SCANNED

_{50m} 990-E7

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 private foundations)

2019

▶ Do not enter social security numbers on this form, as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

<u> </u>	or une	2019 Calendar year, or tax year beginning 01/01/ , 2019, and ending	12/3	, 20 19			
В	Check if a	opticable C Name of organization D	Employer ı	dentification number			
	Address o	ijib Editios y raditios de Cidra, ilie.	66-0550151				
_	Name cha		E Telephone number				
=	initial retu Goal retu	Calle Barcelo #27	7	87 235-1721			
=	Amended	City or town, state or province, colifetry, and ZIP or foreign postal code	Group Ex	emption			
	Applicatio	n pending Cidra, Euerto Rico 00739	Number	•			
G A	Account	ting Method: ☐ Cash ☐ Accrual "Other (specify) ► H Che	eck ▶ 🔲	if the organization is not			
I V	Vebsite			tach Schedule B			
JT	ax-exen	npt status (check only one) — ☐ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 (For	rm 990, 99	30-EZ, or 990-PF)			
		organization Corporation Trust Association Other					
LA	dd line	s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	sets				
		umn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ ;	£			
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the ins	truction	s for Part I)			
		Check if the organization used Schedule O to respond to any question in this Part I.					
	1	Contributions, gifts, grants, and similar amounts received		283			
	2	Program service revenue including government fees and contracts	· ——	203			
	3	Membership dues and assessments	. 3				
	4	Investment income	. 4				
	5a	Gross amount from sale of assets other than inventory 5a	.				
	Ь	Less: cost or other basis and sales expenses					
	C	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	. 5c	1			
	6	Gaming and fundraising events:	. 30				
	a	Gross income from gaming (attach Schedule G if greater than					
<u>a</u>	a	\$15,000)					
Revenue	ь	Gross income from fundraising events (not including \$ 2,213 of contributions					
ě		from fundraising events reported on line 1) (attach Schedule G if the					
Œ		sum of such gross income and contributions exceeds \$15,000) 6b					
	_						
	d	Less: direct expenses from gaming and fundraising events 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	ot				
	u	line 6c)					
	7-	·	· 6d	2,213			
	7a	Gross sales of inventory, less returns and allowances					
	b	Less cost of goods sold		4			
	C	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	. 7c	<u>-</u> -			
	8	Other revenue (describe in Schedule O)	. 8	53			
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		2,549			
	10	Grants and similar amounts paid (list in Schedule O)		4,640			
	11	Benefits paid to or for members	. 11				
ses	12	Salaries, other compensation, and employee benefits					
penses	13	Professional fees and other payments to independent contractors	. 13	300			
Exp	14	Occupancy, rent, utilities, and maintenance	. 14				
ш	15	Printing, publications, postage, and shipping		ļ			
	16	Other expenses (describe in Schedule O)		6,463			
	17	Total expenses. Add lines 10 through 16	▶ 17	11,403			
ţ	18	Excess or (deficit) for the year (subtract line 17 from line 9)		-8,854			
Se	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with					
Net Assets		end-of-year figure reported on prior year's return)		71,734			
<u>f</u> et	20	Other changes in net assets or fund balances (explain in Schedule O)		<u></u>			
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 21	62,880			

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642i

Form **990-EZ** (2019)





