See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form
► *The organization may have to use a copy of this return to satisfy state reporting requirements*

OMB No 1545-1150

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning JANUARY ,1 , 2011, and ending DECEMBER, 31 , 20 11

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
MADRINAS Y PADRINOS DE CIDRA, INC.

Number and street (or P O box, if mail is not delivered to street address) Room/suite
13 CALLE PALMER

City or town, state or country, and ZIP + 4
CIDRA, PR 00739-3325

D Employer identification number
66-0550151

E Telephone number
(787) 739-5950

F Group Exemption Number ►

G Accounting Method ☐ Cash ☑ Accrual Other (specify) ►

H Check ► ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I **Website:** ►

J Tax-exempt status (check only one) ☑ 501(c)(3) ☐ 501(c) ( ) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

INTERNAL REVENUE SERVICE
W & I FIELD ASSISTANCE
GUAYNABO, PR 00966

K Check ► ☐ if the organization is a 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than $50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

APR 19 2012

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ► $

RECEIVED
5152?

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	5,856
	2	Program service revenue including government fees and contracts	2	10,000
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less cost or other basis and sales expenses 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than $15,000) 6a		
	b	Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) 6b		
	c	Less: direct expenses from gaming and fundraising events 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances 7a		
	b	Less: cost of goods sold 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O) Int Earned T Bank of PR Prin	8	135
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	15,991
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	5,053
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits Supplies	12	340
	13	Professional fees and other payments to independent contractors	13	350
	14	Occupancy, rent, utilities, and maintenance	14	904
	15	Printing, publications, postage, and shipping Activities	15	600
	16	Other expenses (describe in Schedule O)	16	
	17	**Total expenses.** Add lines 10 through 16 ►	17	7,247
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8,744
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	95,509
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	104,253

SCANNED MAY 09 2012

gb

ONE

Part II **Balance Sheets.** (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	38,909	22	47,653
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O) Equipment & Property	56,600	24	56,600
25	**Total assets**	95,509	25	104,253
26	**Total liabilities** (describe in Schedule O)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	95,509	27	104,253

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III . . ☐

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

What is the organization's primary exempt purpose?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 (Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 28a

29 (Grants $) If this amount includes foreign grants, check here . . ▶ ☐ 29a

30 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ 30a

31 Other program services (describe in Schedule O)
(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) . . . . . ▶ 32

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46		

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . 48		
49a	Did the organization make any transfers to an exempt non-charitable related organization? 49a		
b	If "Yes," was the related organization a section 527 organization? 49b		

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

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over $100,000 . . . ▶

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

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 . ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ▶ ☐ Yes ☐ No

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

Sign Here	Carmen G. Ellsworth Signature of officer	29 Marzo 2012 Date
	Carmen G. Ellsworth Director/President Type or print name and title	

Paid Preparer Use Only					
Print/Type preparer's name	Preparer's signature	Date	Check ☑ if self-employed	PTIN	
MIGUEL A VICENTE MELENDEZ		02/17/2012		P01230193	
Firm's name ▶ MIGUEL A VICENTE MELENDEZ			Firm's EIN ▶	581-744136	
Firm's address ▶ MUNOZ BARRIOS 28 CIDRA, PR 00739			Phone no	(787)739-9647	

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

MP2

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization	Employer identification number
MADRINAS Y PADRINOS DE CIDRA, INC.	66-0550151

Part I 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 11, check only one box.)

1 ☐ 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)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ 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:

5 ☐ 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.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ 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.)

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

9 ☐ An organization that normally receives: (1) more than 33⅓% 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 33⅓% 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.)

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

11 ☐ 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 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

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 If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes.	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,000	4,909	6,093	6,561	5,856	25,419
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	2,000	4,909	6,093	6,561	5,856	25,419
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)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	2,000	4,909	6,093	6,561	5,856	25,419
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	374	398	191	178	135	1,276
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 IV)						
11 **Total support.** Add lines 7 through 10						26,695

12 Gross receipts from related activities, etc. (see instructions) . . . 12

13 **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

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . 14 %

15 Public support percentage from 2010 Schedule A, Part II, line 14 . . . 15 %

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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 ▶ ☐

Attachment

Madrinas y Padrinos de Cidra, Inc.

GL. 0550151

LISTADO DE SOCIOS COOPERADORES 2011

	$ 15.00
	200.00
	175.00
	15.00
	12.00
	15.00
	20.00
	12.00

Calle Palmer #13
Cidra, Puerto Rico 00739
Tel. 739-5950

"Toma mi mano y comparte mi esperanza."

Madrinas y Padrinos de Cuba, Inc.
66. 0550151

$	30.00
	12.00
	42.00
	25.00
	25.00
	25.00
	20.00
	12.00
	12.00
	24.00
	20.00

Madrinas y Padrinos de Cuba, Inc. 66.0550/57

	$ 18.00
	12.00
	12.00
	12.00
	12.00
	12.00
	12.00
	10.00
	15.00
	12.00
	12.00

"Madrinas y Padrinos de Cintra, Inc. 61-0550151

$ 15.00	
15.00	
20.00	
12.00	
25.00	
12.00	
12.00	
12.00	
12.00	
25.00	
15.00	

Weddings & Parties Inc. 62-05-0151

	$ 12.00
	20.00
	12.00
	25.00
	300.00
	25.00
	25.00
	25.00
	15.00
	12.00
	50.00

Machinists y Pattern de Cuba, Inc. 46.0550/51

	$ 25.00
	30.00
	20.00
	12.00
	12.00
	12.00
	12.00
	20.00
	25.00

Total $1,714.00

MADRINAS & PADRINOS DE CIDRA, INC. 66-0550151

PALMER 13 CIDRA, P.R. 00739

YEAR ---------- 2011

SCHEDULE (GRANTS AND SIMILAR AMOUNTS PAID)
PART I LINE 10

1-	RAMON J GORRITZ COLON	$ 365.00
2-	RAUL A CRUZ RIVERA	300.00
3-	SARA R RAMOS RIVERA	162.50
4-	LUIS A CRUZ TORRES	69.85
5-	TANIA M ROSARIO RODRIGUEZ	500.00
6-	MIGDALIA SANTIAGO MENDOZA	185.00
7-	CARMEN J GONZALEZ	100.00
8-	CARMEN H SANCHEZ FIGUEROA	380.00
9-	MARIA OYOLA VEGA	567.00
10-	ANTONIA MEDINA DIAZ	100.00
11-	SANDRA RAMOS ORTIZ	30.00
12-	HILDA RIVERA FONTANEZ	1,090.00
13-	DORA N DIAZ NIEVES	20.00
14-	NORMA FRANCO RODRIGUEZ	250.00
15-	FELICITA LEON ORTIZ	100.00
16-	ENEIDA LOPEZ NEGRON	95.00
17-	ROSA M SANTANA MARCANO	61.00
18-	MARIA M SIERRA RIVERA	500.00
19-	YAMIRA RESTO	90.00
20-	AWILDO RIVERA	87.65

TOTAL $ 5,053.00