_	99	M	Return of Orga	anization Exemp	t Fro	m Inc	ome Ta	ıx	OMB No. 154	5-0047
Form	-			-					201	6
			Under section 501(c), 527, or 49				-	- 1		
Depa	rtment of	the Treasury		security numbers on this fo					Open to P	
		ue Service		Form 990 and its instruction					Inspect	ion
			dar year, or tax year beginning		2016, a	nd ending	Decen	nber 31	, 20 16	
		• •	Name of organization POIEMA PU	BLICACIONES USA						шис
$\overline{}$		change	Doing business as Number and street (or P O, box if ma	il is not delivered to street addre	99)	Room/suite		E Telephone	46-5693414	
_	Name cl	`			55,	1100/11/00/10		· .		
_	lnıtıai rei Evanl ratu	m/terminated	2322 E HALE ST City or town, state or province, count	try, and ZIP or foreign postal cod	e	l			302) 476-1602	
$\overline{}$			MESA, AZ 85213	,,				G Gross rec	eipts \$	223,974
_			Name and address of principal office	DONALD RAY COVER	· · · · · · · · · · · · · · · · · · ·		H(a) is this a o	roup return for sui		✓ No
_	, фрос.	- 1	2936 E EDGEWOOD AVE MESA				1	•	ncluded? Tyes	_
	Tax-exe	mpt status	✓ 501(c)(3) □ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or	527			st (see instruction	
	Website		V.POIEMA.CO			•	H(c) Group	exemption n	umber ▶	
		organization 🗓	Corporation Trust Associat	uon ☐ Other ►	L Yea	er of formatio	n: 2014	M State o	f legal domicile	AZ
Pa	art(I	Summa	nry							
	1	Briefly des	scribe the organization's missi	on or most significant act	ivities:					
92		To transl.	e and publish faith based educa	ational materials in Spanisl	1					
Activities & Governance										
ě	2		s box $ ightharpoonup \square$ if the organization of					1 1	s net assets.	
යි	3		f voting members of the gover					_ 		5
95 97	4		findependent voting member				•	4		4
)ţ	5		ber of individuals employed in	-		•	•	5		1
Ċţ	6		ber of volunteers (estimate if	• •			• • •	6		
⋖	7a		lated business revenue from f		12 .			7a 7b		
	Ь	Net unre	ated business taxable income	from Form 990-1, line 34			Prior Y		Current Ye	
	8	Contributi	ons and grants (Part VIII, line	1h)		<u> </u>			Outrett 74	
Revenue	9		service revenue (Part VIII, line		61,648 23,203		45,886			
ě.	10	_	nt income (Part VIII, column (A		23,203					
æ	11		enue (Part VIII, column (A), line		Dei .	11: -				98,490
	12	Total reve	nue-add lines 8 through 11 (m	nust equal Part-VIII-colum	n (A) Th	16) 12) T		84,851		144,376
	13	Grants an	d similar amounts paid (Part I	X, column (A), lines 1-3), e	47	81. L				
	14	Benefits p	oald to or for members (Part IX	(, column (A),uine 4) ♥ . – :		φ[.				
ā	15	Salaries, o	ther compensation, employee t	penefits (Part IX, column (A), line s	5 5 4) [30,469
Expenses	16a	Profession	nal fundraising fees (Part IX, c	olumn (A), line 119 N.	U.T.	- 	-			
ğ	ь		fraising expenses (Part IX, coli							
ú	17		enses (Part IX, column (A), line					61,653		49,281
	18		enses. Add lines 13-17 (must		line 25	5)		61,653		79,750
	19	Revenue	less expenses. Subtract line 1	8 from line 12				23,198		64,626
Assets or						B	eginning of C		End of Ye	
Seet	20		ets (Part X, line 16)			$\cdot \cdot \cdot \vdash$		91,332		171,358
et A			lities (Part X, line 26)			· · _		5,754		21,154
24	22		s or fund halances. Subtract li	ne 21 from line 20				85,578		150,204
	art II		ure Block	-/\						A ballad it is
Un	ider pen ie. corre	alties of peyor ct. and comple	y, l'onclare that I have examined this rote. Declaration of preparer (orner than	eturn, including accompanying s officer) is based on all information	on of whi	s and statem ch preparer l	has any know	tne best of m ledge.	y knowledge and	Deller, ICIS
			- hill - 11 - 1	7 		· · · · · ·	· · ·	11/20	12017	
Sig	n	Sign	ature of officer				D;	ate	71 001	
He	-	1: ~	NALO R. CONÉI	RT PRESI	DER	1				
•••	•	B	or print name and title	, C)					•	
_			pe preparer's name	Preparer's signature		Dat		Check A	O H PŢIN	
	id	- Pac	1 Kuipp	Toul IC:		/2	12/17	self-empl	loyed HOZO	46224
	epar	CI	1) 1 1 101					m's E(N ▶		
US	se On	1 V	ddress > 119 E 2020 54	. Holland MI	994:	23		опе по. 6/	64260	1855
Ma	y the		this return with the preparer			<u> </u>	<u> </u>			s 🗌 No
_			ction Act Notice, see the separa			Cat. No	11282Y	-	Form	990 (2016)

) (Revenue \$

79,750

Other program services (Describe in Schedule O.)