Ра	Balance Sheets (see the instructions to			David II		
	Check if the organization used Schedule	O to respond to a	ny question in this 	(A) Beginning of year	· · ·	(B) End of year
22	Cash, savings, and investments			62,457	22	53,603
23	Land and buildings				23	
24	Other assets (describe in Schedule O)		[9,277	24	9,277
25	Total assets		[71,734	25	62,880
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column Statement of Program Service Accom			71,734	27	62,880
Par	Check if the organization used Schedule	•		•		Expenses
Wha	t is the organization's primary exempt purpose?	o to respond to a	ny question in this	Part III		uired for section
	cribe the organization's program service accompli	shments for each o	f its three largest i	program services.		c)(3) and 501(c)(4) inizations, optional for
as m	neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	nanner, describe the			othe	rs)
28		•••••				
			•••••		}	
	(Grants \$) If this amount	ıncludes foreign gra	ints check here	▶ □	28a	
29	, , , , , , , , , , , , , , , , , , , ,	gr	•			
	(Grants \$) If this amount	includes foreign gra	ints, check here .	<u> ▶ □</u>	29a	
30			•••••			
						İ
	(Grants \$) If this amount	ıncludes foreign gra	nts, check here .	▶ 🗍	30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🗆	31a	
	Total program service expenses (add lines 28a t				32	<u> </u>
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule				nstruc	ctions for Part IV)
	Check if the organization used Schedule	· ·	(c) Reportable	(d) Health benefits,	$\dot{\top}$	· · · · · ·
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)		0	Estimated amount of other compensation
Carm	ien G. Ellsworth					
Presi		24		0	0	0
	en Resto			_		_
Secr	etary	4		D	0	O
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Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
	detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		✓
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions [37a]		<u> </u>	
ь 38а	Did the organization file Form 1120-POL for this year?	37b 38a		√ √
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b	364		
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9]		
	Gross receipts, included on line 9, for public use of club facilities	4		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
Ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<u> </u>
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed ▶ Puerto Rico			
42a		787) 2		
h	Located at ► Calle Barcelo #27, Cidra, Puerto Rico ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	00/39	9-3325 Yes	
-	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	1
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		√
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		.	▶ □
			Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		/
	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
4-	explanation in Schedule O	44d	<u> </u>	√
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
Ь	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," Form 990 and Schedule R may need to be completed instead of Form 990-F7. See instructions			
	Form 990-EZ. See instructions	45b	1	✓

Form 9	90-EZ (2	o ¹ 19)				_		F	age 4	
46	Did t	he organization engage, directly or inc	directly, in political c	ampaign activities	on behalf of	or in oppositi	ion	Yes	No	
		indidates for public office? If "Yes," co						1-	1	
Part	VI	Section 501(c)(3) Organizations All section 501(c)(3) organizations 50 and 51. Check if the organization used Sch	must answer que				e tables t	or lin	es	
		Officer if the organization used och	edule O to respond	to any question	ii tilio i dit v	<u> </u>		Yes	No	
47 48 49a	year Is the Did t	the did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax ear? If "Yes," complete Schedule C, Part II								
50	Com	es," was the related organization a sec plete this table for the organization's to loyees) who each received more than	live highest compen	sated employees (other than of	ficers, directo		es, an		
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribution benefit plan	alth benefits, ons to employee ons, and deferred other co				
								•		
51	Com	number of other employees paid ove plete this table for the organization's ,000 of compensation from the organ	five highest compe	ensated independe	o ent contracto	rs who each	received	more	than	
	(a)	Name and business address of each independe	ent contractor	(b) Type of	service	(c)	Compensat	ion		
						-				
					· · · · · · · · · · · · · · · · · · ·	<u> </u>				
					······					
		number of other independent contract	•		. •	(
52	com	the organization complete Schedul pleted Schedule A		<u> </u>	<u> </u>		.► ✓ Yes			
		of perjury, I declare that I have examined this re id complete. Declaration of proparer (other than	officer) is based on all info				owieage and	o belief,	, n is	
Sign		Signature of officer	tn		D	ate ful	0 20.	25		
Here		Type or print name and title					-			
Paid Prep	arer	Print/Type preparer's name	Preparer's signature		Date	Check Self-employ	of PTIN			
Use		Firm's name ▶			F	rm's EIN ▶				
		Firm's address ▶			P	hone no				
May tl	ne IRS	discuss this return with the preparer	shown above? See	nstructions		<u> </u>	► ☐ Yes		No	

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 2019

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification number Madrinas y Padrinos de Cidra, Inc. 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). 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.) 6 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 33'n% 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.) 11 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 connection with its supported organization(s), by having 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) 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 document? (described on lines 1-10 support (see other support (see above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Tota!

Schedule A (Form 990 or 990-EZ) 2019 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 (d) 2018 (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (e) 2019 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . 2,578 30,001 23,996 26.910 2,496 85,981 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 2,578 30,001 23,996 26,910 2496 85,981 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) Public support. Subtract line 5 from line 4 85,981 Section B. Total Support (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 Calendar year (or fiscal year beginning in) (e) 2019 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 30,001 2,578 23,996 Net income from unrelated business activities, whether or not the business is regularly carried on 74 72 52 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 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, Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2018 Schedule A, Part II, line 14 16a 33¹/₈% support test – 2019. If the organization did not check the box on line 13, an box and stop here. The organization qualifies as a publicly supported organization 331/3% support test-2018. If the organization did not check a box on line 13 or 16 this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2019. If the organization did not check a box 10% or more, and if the organization meets the "facts-and-circumstances" test, che Part VI how the organization meets the "facts-and-circumstances" test. The organization

