DLN: 93493321226780 OMB No. 1545-0047 **Return of Organization Exempt From Income Tax**

Department of the

Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

2019

Open to Public Inspection

		nue Service							
			alendar year, or tax year beg C Name of organization	inning 01-01-2019 , and endi	ng 12-31-20	19	l 55 - 1		·
		pplicable: change	BRIDGEPORT CARIBE YOUTH LEA	DERS INC			D Employer id		ion number
□ Na		-					20-0421577		
☐ Ini	tial re	turn	Doing business as						
_		n/terminated	Number and street (or D.O. bay if	mail is not delivered to street address)	Room/suite		E Telephone nu	mber	
		d return on pending	1067 PARK AVENUE	mail is not delivered to street address)	Roomysuite		(203) 913-0	073	
		,	City or town, state or province, co	ountry, and ZIP or foreign postal code			(203) 313 0		
			BRIDGEPORT, CT 06604	,,			G Gross receipt	\$ 665,8	122
			F Name and address of princi	pal officer:	H(a) Is this	a group return	for	
			JOHN TORRES 1067 PARK AVENUE				dinates?	10.	□Yes ☑ No
			BRIDGEPORT, CT 06604		H(l subordinates		☐ Yes ☐No
I Ta	x-exer	mpt status:	☑ 501(c)(3) □ 501(c)()	◀ (insert no.)	7 527	includ	ea? ," attach a list. (see inst	
J W	ebsit	te:▶ WW	/W.BCYL.ORG	1 (insert no.) 13 in (a)(1) or 1		_	exemption num		actions)
							•		
K Forr	n of o	rganization:	: 🗹 Corporation 🗌 Trust 🔲 As	sociation Other ►	L Ye	ar of forma	ation: 2003 M S	tate of le	egal domicile: CT
Pa	art I	Sumi							
			scribe the organization's mission R. IN THE CHILDREN OF THE CO	or most significant activities: DMMUNITY, THE IDEALS OF GOOD	SPORTSMAN:	SHIP, TEA	MWORK, PRIDE	. INTEG	RITY.
e	(COMMITMI	ENT AND RESPECT FOR AUTHOR	RITY, SO THAT THEY MAY BE STRO					
<u>=</u>		DECENT, F	HEALTHY AND TRUSTWORTHY L	EADERS IN OUR COMMUNITY.					
Ĕ	-								
Governance	-								
				discontinued its operations or displaining body (Part VI, line 1a)		than 25%	of its net asset	s. 3	1/
χ ο <u>γ</u> ο	l		-	of the governing body (Part VI, lin			•	4	14
Activities &	l			calendar year 2019 (Part V., line 2a	•		•	5	18
ਓ	l		nber of individuals employed in nber of volunteers (estimate if r	, , ,	a)		•	6	300
⋖	l		•	art VIII, column (C), line 12			•	7a	300
	l			om Form 990-T, line 39			_	7b	
	-	Tree amen	acca papinoss taxable income ii	5			or Year		ırrent Year
	8	Contribut	tions and grants (Part VIII, line 1	h)			514,943		585,50
Ravenue	l			g)	· .		62,524		61,74
ōΛċ	l	=	ent income (Part VIII, column (A), lines 3, 4, and 7d)				501	· · · · · · · · · · · · · · · · · · ·	
Œ	l	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					-3,962		-13,360
	12	Total reve	enue—add lines 8 through 11 (r	nust equal Part VIII, column (A), lir	ne 12)		574,006		636,74
	13	Grants ar	nd similar amounts paid (Part IX	, column (A), lines 1–3)			59,029		70,22
	14	Benefits p	paid to or for members (Part IX,	column (A), line 4)			0		
SS.	15	Salaries,	other compensation, employee	benefits (Part IX, column (A), lines	5 5-10)		157,642		218,04
Expenses	16 a	Professio	onal fundraising fees (Part IX, co	umn (A), line 11e)			0		(
e do	b	Total fundr	raising expenses (Part IX, column (D), line 25) ▶25,314					
ū	17	Other exp	penses (Part IX, column (A), line	s 11a-11d, 11f-24e)			309,266		305,81
	18	Total exp	enses. Add lines 13–17 (must e	qual Part IX, column (A), line 25)			525,937		594,078
	19	Revenue	less expenses. Subtract line 18	from line 12			48,069		42,66
Net Assets or Fund Balances						Beginning	of Current Year	E	nd of Year
sets	20	Total asse	ets (Part X, line 16)				547,619		599,529
AB B	l		ilities (Part X, line 26)		·		14,719		22,14
SE E	l		s or fund balances. Subtract line		<u> </u>		532,900		577,38
	rt II		ature Block				,		
Unde	pen.	alties of pe	erjury, I declare that I have exa	mined this return, including accon					
know any k			f, it is true, correct, and comple	te. Declaration of preparer (other	than officer) i	s based o	n all informatior	of whic	:h preparer has
		1.							
		******	* ure of officer			202 Date	0-11-16		
Sign		July Signatu	ure or officer			Date	9		
Here	;		TE SEGARRA-NEGRON TREASURER r print name and title						
		17	rint/Type preparer's name	Preparer's signature	Date	Т	□ PTIN		
Da:-	1		ring type preparers name	Treparer s signature	2020-1		ck ∐ if P0054	13209	
Paid		ar Fi	irm's name ► PKF O'CONNOR DAV	IES LLP	ı		-employed n's EIN ▶ 27-1728	945	
Pre Use		اء ال							
USE	UII	יי y Fi	ïrm's address ► 3001 SUMMER STRE	ET 5TH FLOOR EAST		Pho	ne no. (203) 323-2	2400	
			STAMFORD, CT 069	05					
May t	he IR	S discuss	this return with the preparer sh	own above? (see instructions) .				V Yes	□No

