		52-2060954	Page 2
Par	t II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)((vi)
	(Complete only if you check	ed the box on line	5, 7, or 8 of Par	t1)			
	tion A. Public Support		T	T · · · · · · · · · · · · · · · · · · ·			
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	2,179,341.	2,310,705.	2,288,882.	1,428,029.	592,054.	8 <u>,7</u> 99,011.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						0.
4	Total. Add lines 1-through 3	2,179,341.	2,310,705.	2,288,882.	1,428,029.	592,054.	8,799,011.
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).			* * * * * * * * * * * * * * * * * * * *		enteres of the state of the sta	0.
	Public support. Subtract line 5 from line 4		*				8,799,011.
Sec	tion B. Total Support	Τ	т	1	T	· · · · · · · · · · · · · · · · · · ·	
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	2,179,341.	2,310,705.	2,288,882.	1,428,029.	592,054.	8,799,011.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	77.		754.			831.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV					63.	63.
11	Total support. Add lines 7 through 10		7				8,799,905.
12	Gross receipts from related activ	vities, etc (see in:	structions)			12	0.
13	First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, seco	nd, third, fourth,	or fifth tax year as	s a section 501(c)	(3)
Sec	tion C. Computation of Pu	blic Support P	Percentage				
14 15	Public support percentage for 20 Public support percentage from		• • • • • • • • • • • • • • • • • • • •	ne 11, column (f).		14 15	100.0% 100.0%
16 <i>a</i>	33-1/3 support test – 2009. If the and stop here. The organization	e organization did i qualifies as a pu	I not check the bo blicly supported o	ox on line 13, and organization.	d the line 14 is 33	-1/3 % or more, c	heck this box
ŧ	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pul	I not check a box blicly supported o	on line 13, or 16a	a, and line 15 is 3	3-1/3% or more, o	check this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in Part	IV how
t	 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an 	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in Part	e 15 is 10% IV how the

18 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2009 Schedule A (Form 990 or 990-EZ) 2009 Center for a Free Cuba 52-2060954 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal yr beginning in)► (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total, Add lines 1 through 5 7a Amounts included on lines 1, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year c Add lines 7a and 7b C. 2. (4.4) with the sa 8 Public support (Subtract line م رحدي 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b. whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 1.38 13 Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) % % %

16	Public support percentage from 2008 Schedule A, Part III, line 15	16	
Sec	tion D. Computation of Investment Income Percentage		
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2008 Schedule A, Part III, line 17	18	

19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

%

Schedule #	(Form 990 or	990-EZ) 2009	Center	for a	Free C	Cuba		52-2060	954	Page 4
Part IV	Suppleme	ntal Informa	tion. Comp	lete thi	s part to	provide	the explanation	ons required by P al information. Se	art II, line 1	0;
	Part II, IIne	1/a or 1/b	; and Part I	iii, iine	12. Prov	ide any	other additiona	ai mormation. Se	e instruction	115.
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2009 Schedule A, Part IV - Supplemental Information								
Client CFFC		52-2060954						
1/30/12			ter for a Free Cuba	·		11 09AM		
Part II, Line 10 - Ot	ther Income							
Nature and Sour	rce	2009	2008	2007	2006	2005		
Other income	Total \$	63. 63.	<u>0.</u> \$	0. \$	0. \$	0.		
	<u> </u>			<u> </u>	<u>~</u>	<u>-</u>		

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SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