3	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
		2,578	30,001	23,996	26,910	2496	85981	
,	Net income from unrelated business activities, whether or not the business							
	is regularly carried on	74	72	52	54	53	305	
)	Other income. Do not include gain or	''		32	34	33	303	
	loss from the sale of capital assets							
	(Explain in Part VI.)				397		397	
	Total support. Add lines 7 through 10						86,683	
?	Gross receipts from related activities, etc	•	•			12	2,213	
}	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)	
	organization, check this box and stop he					· · · · ·	<u>· · ▶ □</u>	
cti	on C. Computation of Public Suppor							
	Public support percentage for 2019 (line		-	1, column (f))		14	99 %	
•	Public support percentage from 2018 Schedule A, Part II, line 14							
ia								
	box and stop here. The organization qua			-			🕨 🗸	
b	331/3% support test - 2018. If the organi					is 331/3% or m	ore, check	
	this box and stop here. The organization	qualifies as a	publicly suppo	rted organizati	on		> 🗆	
'a	10%-facts-and-circumstances test-26	019. If the orga	anization did n	ot check a bo	x on line 13, 1	6a, or 16b, and	d line 14 is	
	10% or more, and if the organization me	eets the "facts	-and-circumsta	ances" test, ch	neck this box a	and stop here.	Explain in	
	Part VI how the organization meets the "	facts-and-circ	umstances" te	st. The organi	zation qualifies	s as a publicly	supported	
	organization						🕨 🗀	
b	10%-facts-and-circumstances test-26	018. If the org	anization did n	ot check a bo	x on line 13, 1	6a, 16b, or 17	a, and line	
	15 is 10% or more, and if the organization	ation meets th	e "facts-and-o	circumstances'	" test, check	this box and	stop here.	
	Explain in Part VI how the organization r	neets the "fac	ts-and-circums	stances" test.	The organizati	on qualifies as	a publicly	
	supported organization						▶ 🗆	
3	Private foundation. If the organization di	d not check a	box on line 13,	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see	
	instructions						▶ 🖂	
						redule A (Form 99	0 or 990-EZ) 2019	

Part							
	(Complete only if you checked t						ınder Part II.
	If the organization fails to qualify	y under the te	ests listed bel	ow, please c	omplete Part	11.)	
	ion A. Public Support					T	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				ļ	ļ	
2	Gross receipts from admissions, merchandise		 		 	ļ	/
-	sold or services performed, or facilities				,	/	
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						-
_	unrelated trade or business under section 513	,		i			
4	Tax revenues levied for the					ť	
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities					ŀ	
	furnished by a governmental unit to the			1			
	organization without charge		ļ	ļ.,			<u> </u>
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	1	1			1	
	Amounts included on lines 2 and 3						
b	received from other than disqualified						
	persons that exceed the greater of \$5,000	1					ļ
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from			·			1
	line 6.)					:	
	on B. Total Support		<i></i>		· · · · · · · · · · · · · · · · · · ·		<u> </u>
	idar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6			 	.		
10a	Gross income from interest, dividends, payments received on securities loans, rents,		+				
	royalties, and income from similar sources						
ь						•.	1
_	section 511 taxes) from businesses	/					
	acquired after June 30, 1975	7			ł	!	
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carned on						
12	Other income. Do not include gain or	1					1
	loss from the sale of capital assets				ļ		
13	(Explain in Part VI.)	<u> </u>	ļ	 			+
13	and 12.)				İ		
14	First five years. If the Form 990 is for t	he organizatio	n's first, secon	d. third. fourth	n, or fifth tax v	l ear as a sect	 ion_501(c)(3)
•	organization, check this box and stop he	-					
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2019 (line			13, column (f))		15	%
16	Public support percentage from 2018 Sc			<u> </u>		16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2019					17	%
18	Investment income percentage from 201					18	%
19a	33 ¹ / ₂₃ % support tests—2019. If the organ 7 is not more than 331/23%, check this box						
J	7		_	-		_	
ß	331/3% support tests—2018. If the organi line 18 is not more than 331/3%, check this						
20	Private foundation If the organization of		_				

Part IV Supporting Organizations

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

Secti	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		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below			
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		
	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		
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		
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		
5a	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)			
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		
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 filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		<u> </u>
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? 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		
	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	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.)