Cat. No. 11282Y

Form **990** (2019)

For Paperwork Reduction Act Notice, see the separate instructions.

orm	990 (2019)				Page 2
Pa	rt III Staten	nent of Program Service Acc	omplishments		
	Check if	Schedule O contains a response or	note to any line in this Part III .		🗹
1		the organization's mission:			
٩ND	SOCIAL DEVELO	NITH DIVERSE SPORTS, EDUCATIO PMENT, WHILE INSTILLING PRIDE A AL AND VALUE THEIR ROLE IN SOC	AND HELPING THEM BUILD CHARAC	PROGRAMS THAT FOSTER PHYS TER AND SELF-ESTEEM, SO THA	ICAL, INTELLECTUAL T THEY CAN REACH
2	Did the organiz	ation undertake any significant pro	gram services during the year which	n were not listed on	
	the prior Form	990 or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describ	be these new services on Schedule	0.		
3	Did the organiz	ation cease conducting, or make sig	inificant changes in how it conducts	, any program	
		be these changes on Schedule O.			☐ Yes ☑ No
4	Section 501(c)(ganization's program service accom (3) and 501(c)(4) organizations are revenue, if any, for each program s	required to report the amount of g		
4a	(Code: See Additional Da) (Expenses \$ ata	442,149 including grants of \$	70,221) (Revenue \$	63,962)
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program (Expenses \$	services (Describe in Schedule O.) including g	grants of \$) (Revenue \$)
4e	Total program	n service expenses ▶	442.149		

	990 (2019)			Page 3
Par	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	Yes	NO
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
	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		No
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 "Yes," complete Schedule C, Part II	4		No
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		No
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? <i>If "Yes," complete Schedule D, Part I</i>	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		No
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		No
LO	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		No
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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		No
	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	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🔁	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII *	12a	Yes	
	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, Parts XI and XII is optional	12b		No
.3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
.4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
L 5	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		No
L6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
L7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
L8	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	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G. Part III	19		No

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Nο

20a

20b

21

rm 9	990 (2019)			Page 4
Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, 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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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, Part I	25a		No
	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	25b		No
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
	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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	21		N.
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		No No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
	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		No
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	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	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	. ;		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 24			
D	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0	i I		ı

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	18		
b	If at least one is reported on line 2a, did the organization file all required federal 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)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority ov financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	er, a 4a		No
_	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 tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	on 6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts we not tax deductible?	vere 6b		
7	3			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se provided to the payor?	rvices 7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282?	file 7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Fo 1098-C?	rm 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	. 13a		
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in	154		
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			NI.
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or ex-			
	parachute payment(s) during the year?	. 15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . If "Yes," complete Form 4720, Schedule O.	16		No