Total program service expenses >

including grants of \$

(Expenses \$

Checklist of Required Schedules

			Yes	No
1 ,	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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> </u>
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 "/es," complete Schedule C, Part II	4		✓
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I	6		y
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X. line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes.' complete Schedule D, Part IV'.	9		1
10	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		1
11	If the organization's answer to any of the following questions is "Yes, then complete Schedule D, Parts VI, VIII, IX or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
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		✓
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more or its total assets reported in Part X, line 16? if "Yes," complete Schedule D, Part VIII .	11c		1
d	reported in Part X. line 167 If "Yes," complete Schedule D, Part IX	11d		1
e f	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 ender FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e 11f		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Farts XI and XII is optional	12b		1
13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	-	1
b	140,000 (14b		1
15	Did the organization report on Part IX, column (A) line 3, more than \$5,000 of grants or other assistance to or for any foreign organization?: If 'Yes,' complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 or aggregate grants or other assistance to crifor foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX column IA) lines 6 and 11e ^o If "Yes," complete Schedule G. Part I (see instructions)	17	1	1
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	_	1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," corr plete Schedule G, Part III	19		1
		For	rn 99 0	D (2016)

Part I	Vi Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		√
21	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
22	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		/
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts i and III	22	-	✓_
23	Oid the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a lax-exempt bond issue with an outstanding principal amount of more than \$100,000 as or the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		/
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?	24b		1
d 25a	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 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, Pan I	24d 25a		1
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	250		1
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 disqualified persons? If "Yes " complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor of employee thereof, a grant selection committee member, or to a 35% controlled entity or rankly member of any of these persons? If "Yes," complete Schedule L, Fart III	27		1
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)			
a b	A current or former officer, director, trustee, or key employee? If "Yes" complete Schedule L, Part IV. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? It "Yes," complete Schedule L. Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate reminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part!	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Fait II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule 9. Part I.	33		1
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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	35a 35b	,	1
36	Section 501(c)(5) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes" complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is created as a partnership for rederal income tax purposes? If "Yes," complete Schedule R, Pan VI	37		1
38	Dio the organization consplete Schedule C and provide explanations in Schedule O for Part VI, lines 11b and 192 Note. All Form 990 filers are required to complete Schedule O	38	√ - 000	D (2016

134a 146

Form **990** (2016)

c Enter the amount or reserves on hand

Check if Schedule O contains a response or note to any line in this Part V Ten Inc. 1a Enter the number reported in Blax 3 of Form 1098. Enter -0- if not applicable. 1b There the number of Forms W-26 included in line is. Enter -0- if not applicable. 1c Did the organization round in Blax 3 of Form 1098. Enter -0- if not applicable. 1b Did of Did the organization round in the Study withholding rules for reportable payments to vendors and reportable garned (gambling) winnings to prize winners? 2a Enter the number of enterpoyers reported on Form W-3. Transmittal of Wage and Tax Statements, files for the calendar yead entities of Form W-3. Transmittal of Wage and Tax Statements, files for the Calendar yead enterpoyers agreed to the statement of the Statements, files for the Calendar year, do the organization file all required feeder employment tax returns? Note. If the sum of lines is and 2 as greater than 250, you may be required to e-file (see instructions). 1b If Viesa, "Into if their a Form 99-T for this year? If "Yos" to line 3b, provide an explanation in Schedule O. 2a At any time during the classified are the organization that were an interest in or a sugniture or other authority over a financial account; in a trivial country (such as a bank account, securities account, or other financial accounts of ABI). 5a Was the organization are party to a prohibited tox shellost transaction at any time during the tax year? 5b Old any toxinds party to a prohibited tox shellost transaction at any time during the tax year? 5c Doct the organization are annual greater receipts that are normally greater than \$100.00, and did the organization start any commotions that the way is solicitation and party to a prohibited contributions or in the way and the program of the value of the goods or services provided? 5c Did the organization receive a payment in excess of \$75 made party as a personal benefit contract? 5d If "Yes," and the composition of the value of the goods or services provided? 7d Did the organization r	Part				age 5
Enter the number reported in Box & of Form 1098. Enter -0- if not applicable 15 b Enter the number of Forms W-26 included in line 1s. Enter -0- in the applicable 15 b 0 c Did the organization comply with beduip griles for reportable payments to vendors and reportable garming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3 Transmittal of Wage and Tax Statements, filed for the deemont year ending with or within the year covered by this return 2a statements, filed for the deemont year ending with or within the year covered by this return 2 law statements, filed for the deemont year ending with or within the year covered by this return 2 law statements, filed for the deemont year ending with or within the year covered by this return 2 law statements, filed for the deemont year ending within the year covered by this return 2 law statements, filed for the deemont year end of 5 (0,000 or note deemont year) 2 law statements, filed for the statement of 5 (0,000 or note deemont year? Note. If the sum of lines 1s and 2 is greater than 250, you may be required to e-file (see instructions) 3 b Off the synapsization and the greater than 250, you may be required to e-file (see instructions) 4 a 2 law statements and the statement of 5 (0,000 or note during the year? 3 a 7 law statement of 5 (0,000 or note during the year? 4 law statements of 5 (0,000 or note or during the year? 4 law statements are considered or or other attended or or other attende		.			
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c Did the organization compty with backup withholding rules for reportable payments to vendors and reportable garming (gambing) winnings to prize winners? 2a Emer the number of employees reported on Form W-3 Transmittal of Wage and Tax 2a 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable La o			
Emer the number of employees reported on Form W-3 Transmittal of Wage and Tax Statements, find into the caundary was enough with or within the year covered by this return. b If at least one is reported on line 2a, did the organization file all required folderal employment tax returns? Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3a Did the organization have surrefuted business gross income of \$1,000 or note during the year? 4a At any time during the catendar year, did the organization have an interest tin, or a signature or other authority over a firmational account, in a toneign country. If year, if yea	b	• • • • • • • • • • • • • • • • • • •	. #N		
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Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3 Did the organization have unrelated business gross income of \$1,000 or indee during the year? 3 If "Yes," has it filed a Form 990-T for this year, 7if "Yeo" to line 30, provide an explanation in Schedule O. 4 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 triveign country (such as a bank account, securities account, or other financial accounts (it 2AR). 5 If "Yes," enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (it 2AR). 5 West the organization is party to a prohibited tax sheller transaction at any time during the tax year? 5 If "Yes," one that of St. did be organization file from 5088-1? 5 Does the organization have annual gross receipts that are invinally greater than \$100,000, and did the organization have annual gross receipts that are invinally greater than \$100,000, and did the organization protection have earnually does not tax deductibles as charitable contributions? 5 Does the organization receive a payment in excess of \$75 made party as a confinction and partly for goods and services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made party as a confinction and partly for goods and services provided? 7 Did the organization receive any funds directly or indirectly, to pay premiums on a personal benefit contract? 9 Did the organization receive any funds directly or indirectly, to pay premiums on a personal benefit contract? 9 If the organization receive a confinction of are both the year. 9 Sponsoring organization make a distribution to a donor, donor advised fund services for indirectly and the organization services or certification of the year. 9 Sponsoring organizations					
bill the organization have unrefused business gross income of \$1,000 or note during the year? If "Yes," has a finide a Form 960-T for this year? if "No" to the 36, provide an explanation in Schedule O At any time during the calendar year, dio the organization have an interest in, or a signature or other authority over a financial account in a toeigin country (such as a bank account, securities account, or other financial account?) bill "Yes," enter the name of the foreign country ★ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tex sheller transaction at any time during the tax year? bill day taxetic yearly notify the organization that it was on is a party to a prohibited tax sheller transaction? cill "Yes," of the being \$5, and the organization have annoting first are invited to a sheller transaction in the organization have annoting first are invited to a charitable contributions or influence in organization include with evany solicitation an express statement that such contributions or influence in organization include with evany solicitation an express statement that such contributions or influence in organization include with evany solicitation and express statement that such contributions or influence in organization include with evany solicitation and express statement that such contributions or influence in organization include with evany solicitation and express statement that such contributions or influence in organization include with evany solicitation and express statement that such contributions or influence in organization include with evany solicitation and express statement that such contributions or an express statement that such contributions or granization in such as a second and services provided? The fire organization interess and the payor? bill the organization receive any funds directly or indirectly, to pay premiums, on a personal benefit contract? fill the or	b			20 / 75/50 (7	PRAIS.
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b Enter the amount of reserves the organization is required to maintain by the states in which	а		13a		
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14a Did the organization receive any payments for indoor familing services during the tax year?