Center for a Free Cuba 52-2060954 Part | Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 1 Total number at end of year 2 Aggregate contributions to (during year) Aggregate 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 No funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit? No Yes Part II Conservation Easements Complete if the organization answered 'Yes' to 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 pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space 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 Year 2a a Total number of conservation easements 2b **b** Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06. 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 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 easement it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, 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) and 170(h)(4)(B)(ii)? Nο In Part XIV, 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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue 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 XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 relating to these items. a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Schedule D (Form 990) 2009 Cente	er for a Fre	e Cuba		52-206	
Part III Organizations Mainta	ining Collection	ns of Art, Histo	rical Treasures, o	r Other Similar Ass	ets (continued)
3 Using the organization's acquisiti items (check all that apply)	on accession and	other records, che	ck any of the following	that are a significant us	se of its collection
a Public exhibition		d Loan	or exchange programs		
b Scholarly research		e Other			
c Preservation for future gener					
4 Provide a description of the orga Part XIV					se in
5 During the year, did the organiza assets to be sold to raise funds r	ather than to be m	aintained as part	of the organization's co	llection?	Yes No
PartilV Escrow and Custodia 9, or reported an amo	unt on Form 99	0, Part X, line	<u>2</u> 1.		90, Part IV, line
1 a is the organization an agent, trus included on Form 990, Part X?				ner assets not	Yes No
b If 'Yes,' explain the arrangement	in Part XIV and co	emplete the follow	ing table		
					Amount
c Beginning balance				1c	
d Additions during the year				1d	.
e Distributions during the year				1 e 1 f	
f Ending balance	marint on Form 00	O Dort V June 21	,		Yes No
2a Did the organization include an a b If 'Yes,' explain the arrangement		U, Part A, line 21	,		☐ res ☐ NO
Part V. Endowment Funds Co		ization answer	ed 'Yes' to Form 90	0 Part IV line 10	
Tait 12 Lindownient i dinds 00	(a) Current year	(b) Prior yea			(e) Four years back
1 a Beginning of year balance	(a) ourrent year	(b) Trior year	(6) 140 yana bac	300-300 \$ (000000 p. 10, 20000000 2000 (2 2 2	(c) i dai yedis back
b Contributions		-		8	F 30 Sec. 4 (4)
c Net Investment earnings, gains, and losses					
d Grants or scholarships			1 1 1		1 1 2 2 2 2 2 3 3 3 3
e Other expenditures for facilities and programs			**************************************		
f Administrative expenses					
g End of year balance.					
2 Provide the estimated percentag	e of the year end t	alance held as			
a Board designated or quasi-endov	vment ►	ક			
b Permanent endowment •	%				
c Term endowment ►	%				
3a Are there endowment funds not organization by	in the possession o	of the organization	that are held and adm	inistered for the	Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
b If 'Yes' to 3a(II), are the related		•			3b
4 Describe in Part XIV the intende				lino 10	
Part VI Investments-Land, B					(d) Rook Value
Description of investmen	(a) C	ost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1 a Land	<u> </u>				
b Buildings	 				
c Leasehold improvements			26,094.	10,975.	15,119
d Equipment			20,094.	10,3/3.	15,119
e Other Total. Add lines 1a through 1e (Column	n (d) must equal 5	orm 990 Part V	column (R) line 10(c))		15,119
BAA	ııı (u) must eyual r	UIII 990, FAIL A, (Commit (D), mile TO(C)	Scher	dule D (Form 990) 200
				CONC	- (1 01111 770) 400

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Schedule D (Form 990) 2009 Center for a Free	Cuba	52-2	0609 <u>54</u> Page 3
Part VII Investments-Other Securities See Fo	rm 990, Part X, III	ne 12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	uation arket value
Financial derivatives			
Closely-held equity interests			
Other			
			
			
	 -		
			
		-	
Total. (Column (b) must equal Form 990 Part X, col (B) line 12.)			
Part VIII Investments—Program Related (See F	orm 990 Part X		
(a) Description of investment type	(b) Book value	(c) Method of val	uation
Copposition of involution type	(b) Book Value	Cost or end-of-year m	arket value
			_, _
		ļ	
T.1.1 (0.1 (1) (5 (00.0 D.1 V. 0.1 (D.1 10)	·-···		.v. 8987 .50 300 8 8 9 8 8 7 7
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13) Part IX Other Assets (See Form 990, Part X, I	ine 15)	16: 15: A 15: A 15: A 16: A 16	
	scription	· · · · · · · · · · · · · · · · · · ·	(b) Book value
Equipment inventory	orip don't		46,960.
			10,300.
		**	
		, 20	
	· ·		
Total. (Column (b) must equal Form 990, Part X, col (B), lin			46,960.
Part X Other Liabilities (See Form 990, Part)	K, line 25)		
(a) Description of Liability	(b) Amount		
Federal Income Taxes			
Capital lease payable	16,0		
Settlement payable	46,9	<u>60.</u>	
		——	(Property of the control of the cont
	 		
Total (Column (b) must as all Farm 000 Dark V and (D) I a 050	63.0	10	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ► 2. FIN 48 Footnote In Part XIV, provide the text of the footn	63, 0		
for uncertain tax positions under FIN 48	ote to the organizatio		ine organization's liability

		5Z-ZUt	30954	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		N/A	
1	Total revenue (Form 990, Part VIII,column (A), line 12)			
2	Total expenses (Form 990, Part IX, column (A), line 25)			
3	Excess or (deficit) for the year Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV)			
9	Total adjustments (net) Add lines 4 through 8			
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			
Pai	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	<u>Return</u>	N/A	
	Total revenue, gains, and other support per audited financial statements	1	ļ	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	·ω, ω)		
ā	Net unrealized gains on investments	-18.2		
	Donated services and use of facilities 2b	_ \$4		
	Recoveries of prior year grants 2c			
•	d Other (Describe in Part XIV)			
•	e Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	``		
ě	Investments expenses not included on Form 990, Part VIII, line 7b	;		
I	Other (Describe in Part XIV)			
	Add lines 4a and 4b	4c		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	<u>∍r Retu</u>	ım N/A	
	Total expenses and losses per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
1	a Donated services and use of facilities 2a	_		
1	Prior year adjustments 2b	_		
•	c Other losses 2c	_		
	d Other (Describe in Part XIV)	_		
	e Add lines 2a through 2d	2e	ļ	
	Subtract line 2e from line 1	3		
	a Investments expenses not included on Form 990, Part VIII, line 7b			
	b Other (Describe in Part XIV)	_		
(c Add lines 4a and 4b	4c		
_	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	l	
Pa	rt XIV Supplemental Information			
line	aplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this rmation	IV, lines part to p	1b and 2b, F provide any a	Part V, idditional
				- -
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Schedule **D** (Form 990) 2009