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	a "No" resp	onse to	lines
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ection A. Governing Body and Management		V	NI.
1 a	a Enter the number of voting members of the governing body at the end of the tax year 1a	14	Yes	No
	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			
b	similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b	12		
2		13 ner 2		No
3		rision 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or members of the governing body?	nore 7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, o persons other than the governing body?	r 7 b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year the following:	- by		
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	. 8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Rev	enue Code		
		40	Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliate and branches to ensure their operations are consistent with the organization's exempt purposes? The the constitution approisable accordance this form 000 to all provided the constitution.	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing to form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12-	V	
	a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	N.
13	Did the organization have a written whistleblower policy?	13		No
14 15	Did the organization have a written document retention and destruction policy?			No
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a		No
	Other officers or key employees of the organization	15a		No
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		INO
16a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	. 16a		No
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exer status with respect to such arrangements?			
Se	ection C. Disclosure	200	<u> </u>	I
17	List the states with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	;		
	\square Own website \square Another's website $ ot ot \square$ Upon request \square Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interes policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records NANNETTE SEGARRA-NEGRON 1067 PARK AVENUE BRIDGEPORT, CT 06604 (203) 394-2700	:		

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII

and Independent Contractors

Check if Schedule O 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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee." • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations. • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

See instructions for the order in which to list the Check this box if neither the organization no			tion c	omp	ens	ated a	ny c	current officer, dire	ctor, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours	Position than of is b	on (de one be	(C o no ox, i an of tor/t) it ch unle: ficei	eck moss pers and a ee)	ore son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
(1) JOHN TORRES EXECUTIVE DIRECTOR	32.00	х		х				39,299	0	0
(2) FRANK BORRES CHAIRPERSON	1.00	×		х				0	0	0
(3) ANNETTE SEGARRA-NEGRON TREASURER	1.00	х		x				0	0	0
(4) JACABETH RODRIGUEZ-COSS SECRETARY	1.00	х		х				0	0	0
(5) MIGUEL AYALA DIRECTOR	1.00	х						0	0	0
(6) DAVID CARRASQUILLO DIRECTOR	1.00	х						0	0	0
(7) JEANNETTE ESTRELLA DIRECTOR	1.00	х						0	0	0
(8) ANTHONY JUDKINS DIRECTOR	1.00	х						0	0	0
(9) MAXIMINO MEDINA ESQ DIRECTOR	1.00	Х						0	0	0
(10) JUDGE WILLIAM HOLDEN DIRECTOR	1.00	х						0	0	0
(11) JOSEFINE ALLAIN DIRECTOR, THRU AUG. 2019	1.00	х						0	0	0
(12) DR PAUL BROADIE II DIRECTOR	1.00	х						0	0	0
(13) JAMIES GILROY DIRECTOR	1.00	х						0	0	0
(14) BRETHELA LOVE DIRECTOR	1.00	х						0	0	0
(15) ALBERTO MAYA DIRECTOR	1.00	х						0	0	0
		ı	1			ı				Form 990 (2019)

(A)

compensation from the organization \blacktriangleright 0

(B)

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F)

Page 8

	Name and title	Average hours per week (list any hours	hours per than one box, unless person compensation roweek (list is both an officer and a any hours director/trustee) organization: (W-2/1099- (W-2/1099-								n J s	ated of other sation the	
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former Highest commence at ad	MISC)	MISC)		organizat relat organiza	ed
c ·	Sub-Total	Part VII, Section					* *		39,299		0		
2	Total number of individuals (including of reportable compensation from the	ing but not limited	to thos					rece	· · ·	100,000			
												Yes	No
3	Did the organization list any forme line 1a? <i>If "Yes," complete Schedul</i>					mpl •	oyee,	or hi	ghest compensated	d employee on	3		No
4	For any individual listed on line 1a, organization and related organizati individual									m the			
5	Did any person listed on line 1a rec services rendered to the organizati		mpensat								5		No No
S	ection B. Independent Contra	ctors											NO
1	Complete this table for your five hi from the organization. Report comp	ghest compensate									mpen	sation	
	Nam	(A) ne and business addre	ess						Des	(B) cription of services		(C Comper	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

(C)

(D)

