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CIS3JRR4JN

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

2010

Open to Public Inspection

Employer Identification number

BRID	GEPORT CARIBE	YOUTH LEAGUE							20-042	21577	_
Pai	t Reason f	or Public Chai	rity Status (All orga	nizations	must c	omplete	this par	t.) See ir	nstructio	ns.	_
he (organization is not	a private founda	tion because it is: (Fo	r lines 1 t	hrough 1	1, check	only one	box.)			_
1	A church, con	vention of church	nes, or association of	churches	describe	ed in sec	tion 170(b)(1)(A)(i)).		
2	A school desc	ribed in section	170(b)(1)(A)(ii). (Attac	h Schedu	ıle E.)						
3			spital service organiza								
4		earch organizatione, city, and state	n operated in conjunc	ction with	a hospita	al describ	ed in se	ction 170)(b)(1)(A)(iii). Enter the	
_	•	•						L 2		-1	
5		on operated for to its (1) (1) (A) (iv). (Comp	the benefit of a collect plete Part II.)	ge or univ	versity ov	wried or a	operaceo	by a gov	vernmenu	ai unit described i	ın
6			nment or government								
7			receives a substantia (A)(vi). (Complete Par		its suppo	ort from a	governn	nental un	it or from	the general publi	C
8	☐ A community	trust described in	n section 170(b)(1)(A)	(vi). (Con	nplete Pa	rt II.)					
9			receives: (1) more tha								
	receipts from	activities related	to its exempt functi	ions—sut	oject to d	ertain ex	ceptions	s, and (2)	no more	than 331/5% of it	ls
		-	nt income and unrel						n 511 tau	k) from businesse	ß
		-	fter June 30, 1975. Se								
10			operated exclusively								
11			d operated exclusive								
			licly supported organ describes the type of s								n
			= :						-	_	
	a 🔲 Type		• •	□ Тур		_	-		d L	• ,,	
е			that the organization is and other than one								
	or section 509		is and other than one	a or more	publicly	Supporte	a organi	zauuris u	iesci ioeu	in section sostalt	''
f			written determination	n from t	he IRS t	that it is	a Type	I Tyne i	1 or Tyn	e III sunnortino	
•	organization,	check this box .								· · · · · []
g	following pers	ons?	ne organization accep								
			ndirectly controls, eith				persons	described	d in (ii) ar		1
		-	ody of the supported of	_						119(1)	
	• • •	•	on described in (i) abo							11g(ii) 🗸	_
			a person described in							11g(āi) ✓	_
<u> </u>			on about the support	, -							_
M	Name of supported organization	(II) EIN	(liii) Type of organization (described on lines 1-9		rganization ted in your		ou notify sization in		s the ion in col.	(vii) Amount of support	
	O BOTHEROOT		above or IRC section	governing document?		col. (1) of your support?		(i) organized in the U.S.?			
		}	(see instructions))	Yes	No	Yes	No	Yes	No		
		 						 -			_
(A)		}		} ,	{	ł	}	ł	_		
(B)	-										_
		 	<u> </u>						 		_
(C)						ļ					_
(D)	_			ļ 							
E)								1			
			-			<u> </u>		 			_