b If "Yes," has it fled a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee instruc	tions.
Secti	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u>. Ц</u>
		Yes	No
1a	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 Sunaccia C.		
ь 2	Enter the number of voting members included in line 1a, above, who are independent. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer director, trustee, or free employee?	2 🗸	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees or key employees to a management company or other person? .	3 '	1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members stockholders, or other persons who had the power to elect or appoint one or more members of mo governing body?	6 7a	√ √ √
b 8	Are any governance decisions or the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	
a b 9	The governing bedy? Each committee with authority to act on behalf or the governing bedy? Is there any officer, director trustee, or key employed 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	, 53 65 65	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Code.	.)
10a b	Did the organization have local chapters ibranches, or affiliates?	10a 10b	No V
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	1la-	/
b 12a b	Describe in Schedule O the process if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors or increas and key employees required to disclose annually interests that could give use to conflicts?	12a 12b	√ √
¢	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedie O how this was done	12c	
13 14 15	Did the organization have a written whitsheblower policy?	13	1
a b	The organization's CEC. Executive Director, or top management official	15a	√ √
16a	with a rexable smally doming the year?	16a	1 🗸
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable rederal tax law and take steps to safeguard the organization's exempt status with respect to such arrangements.	160	
17 18	List (ne states with which a copy of this form 990 is required to be filed Arizona Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	 r 501(c)(3)	s only)
19	☐ Own website ☐ Another a website ☐ Upon request ☐ Other (explain in Schedule O) Describe it. Schedule O whether land if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.		cy, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords >	
	DAVID AUA 9/5, 23/2 E HALE ST, MESA, AZ 85213 (602) 476-1502	Form 99	0 (2016)

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Form **990** (2016)

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Part VII	Compensation of Officers, Directors	Trustees, Key Employees	Highest Compensated	Employees, ar	nd
	Independent Contractors				

Check if Schedule 2 contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Di, (E), and (F) if no compensation was paid.
 - List call of the organization is concent key employees, it any. See instructions for definition of "key employees."
- List the organization's five current nighest 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 organizations 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 ail or 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 reponable compensation from the organization and any related organizations.

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

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(4) MICHAEL LOWERY	! 1			1	!		1	,	,	
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(5) JOHN PATTON	7		;	•					!	1
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b Sub-total. Total from continuation sheets to Part Vil, Section A Total (add lines 1b and 1c). Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations gleater than \$150,000? If "Yes," complete Schedule J for such individual Total properties of the organization of the or	art \	Section A. Officers, Directors, Trus		1	,		G)]	, , , , , , , , , , , , , , , , , , ,	1	
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Sub-total	b)				<u>′</u>	<u></u>	;	1	1	;	1	-	
Sub-total	5)			:	;		<u> </u>	1	! 	1	-		
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(A) Nan e and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	1	compensation from the organization. Re-											
2 Total number of independent contractors (including but not limited to those listed above) who		(A)	ldrese						 !		services	Con	
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	2								O T		pove) who		