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Schedule D	(Form 990) 2009 Center for a Free Cuba Supplemental Information (continued)	52-2060954	Page 5 ′
Part XIV	Supplemental Information (continued)		
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SCHEDULE L (Form 990 or 990-EZ)

Transactions with Interested Persons

➤ Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545 0047 2009 Open to Public linspection

Employer identification number

Schedule L (Form 990 or 990-EZ) 2009

Department of the Treasury Internal Revenue Service Name of the organization

or 990-EZ.

Center for a Free Cuba	_	_				52	2-20	5095	4			
Excess Benefit Transaction Complete if the organization ans	ons (sect wered 'Yes'	on 50° on Forn	1 (c)(3) a n 990, Par	and section t IV, line 25a o	501(c)(r 25b, or	4) organıza Form 990-EZ,	ations Part V	only , line	/). 40b.			
1 (a) Name of disqualified perso	n				'b) Description	on of transaction					(c) Cor	rected?
											Yes	No
												-
2 Enter the amount of tax imposed on the section 4958.	_		-		ersons du	ring the year	under	► \$				
3 Enter the amount of tax, if any, on line	2, above,	reimbur	sed by the	organization				▶ \$				
Loans to and/or From Inte Complete if the organization ans				t IV , line 26 or	Form 990)-EZ, Part V, I	ine 38a	a.				
(a) Name of interested person and purpose	(b) Loan the orga	to or from	(c) princi	Original pal amount	(d) B	alance due	(e) In default?		ult? (f) Approved by board or committee?		(g) W agree	ritten ment?
	То	From						No	Yes	No	Yes	No
Frank Calzon	Х			39,000.		39,000.		Х	Х		Х	
Business loan		ļ. —					ļ	ļ				
		ļ	_				 					
		 					-					
	<u> </u>	<u> </u>	<u> </u>				<u> </u>					
Total				▶ \$		39,000.	- 25	41	.	4	421	
Partilla: Grants or Assistance Ben Complete if the organization	efitting I	nteres ered 'Y	ted Pers es' on F	ons. orm 990, P	art IV, I						<u> </u>	
(a) Name of interested person	(b) Relation	ship between the organ	interested person lization	and	(c) Amoun	t and ty	pe of as	sistance	2	
							-					
· · · · · · · · · · · · · · · · · · ·							•	-				
Business Transactions In Complete if the organization	volving l on answe	nteres ered'Ye	ted Pers	sons. orm 990, Pa	art IV, lı	ne 28a, 28l	b, or	28c.				
(a) Name of interested person	(b) Re	elationship sted persoi organizati	n and the	(c) Amour transaction	nt of on \$	(d) Des	cription	of transa	action		(e) Sha organiz reven	aring of zation's nues?
											Yes	No
Robert O'Brien	Part	owner-	lessor		14,145.	Office lea	ise ai	nd ex	pense	es		<u> </u>
								_				
												1

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

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047 2009

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

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

Open to Public Inspection

Name of the organization	Employer identification number			
Center for a Free Cuba	52-2060954			
<u>Form 990, Part VI, Line 3 - Description of Delegated Duties to Management Com</u>	<u>pany</u>			
Bartel & Associates functioned as the Center's outside accounti	ng firm, maintaining			
files, producing financial reports, and issuing payments and ch	ecks to be signed by			
the Executive Director.				
Form 990, Part VI, Line 11 - Form 990 Review Process	. -			
The Form 990 is circulated to the officers for review prior to	its filing with the			
regulatory agency.				
Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, E	xec. Dir., or Top Mgtment			
Compensation is determined based upon board review of compensat	ion for similar			
organizations, past compensation, and what the organization can	afford. Executive			
compensation is approved by the board. Other salaries are set b	y the executive			
director.	·			
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available				
Center for a Free Cuba does not make its financial statements a	vailable to the			
public. The Form 990, governing documents, and conflict of inte	erest policy are			
available on a request basis. The Form 990 is also available on	another website.			
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Schedule O (Form 990) 2009	
Name of the organization	Employer identification number
Center for a Free Cuba	52-2060954
	· 2

Schedule **0** (Form 990) 2009

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