CIS3JRR4JN	
Schedule A (Form 990 or 990	-EZ) 2010

Part	Support Schedule for Organiza	itions Desci	ribed in Sect	ions 170(b)(1	I)(A)(iv) and	170(b)(1)(A)(v	i)	_
•	(Complete only if you checked the						alify under	•
	Part III. If the organization fails to	qualify und	er the tests li	sted below, p	lease comple	ete Part III.)		
	on A. Public Support							
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
1	Gifts, grants, contributions, and		l		ł	4		
	membership fees received. (Do not include any "unusual grants.")	:]					
2	Tax revenues levied for the		1					_
	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		1		1	Ì		
	organization without charge		<u> </u>	 		 		
4	Total. Add lines 1 through 3							
5	The portion of total contributions by		1	ļ	ļ			
	each person (other than a					ĺ		
	governmental unit or publicly supported organization) included on		}	Ì	1			
	line 1 that exceeds 2% of the amount		}	Į	ł	ł		
	shown on line 11, column (f)			İ		1		
6	Public support. Subtract line 5 from line 4.					<u> </u>		_
	on B. Total Support							
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
7	Amounts from line 4		ļ	ļ	<u> </u>	ļ		
8	Gross income from interest, dividends,					}		
	payments received on securities loans,		j]	j]	}	
	rents, royalties and income from similar sources			į.				
q	Net income from unrelated business	-	 					
•	activities, whether or not the business		Į.	ł	-	1		
	is regularly carried on		ľ				<u> </u>	_
10	Other income. Do not include gain or			T	Ī			
	loss from the sale of capital assets			Į.		1		
	(Explain in Part IV.)		<u> </u>	ļ	<u> </u>		<u> </u>	
11	Total support. Add lines 7 through 10	<u> </u>	1	<u> </u>	<u> </u>	101	l	
12	Gross receipts from related activities, etc First five years. If the Form 990 is for the	. (see instruct	ions)		 h or fifth tax :	12	n 501/c)(3)	
13	organization, check this box and stop he							
Secti	on C. Computation of Public Suppor							
14	Public support percentage for 2010 (line			11, column (f))		14		%
15	Public support percentage from 2009 Sci	hedule A, Part	II, line 14 .			15		%
16a	331/3% support test-2010. If the organi	zation did not	check the box	c on line 13, an	d line 14 is 33	3% or more, o	heck this	
	box and stop here. The organization qua							
Þ	331/3% support test-2009. If the organ					≥ 15 is 33¹a%	or more,	_
	check this box and stop here. The organ						🟲	
17a	10%-facts-and-circumstances test-2	010. If the org	anization did r	not check a box	x on line 13, 10	oa, or 16b, and	line 14 is	
	10% or more, and if the organization me Part IV how the organization meets the "l	ets the "tacts	-and-circumst	ances test, ch et The cross:	ration qualifies	nu stop nere. .as a oublick s	expiain in	
	organization						. , >	
l.	10%-facts-and-circumstances test—2						and line	u
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza	tion meets th	jaisization 010 f e "facts-and-r	iot check a 00 sircumstances*	test, check t	his box and st	too here.	
	Explain in Part IV how the organization m							
	supported organization				_			
18	Private foundation. If the organization d							
	instructions	<u> </u>	<u></u>	<u> </u>		<u> </u>	>	
					Sc	hedule A (Form 9)	00 or 990-EZ)	2010

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 9 of Part I 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.)

	if the organization fails to qualify	under the tes	sts listed beit	w, please co	mpiele Part i	11.)	
	on A. Public Support			1 2000	(0 0000		
_	dar year (or fiscal year beginning in)	(a) 2006	(ъ) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	53756	69214	122388	122747	11758	485863
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	o	0	0	0	0
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	o	0	o ₍	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	o	0	0	0	0
6	Total. Add lines 1 through 5	53756	69214	122388	122747	117758	485863
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0(, o	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	o	o	0	0	0
C	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6.)						485863
Section	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	53756	69214	122388	122747	117758	485863
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	o	o	O	0	0	0
ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	o	0	0	0	0	0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	o	0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11, and 12.)	53756	69214	122388	122747	117758	485863
14	First five years. If the Form 990 is for the organization, check this box and stop he	•		d, third, fourth			n 501(c)(3) ▶ ☑
Secti	on C. Computation of Public Suppor	t Percentage	e				
15	Public support percentage for 2010 (line 8			3, column (f))		15	%
16	Public support percentage from 2009 Sch				<u> </u>	16	%
Secti	on D. Computation of Investment In	come Percei	ntage				
17	Investment income percentage for 2010 (nn (f))	17	%
18 19a	Investment income percentage from 2009 331n% support tests—2010. If the organ 17 is not more than 331n%, check this box	ization did not and stop here.	the organization	c on line 14, ar on qualifies as a	a publicly supp	orted organizati	on . 🟲 🗀
b							
20	Private foundation. If the organization di						



Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
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