Form 99		Statement of Rever	210						Page 9
Part	Affle	Check if Schedule O		sponse or note to	any line in this	Part VIII			🗆
	0	Circuit i Correddie C	,	,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	exclud unde	(D) evenue ed from tax er sections 12-514
nts	1a	Federated campaigns		!			1		
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .				**	41-146-35		
ifts,	C ,-	Fundraising events Related organizations	. 10						
ila G	e	Government grams (conti	F			· Jain			
ions	t	All other contributions, gif			· , · ,		********** *		
the the		and similar amounts not inclu	تـــــــــــــــــــــــــــــــــــــ						
اع ق	ā	Noncash contributions include			. ,	· · · · · · · · · · · · · · · · · · ·			
	h	Total. Add lines 1a-1f		Business Code	45,836		· · · · · · · · · · · · · · · · · · ·	700	
enne	23			- Business corre	· }	,			
Rev	น.ร ไม			1	<u> </u>	<u> </u>	?	:	
Program Service Revenue	c				1	·	1		
Sen	đ					<u> </u>	1	1	
E E	e				,			ļ	
rog	Ý	Ali other program salv		·		and the second s	·	1. 14.55	1
	3	Total. Add lines 2a-2. Investment income (والما الجائبان بالماليات و المرس بينان بين بين مرس				
		and other similar amor		•	, o	. 0	· o		0
	4	Income from investment	of tax-exempt	bond proceeds >	0		. 0		0
	5	Royalties			<u> </u>		1		/*************************************
	_		(i) Real	(ii) Personal		***,			
	6a	Gross rents .			· (,	• (
	(5)	Less rental expenses Renterincome or (loss)			-	1	×	1	
	d	Net remail income or (ioss)		-		,	'E' -	, a sis Territorial
	7ā	eross amount from sales of	(i Securities	(ii) Other	_ ` .	, , ,			
		assets other man inventory		· 	· - , · ·				
	b	Less, cost or other basis		1		*			
		and sales expenses Galli or (ross)			-				
	ن	Net gain or (loss)			_		a a a a a a a a a a a a a a a a a a a	MAN	9
	-		·	1				íz.	7. 45
Other Revenue	8ā.	Gross income from fu	indraising	1	•		· *** **** ***************************		
Š	İ	events (not including a		•	•				
Æ		of contributions reported Sec Part IV, line 18		•			The State of		
the	h	Less direct expenses		a	-		, % .		
0	1	Net income or (loss) f			-		,	VE	· •
		Girst income from ga	ming activities						
		See Part IV, line 19 .			-		٠,	1	(1)
	מ				_			¥ .	,
	102	Net income or (loss) for Gross sales of the	_					-1-75	1,7
	'04	returns and allowance			3	,	3	> .	
	Ь	Less, cost or goods s				1		~ ~	. 201
	<u></u> 0	Natinoome or (loss), i			98 480	98 420	2	72.5	
		M scalianeous ^o	aven le	Business Code				2.8	
	11a								
	k								
	ď	All congressions.							
	e								
	12	Tutal revenue. See a	nsuructions.	<u> </u>			i		000
								F	orri 990 (2016)

	Statement of Functional Expenses				
Section	n 501(c)(3) and 501(c)(4) organizations must comp				olumn (A)
<u>,</u>	Check if Schedule O contains a respons include amounts reported on lines 6b, 7b,	e or note to any IIn	e in this Part IX .	(C)	, , , , , ,
	and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			gariara, asparada	
2	Grants and other assistance to domestic includes. See Fart IV, line 22			CAN THE STATE OF T	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV. lines 15 and 16				
4 5	Benefits paid to cr for members	1		A Agent P.	
6	Compensation not included above, to disqualified paisons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8)		:		i i
7 8	Other salaries and wages	28,304	28,304		1
9 10	Other employee benefits	2,165	2,165		
11 a	Fees for services (nor -employees)* Nanagement			1	
b c d	Legal				
e f	Professional rundraising services. See Part IV, line 17. Investment management fees.				
g 12	Other. (if line 11g amount exceeds 10% of line 25, column (A) amount, (stilline 11g expenses on Schoolie O.)	10,757 7,267	10 757 7,267		1
13 14	Office expenses	4,140	4,140		1
15 16	Royalties	7,250	7,250		1
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials	19,727	19,727		1
19 20	Conferences, conventions, and meetings				
21 22		140	140	· ·	-,
23 24	Other expenses Itemize expenses not covered above (Lts) miscolaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) shrount list line 24e expenses on Schedule O.)	. ,	}		
a b c					
d e	All othe expenses				
25 26	Total functional expenses. Add ands 1 through 24e Joint costs. Complete this line only if the organization reported in polium (8) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ If	. 79,750	79,750)	

	990 (20						Page 11
Pa	art X	<u> </u>					
		Check if Schedule O contains a response of	r note to any II	ne in this Pa	(A) Beginning of year		
\neg	1	Cash non-interest-bearing			16,868	1	8,174
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
ļ	4	Accounts receivable, net			15,924	4	5 <u>5,320</u>
	5	Loans and other receivables from current and trustees key employees, and nighest complete Part II of Schedule L	ompensated .	employees		5	
ts	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), a sponsoring organizations of section 561(c)(9) volum organizations (see instructions). Complete Part II of Scho	nployers and beneficiary	Section 1997	ō		
Assets	7	Notes and loans receivable, net			·	7	
ĕ	8	inventories for sale or use			19,620		80,634
	9	Prepaid expenses and deferred charges		•	38,920	9	25,798
	10ส	Land, buildings, and equipment, cost or	1			' 4 *	
		other basis. Complete Part VI of Schedule D	10a 10b	1,275.23 140.26	, ·		
	b	Less accumulated depreciation		100	1,139		
	11	Investments—publicly traded securities		• •		11 12	
	12	Investments—other securities. See Part IV, line		13			
	13 14	Investments - program-related. See Part IV, line	300	14			
	15	Intangible assets		15	293		
	16	Other assets. See Part IV, line 11. Total assets. Add lines 1 through 15 (must equ	91,332		171,358		
	17	Accounts payable and accrued expenses			5 754	17	
	18	Grants payable	1	18			
	19	Deterred revenue				19	ř
	20	Tax-exempt bond liabilities			1	20	
	21	Escrew or custodial account liability. Complete	Part IV of Sche	edule D .		27	1
Liabilities	22	Loans and other payables to current and fluustees, key employees, highest compedisqualified persons Complete Part II of Sched	nsated emplo		**************************************		
ڐ	23	Secured mortgages and notes payable to unrel	ated third parti	es .		- 23	
	24	Unsequied hores and loans payable to unrelate	d third parties			· 24	
	25	Other maphiles (including federal income tax, partics, and other maphiles not included on line of Schedule C	es 17-24) Com		i	. 25	
	26			- • •	5,754		21,154
es –		Organizations that I bhow SFAS 117 (ASC 95) complete lines 27 through 29, and lines 23 at		▶ ☑ and			1. 9.4
ဋ	27	Unrestricted net assets			ຄ	27	150,204
38	28	Femporably restricted net assets				28	
ā	29	•				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 9 complete lines 30 through 34.	958), check here	and ∏ ∢		,	
ş	30	Capi al stock or trusi principal, or current funds				والح	
SSe	31	Paid-in or capital surplus or land, building or s				31	.
Ž	32	Retained earnings, endowment, accumulated in				32	
Ž		Total net assets or fund balances			85,578		150,204
	34	Total liabilities and net assets/tung balances .			91,332	34	171,358 Form 990 (2016)