10b

Fant	Supporting Organizations (continued)			
		لــــــ	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		- -
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, 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		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Secti	on C. Type II Supporting Organizations	2	L	L
<u> </u>	on of Type it outplotting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Secti	on D. All Type III Supporting Organizations	1		
0000	on b. An Type in Supperaing Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	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).	_		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
	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			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in 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.			
С 2	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see Activities Test. Answer (a) and (b) below.	see m	Yes	
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	110
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		<u> </u>
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 reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
3	Parent of Supported Organizations Answer (a) and (b) below.	20		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	—	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
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		7
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	П	· · · · · · · · · · · · · · · · · · ·	
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 (subtract lines 5, 6, and 7 from line 4)	8		
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	- 1		
instructions for short tax year or assets held for part of year).	 		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		•
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	1		
factors (explain in detail in Part VI):	١.,		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
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.	6		
7 Recoveries of prior-year distributions	7	*********	
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		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	ly int	egrated Type III support	ıng organızatıon (see
instructions).			

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)			
Sect	Section D—Distributions					
1	Amounts paid to supported organizations to accomplish	exempt purposes				
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7		***************************************		•		
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive			
9	Distributable amount for 2019 from Section C, line 6	•				
٠.	Line 8 amount divided by line 9 amount	******************************	*****			
	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
٦,1	Distributable amount for 2019 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2019					
a	From 2014		•			
<u>_</u>	From 2015	· · · · ·				
	From 2016					
	From 2017					
	From 2018		·			
f	Total of lines 3a through e			1		
g	Applied to underdistributions of prior years					
	Applied to 2019 distributable amount .			······································		
i	Carryover from 2014 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	,				
4	Distributions for 2019 from					
	Section D, line 7:					
а	Applied to underdistributions of prior years					
b	Applied to 2019 distributable amount					
С	Remainder. Subtract lines 4a and 4b from 4.			1		
5	Remaining underdistributions for years prior to 2019, if			i		
	any. Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.					
7	Excess distributions carryover to 2020. Add lines 3 _j and 4c.					
8	Breakdown of line 7		· · · · · · · · · · · · · · · · · · ·			
а	Excess from 2015			Ì		
b	Excess from 2016					
			······································			
d			• • •	i		
	Excess from 2019					

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)							
Part II Secti	Part II Section B Total Support Line 10 Column (d) 2018							
\$397 in retu	rmed check 1505 (Gastro Med de P.R.)							
••••••								
*****	······································							
								

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

Madrinas y Padrinos de Cidra, Inc.	66-0550151
(1) Part I - Revenue Line 8 Other Revenue \$53 In interest from Banco Popular de Puer	to Rico
(2) Part I -Expenses Line 10 Grants and Similar Amounts Paid \$4,640 (see Attached)	
(3) Part I - Expenses Line 16 Other Expenses \$6,463	
\$104 in Bank Charges From Banco Popular de Puerto Rico	
\$5,759 in reimbursement of Legislative Funds	
\$600 Donation to Liga Puertorriqueña Contra el Cancer	
(4) Part II - Blance Sheet Line 24 Other Assets \$9,277 in Office Equipment	
<u>`</u>	
	
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Name of the organization		Employer identification number
Madrinas y Padrinos de Cidra, Inc.		66-0550151
Schedule : Grants and Similar Amouts Paid (2019)		
Part I Line 10		
1. Emibel Soto Merced	\$ 200.00	
2. Glona M. Gonzalez Santiago	1,405.80	
3. Virgen M. Santiago Garcia	140.24	
4. Carmen D. Ortiz Quiles	300.00	
5. Roberto Navarro Hernandez	966.00	
6. Migdalia Garcia	135.00	
7. Sonia Rosario	135.00	
8. Miguel A. Velazquez	92.15	
9. Glenda Ramos Alvarez	33.00	
10. Marıa D. Rodriguez Ortiz	99.00	
11. Daniel Gonzalez Torres	33.00	
12. Irma Rivera Rivera	35.00	
13. Maria A. Sierra Rivera	99.00 .	
14. Ana Padilla Ortiz	198.00	
15. Evelyn Pagan Irizarry ·	140.00	
16. Marıa I. Rivera Ortiz	123.75	
17. Ana Velez Rivera	99.00	
18. Olga Ortiz Echevarria	105.00	
19. Jose L. Figueroa Muller	66.00	
20. Hilda Torres Gonzalez	235.26	
Total	\$4,640.20	
	·	