Page	1	2
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Form 9	30 (2016)		Page 12
Par	XI: Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		🛄
1	Total revenue (must equal Part VIII, column (A), line 12)	1	144,376
2	Total expenses (must equal Part IX, column (A), line 25)	2	79,750
3	Revenue less expenses. Subtract line 2 from line 1	3	64,626
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	85,578
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Im astmant expenses	7	
8	Pnor period adjustinents	8	·
9	Other changes in het assets or fund balances (explain in Schedule O)	9 '	
10	Net assers or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
	33, octumn (B.)	10 ,	150,204
Par	Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>
			Yes No
1	Accounting method used to prepare the Form 990 Cash Accrual Other		
	If the organization changed its method of accounting from a prior year or checked "Other," exp	iain in	
_	Schedule O		
2a			2a
	If "Yes," chock a box below to indicate whether the financial statements for the year were comprevious child separate basis, consolidated basis, or both	ned of	
	Separate basis Consolidated basis Both consolidated and separate basis		
D	Ware the organization's financial statements audited by an independent accountant?	dona	2b ✓
	separata basis, consolida ed basis, or both	ווטוג	
	Separate basis Consolidated basis Both consolidated and separate basis		
c		ersiaht	
C	of the audit review or compilation of its financial statements and selection of an independent account		2c /
	If the organization changed either its oversight process or selection process during the tax year, exp		
	Schadula O.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
3a		orth in	35-18-19-1
Ja	the Single Attait Not and OMB Circular A-133?		. 3a
b		oc the	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
i.	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		36
	The Principle of the Street of		Form 990 (2016)
			2 2 (2010)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number POIEMA PUBLICACIONES USA 46-5693414 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)

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)(A)(vi). (Complete Part II.)

☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university

10 An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B.

Type II. A supporting organization supervised or controlled in confiection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C.

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E.

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

Enter the number of supported organizations . . .

Provide the following information about the supported organization(s).

(i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) **Total**

Part II

Part							
	(Complete only if you checked the				-	•	lify under
•	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	lease comple	te Part III.)	
	on A. Public Support				4.0.22.2		
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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. Ada imes 1 through 3						
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)			and the state of t			
6	Public support. Subtract line 5 from line 4	. 44 A VIII 18 A VII	Wast 1899	1 / 1 / 2.	1 , 2	7.4.15 S. 1872	
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4			<u> </u>			
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 carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	•	•			12	
13	First five years. It the Form 990 is for t		n's first, secor	id, third, fourth	n, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he		· · · · · ·				•
	on C. Computation of Public Suppo						
14	Public support percentage for 2016 (line		•			14	<u>%</u>
15	Public support percentage from 2015 Sc 331/3% support test—2016. If the organ				 nd line 14 is 3	15 31/2% or more	check this
16a	box and stop here. The organization qua					5 /3 /0 OI HIOTE,	> [
b	331/3% support test—2015. If the organization this box ario stop here. The organization	nzation did not	check a box	on line 13 or 16	6a, and line 15	is 331/3% or m	
17a	10%-facts-and-circumstances test—2 10% or more, and it the organization ment VI how the organization meets the organization	2016. If the org	anization did r s-and-circumst	not check a botances" test, c	ox on line 13, 1 heck this box	and stop here.	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiz Explain in Fart VI how the organization supported organization	ation meets the meets the "faction of the meets the "faction of the meets th	ne "facts-and- ets-and-circum 	circumstances istances" test.	i' test, check The organizat	this box and some ion qualifies as	stop here. a publicly ▶ □
18	Private foundation. If the organization of instructions	old not check a	box on line 13	3, 16a, 16b, 17	a, or 17b, chec	k this box and	see ▶ [

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

First tive 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 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	Section	on A. Public Support						
received. (Do not include any hursusal grants 1) Gross receipts and enforesions, merchandses suid or service; cerformed, or facilities furnished in any activity that is related to the organization's average, cerformed, or facilities furnished in any activity that is related to the organization's average to the organization's average to the organization's average to the organization's benefit and enter paid to or expended on it she testing! 5 The value of services or facilities furnished by a governmental unit to the organization's uncluded on lines 1, 2, and 3 received floor discussified persons b Amounts included on lines 1, 2, and 3 received floor other characteristic persons c Add lines of a and 70 an	Calen		(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
2 Gross reacopts som admissions, marchandes sold or servez, cerfinent, or facilities furnished in any activity that is related to the organization's class-exempt purpose. 3 Gross records from activities that are not an unrelated Vacce or business and extension of the organization is benefit and either paid to or expended on it is behalf. 5 The value of services or stacitities furnished by a governmental unit to the organization wildout change. 6 Total, Auctimes 1 through 5. 7a Amounts included on lines 1, 2, and 3 received from descubilided persons. b Amounts included on lines 2 and 3 received from descubiled persons that exceed the gleater of \$5,000 or 1% or the amount on that of \$5,000 or 1% or the amount on that of \$5,000 or 1% or the amount on that of \$5,000 or 1% or the amount on that of \$15 the year of \$1,000 or 1% or the amount on that of \$15 the year. c Add lines 7a and 7b. 8 Public support, (Subract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) \$\infty\$ 9 Amounts from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) \$\infty\$ 9 Amounts from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) \$\infty\$ 9 Amounts from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) \$\infty\$ 9 Amounts from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) \$\infty\$ 9 Amounts from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) \$\infty\$ 8. Not recommended to a securities line 7c from line 6.) Section C. Computation of proper description of the section o	1				Ì		1	
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Immished in any activity that is related to the organization is accessing typoses. 3 Gross receipts from activities that are not an unrelated video obsumes under section 513 4 Tax revenues level for the organization is benefit and exterp paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization without charge of Total, Add Jans 1 trough 5. 7a Amounts included on lines 1, 2, and 3 received form other than disqualified persons. b Amounts included on lines 1, 2, and 3 received form other than disqualified persons are ceived form disqualified persons. c Add lines 7a and 7b. 8 Public support. (Subtreat line 7c from line 6.) 9 Amounts from the 6s and 7b. 8 Public support. (Subtreat line 7c from line 6.) 10a Gross incine from interest, dividends, payments received on securities loans, rinets, royalties and incorne from interest, dividends, payments received on securities loans, rinets, royalties and incorne from similar sources. 9 Unrelated Jan 2 Jan	2					•		
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and 12.)	13							
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line 18 is not more than 531/3%, check this box and stop here. The organization qualifies as a publicly supported organization	h		_	_			_	
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Supporting Organizations Part IV

(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.)

Section A	. All	Supporting	Organizations
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ecti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	, ,	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	nya kank	
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a	√,३,	`, -
b	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 Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) 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 "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	¥.14	35. 33.
b	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	i mai	
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) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if 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	i viá	1884
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 charitable 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 firing organization's supported organizations? If "Yes," provide detail in Part VI .	6		2 () () () () () () () () () (
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4956(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	- /	
8	Dic the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? 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 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		
С	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		
10a	the second of th	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10a	3	

			'	4900
Part	Supporting Organizations (continued)			T
		r	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?		•	-
а	A person wno directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
_	A family member of a person described in (a) above?	11a		
	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.	11b		
	on B. Type I Supporting Organizations	110	<u> </u>	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	Γ	, , , ,	
	regularly appoint or elect at least a majority of the organization's cirectors or trustees at all times during the		;	12
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		1	49:
	controlled the organization's activities. If the organization had more than one supported organization,		, , , ,	1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any applied to such powers during the tax year	(1) (1) 		数定
	organizations and what conditions or restrictions, if any applied to such powers during the tax year	7	ļ	
2	Did the organization operate for the benefit of any supported organization other than the supported			建日
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	.,		20
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization			لقتما
		2	i	
Sect	on C. Type II Supporting Organizations		\ <u>\</u>	- A1 -
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	٠ ; ،		
	or management of the supporting organization was vested in the same persons that controlled or managed	ķ ,		
	tne supported organization(s)	1	وَأَنْكُ شُكُوا مِنْ أَوَ ا	للخنظ
Sect	ion D. All Type III Supporting Organizations		·	<u></u>
	3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	- 7 3 4	沙东	7487
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	", 38A	Phillips.	36.74
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	ر. خارات کا	: 	
	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			
	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).		1.2	
_		2	1 32	1 200
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	130	i i i i	
	supported organizations played in this regard	3		
Sect	ion 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	inetri	ction	
		nsuu	Juon	<i>a).</i>
а	☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below			
b b	The organization is the parent of each of its supported organizations. Complete line's below The organization, supported a governmental entity. Describe in Part VI how you supported a government entity.	vaa ir	etruc	tions)
·	El tito diguiez tassi supro tos e governmentalismay, isosorixo in rare si non you suppertos a government entry (.,		
2	Activities Test. Answer (a) and (b) helow.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1	
	the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify			145
	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	ĺ	i	25
	that these activities constituted substantially all of its activities		 	12.
L		2a	 	+
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	į	i	<u> </u>
	reasons for the organization s position that its supported organization(s) would have engaged in these		1	i
	activities but for the organization's involvement	25	,	1
3	Parent of Supported Organizations Answer (a) and (b) below.	120	1	†
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	[1 50%
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b			;	Japan Company
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	1	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trus	st on Nov. 20, 1970 (expla	ın ın Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	ızatı	ions must complete Section	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	- · · ·	
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (suntract lines 5, 6, and 7 from line 4).	6		1
Section B - Minimum Asset Amount	,	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short (ax year or assets held for part of year):			
a Average marithly value of securities	1a	· · · · · · · · · · · · · · · · · · ·	
b Average monthly cash balances	16		
c Fair market value of other non-exempt-use assets	1c	! [
d Total (add lines 1a. 1b, and 1c)	1d		
e Discount classed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtodness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	1	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4,		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035.	E		
7 Recoveries of prior-year distributions	17		
8 Minimum Asset Amount (add line 7 to line 6)	' 8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		4
2 Enter 65% of line 1	2	1	τ.
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	i G		3
4 Enter greater of line 2 or line 3.	4	1 , , , , , , , , , , , , , , , , , , ,	1
5 Income tax เกษอรอส เศ prior year	5	<u> </u>	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency terrology reduction (see instructions).	់ូត	•	
7 Check here if the current year is the organization's first as a non-functional	ly in	tegrated Type III supporting	ig organization (see
instructions).	.,	- 20. 21011 1 JPO III OOPPO III	

Part) Supporting Organ	izations (continued)	
	ion D - Distributions			Current Year
1_	*Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			<u></u>
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	anizations	
<u> 4</u>	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	·		
<u> 6 </u>	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is re	sponsive	! ≟
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			<u></u>
10	Line 8 amount divided by Line 9 amount		63	i riin
S	ection E - Distribution Allocations (see instructions)	(I) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6	1, 4	中国人的第三形式	
2	Underdistributions of any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover if any, to 2016			*
a	The state of the s			
<u>b</u>	and the second s			
	From 2013	· California de la compania del compania del compania de la compania del la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania della compa		
d	From 2014	10		4 7 4
e	From 2015			
f	Total of lines 3a through e	**************************************		
g	Applied to underdistributions of prior years	1	- <u> </u>	17.00 PM
h	Applied to 2015 distributable amount		· · · · · · · · · · · · · · · · · · ·	
i	Carryover from 2011 not applied (see instructions)	1 , , ,	1 , , , , , , , , , , , , , , , , , , ,	
j	Remainder, Subtract lines 3g, 3h, and 3i from 3f.		**************************************	3 - 190 - 1 VA - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
4	Distributions for 2016 from		The second secon	
	Section D, line 7 \$	1	ا الله الله الله الله الله الله الله ال	
а	Applied to underdistributions of prior years	, ,		
b	Applied to 2016 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4.	·		3 / A District Control
5	Remaining underdistributions for years prior to 2016, if	•		
	any. Subtract Free 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.	· v		
		ili and a superior deposits of the superior supe	* *	
6	Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions	! !	1 Sept 2 19 12	•
7	Excess distributions carryover to 2017. Add lines 3j	,		
8	Durtham Comment	···· · · · · · · · · · · · · · · · · ·	-m 4 -r- n-abstructure. Id annual striken steptingsfalls of spherical	
a		ge annua e arapang arabbagana a na rang ara arabag T		
<u>a</u>	Excess from 2013		ارسون بوست مید در برد اوسانی در استخوان شد. میزندهاستان باشد. ا	
			e maker deliker liller to dan bekerapita dipublik dikan	
d	Excess from 2015			
e				
<u>~</u>		·		

SCHEDULE D (Form 990).

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.

OMB No 1545-0047 20**17**

Open to Public Inspection

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

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

lame o	the organization		Employer identification number
OIEM	A PUBLICACIONES USA		46-5693414
Par			ds or Accounts.
	Complete if the organization answered	(a) Donor advised funds	(b) Funds and other accounts
	Total number at and of year	(a) Donor advised folios	(b) I dilas and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4 5	Aggregate value at end of year	advisors in writing that the assets h	peld in donor advised
3	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the bene conferring impermissible private benefit?	fit of the donor or donor advisor, or f	or any other purpose
Par	II Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea	ition or education) 🔲 Preservation o	f a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contributi	on in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	To all number of conservation easements		2a
b	Total acreage restricted by conservation easement	ts	
C	Number of conservation easements on a certified	• •	· · · · · · · · · · · · · · · · · · ·
d	Number of conservation easements included in		
3	Number of conservation easements modified, tran	sferred, released, extinguished, or ter	minated by the organization during the
	tax year >		
4	Number of states where property subject to conse	ervation easement is located	
5	Does the organization have a written policy re		
	violations, and enforcement of the conservation ea		_ _
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
_	P		
7	Amount or expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing	conservation easements during the year
_	Description against reported on line	2(d) above estiative the requirements a	of section 170(b)(4)(B)(i)
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?		
_			
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easem		nancial statements that describes the
Dor	I III Organizations Maintaining Collection		r Other Similar Assets
Par	Complete if the organization answered	"Vee" on Form 990 Part IV line 8	dulei Sililliai Assets.
	if the organization elected, as permitted under SF		
1a	works of art, historical treasures, or other similar	r assets held for nublic exhibition a	ducation or research in furtherance of
	public service provide, in Part XIII, the text of the		
_	If the organization elected, as permitted under §		
b	works of art, historical treasures, or other similal public service, provide the following amounts relatively	r assets held for public exhibition, e ting to these items	ducation, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	if the organization received or held works of an following amounts required to be reported under s	t, historical treasures, or other simila	ar assets for financial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		tree tr

Pa	g	е	2

Part	III . Organizations Maintaining Co	ollections of Art, His	storical Treasures,	, or Other Similar As	sets (continued)
	Using the organization's acquisition, according to the collection items (check all that apply)	cession, and other reco	ords, check any of th	e following that are a si	gnificant use of its
а	Public exhibition	d	☐ Loan or exchang	e programs	
b	Scholarly research				
C	☐ Preservation for future generations				
4	Provide a description of the organization XIII	n's collections and exp	lain how they further	the organization's exem	npt purpose in Part
5	During the year did the organization so assets to be sold to raise funds rather that				
Part	Escrow and Custodial Arrang				
	Complete if the organization ar 990, Part X, line 21.				
	Is the organization an agent, trustee, or included on Form 990, Part X?				
b	If "Yes." explain the arrangement in Part	XIII and complete the	following table.	Ar	nount
C	Beginning balance			1c	
d	Additions during the year			1d	
е	Distributions ouring the year			1e	
f	Ending balance			1f	
2a	Did the organization include an amount of			ustodial account liability	? 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Part				
	Endowment Funds.				
	Complete if the organization a	nswered "Yes" on Fo	orm 990. Part IV. line	e 10.	
		 	rior year (c) Two year		(e) Four years back
1a	Beginning of year balance .				
b	Contributions				
c	Net investment earnings, gains, and losses				
d	Grants or scholarships .				
e	Of er expend tures for facilities and				
	programs		 		
f	Administrative expenses .				
g	End of year balance				
2	Provide the estimated percentage of the		nce (line 1g, column (a	a)) held as:	
а	Board designated or quasi-endowment	> %			
b	Permanent endowment ▶	%			
C	Temporarily restricted endowment ▶	%			
	The percentages on lines 2a, 2b, and 2c	should equal 100%.			
3a	Are there endowment funds not in the p	possession of the orga	nization that are held	and administered for th	е
	organization by.				Yes No
	(i) unrelated organizations				3a(i)
	(ii) related organizations				3a(ii)
b	If "Yes" on line 3a(ii), are the related orga	anizations listed as req	uired on Schedule R?	·	3b
4	Describe in Par-XIII the intended uses o	of the organization's en	dowment funds.		
Par	t VM Lond, Euildings, and Equipm				
	Complete if the organization a		orm 990, Part IV, Im	e 11a. See Form 990,	Part X, line 10.
-	Description of property	(a) Cost or other basis (investment)		(c) Accumulated depreciation	(d) Book value
	Lang	-		7 7 7 7	
1a	Land			/ - 2 , -	
b	Buildings			 	
C	Leasehold improvements	ļ		-	
d	Equipment	ļ	1,279	140	1,139
e	Of : er	1	1 X 2 2 1 2 2 2 2 2 1 1	0-1	
Total	. Add lines 1a through 1e. (Column (d) mu	st equal Form 990, Par	t X, column (B), line 1	0c.) ▶	1,139

	Complete if the organization answered "Yes" on	FORTH 990. FAILTY III	ne 11b. See Form 990 Part X. line
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
I) Fınancıal	derivatives		
2) Closely-l	nela equity interests		
) Other			
(A)			
(B)			
(C)			
(D) (E)		·	
(F)			
- (;) (G)			
	b) must equai Fonn 990, Part X, col. (B) line 12.) ▶		Y' Y A COMPANY OF THE STATE OF
art VIII	Investments—Program Related.		
	Complete if the organization answered "Yes" on	Form 990, Part IV, li	ne 11c. See Form 990, Part X, line
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2) (3)			
(4)			_
(5)		i	
(6)			
(7)		Ì	
(8)			
(9)			
	(b) must equal Form 990 Part X, col. (B) line 13.) ▶		her record and the second and the second
Part IX	Other Assets.	E 000 D-+ IV I	111 O Farm 000 Dart V line
	Complete if the organization answered "Yes" on (a) Description	Form 990, Part IV, II	ne 11d. See Form 990, Part X, line (b) Book value
(4)	(a) Description		(b) Book Value
(1)			
(2)			
(2) (3)			
(2) (3) (4)			
(2) (3) (4) (5)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7) (8) (9)			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu	<u> </u>		
(2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answered "Yes" on		
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Columber X.)	Other Liabilities. Complete if the organization answered "Yes" on line 25.	Form 990, Part IV, li	
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Columetric X.)	Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (b) Book va	Form 990, Part IV, li	
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colument X	Other Liabilities. Complete if the organization answered "Yes" on line 25.	Form 990, Part IV, li	
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Columbia) Part X.	Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (b) Book va	Form 990, Part IV, li	
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Columbia) Part X.	Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (b) Book va	Form 990, Part IV, li	
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Columnation) (1) Federal (2) (3) (4) (5)	Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (b) Book va	Form 990, Part IV, li	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Columna Yang Yang Yang Yang Yang Yang Yang Ya	Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (b) Book va	Form 990, Part IV, li	
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Columbia) (1) Federal (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (b) Book va	Form 990, Part IV, li	
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Columbia) (1) Federal (2) (3) (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (b) Book va	Form 990, Part IV, li	
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column	Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (b) Book va	Form 990, Part IV, li	

Part	Complete if the organization answered "Yes" on Form 990,		Return.
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		2 .8 54
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c 2c	
d	Other (Describe in Part XIII.)	L	
e	Ac J lines 2a through 2d		
3	Subtract line 2e from line 1		2e
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		2
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	40	- 1
c	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	12:	
Part	Reconciliation of Expenses per Audited Financial Stater		
	Complete if the organization answered "Yes" on Form 990,		er riolain.
1	Total experises and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	, ,	
а	Donated services and use of facilities	! 2a	1000
b	Prior year adjustments	20	
С	Other losses	2c	
d	Other (Describe in Part XiII)	2d	
e	Ad I lines 2a through 2d		2e
3	Subtract tine 2e from tine 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		
a	Investment expenses not included on Form 990, Part VIII, line 7b .	4a	200
b	Other (Describe in Part Xill.)	40	
С	Add lines 4a and 4b		4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)	5
Part	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part		
		·····	
	······································		

SCHEDULE 0 (Form 990 or,990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

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Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number

Inspection

FORM 990, Part VI, Line 19 - No documents made available to the public FORM 990, Part VI, Section A, Line 2 - Tomi Ardiles is the brother in-law of David Adams	POIEMA PUBLICACIONES USA	46-5693414				
FORM 990, Part VI, Section A, Line 2 - Tomi Ardiles is the brother in-law of David Adams	FORM 990, Part VI, Line 11b - David Adams and Donald Covert reviewed Form 990 for accuracy prior to submission					
	FORM 990, Part VI, Line 19 - No documents made available to the public					
Changes to amended return - original return filed with EIN 45-5693414, EIN now corrected to 46-5693414	FORM 990, Part VI, Section A, Line 2 - Tomi Ardiles is the brother in-law of David Adams Changes to amended return - original return filed with EIN 45-5693414, EIN now corrected to 46-5693414					
	······					
		······				
·	·					