(E)

orm 9 Part	_	Statement								Page 9
		Check if Sched	dule O conta	ins a re	espo	onse or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated campa	aigns	1 1	La			revenue		512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Membership due:	_	<u> </u>	lb	<u> </u>				
Gra nou	C	Fundraising even	nts		Lc	147,245				
ts, I		l Related organiza		1	ld					
Contributions, Gifts, Grants and Other Similar Amounts		Government grants			le	203,644				
ns, Sim	f	All other contribution		ts,						
er S		and similar amounts above	s not included	Ŀ	Lf	234,619				
년 원	g	g Noncash contributions included in lines 1a - 1f:\$			21 420					
ng pr	 -	Total. Add lines	15-1f		.g	31,439				
9		Total Add IIICS	14 11	•		Business Code	585,508			
	22	REGISTRATION FEES	;				61,748	61,748		
<u>a</u>	24					713990				
Program Service Revenue	b]				
æ										
,vic	С									
₹	d									
ram										
Jog	е									
	f	All other program	service reve	nue.						
	g	Total. Add lines 2	2a-2f		>	61,748	L	1		
					ds, i	interest, and other	7 8/1/	1		2,844
		milar amounts) . ncome from invest			t ot be	ond proceeds				<u>'</u>
				-			 			
			(i)	Real		(ii) Personal				
	6a	Gross rents	6a							
		Less: rental								
		expenses	6b							
		Rental income or (loss)	6c							
	d	Net rental income	or (loss) .		ı					
			(i) Se	ecuritie	es	(ii) Other				
		Gross amount from sales of	7a							
		assets other than inventory								
		Less: cost or other basis and	 76							
		sales expenses								
	С	Gain or (loss)	7c							
	d	Net gain or (loss)			•	· · · •				
a		Gross income from fu (not including \$	ındraising ever 147,245							
nua		contributions reporte	d on line 1c).							
e v		See Part IV, line 18		.	8a	9,260				
Other Revenue		Less: direct expen Net income or (los			8b	27,982 ents	·18,722			-18,722
ŧ.	·	The meaning of (102	55) 110111 Talle	7 L		ents •				
		Gross income from See Part IV, line 19		ities.		3.546				
		Less: direct expen			9a 9b	3,540				
		Net income or (los					3,148	3		3,148
		•		Ī						
		Gross sales of invertering and allowa			10a	2,922				
		Less: cost of good			10a 10b					
		Net income or (los			vent	tory ►		2,214		
			us Revenue			Business Code				
	11 a	a								
						•				
	b									
	С									
		All other						-		
		All other revenue Total. Add lines 1				•		+		
		Total revenue. S			•			-		
		. otar revenue. 3	.cc mad deli0		_	• • • •	636,740	63,962		0 -12,730 Form 990 (2019)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must co	omplete all columns.	All other organizatio	ns must complete colu	ımn (A).
Check if Schedule O contains a response or note to an		_		🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,220	4,220		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	66,001	66,001		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	39,299	27,261	9,164	2,874
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	2,625		2,625	
7 Other salaries and wages	155,881	108,134	36,349	11,398
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	20,241	14,041	4,720	1,480
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	13,350		13,350	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	49,261	44,049	5,212	
12 Advertising and promotion	20,095	4,570	6,612	8,913
L3 Office expenses	29,359	14,206	14,504	649
L4 Information technology	6,770	6,770		
15 Royalties				
16 Occupancy	40,511	19,899	20,612	
17 Travel	15,737	15,737		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	37,183	33,404	3,779	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	7,309	5,773	1,536	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UNIFORMS AND EQUIPMENT	59,645	59,403	242	
b TRAINING AND EDUCATION	13,704	13,324	380	
c TROPHIES AND PLAQUES	7,060	3,040	4,020	
d REPAIRS AND MAINTENANCE	3,313	38	3,275	
e All other expenses	2,514	2,279	235	
25 Total functional expenses. Add lines 1 through 24e	594,078	442,149	126,615	25,314
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	-			·

Form 990 (2019)

1

2

21

27

28

31

32

33

End of year

21

532,900

532,900

547,619

27

28

31

32

33

Page **11**

146,519

353,145

21,035

577,385

577,385

599.529

Form 990 (2019)

Check if Schedule O contains a response or note to any line in this Part IX .

Cash-non-interest-bearing	248,624	1	
Savings and temporary cash investments	201,956	2	
Pledges and grants receivable, net	20,032	ε	

Beginning of year

3 4 Accounts receivable, net Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6

7 Notes and loans receivable, net . . . Assets 8 Inventories for sale or use . Prepaid expenses and deferred charges . 9 10a Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D

10b 10c b Less: accumulated depreciation 11 11 Investments—publicly traded securities . 77.007 12 Investments—other securities. See Part IV, line 11 . 12 13 13 Investments—program-related. See Part IV, line 11

78.830 14 14 Intangible assets . 15 15 Other assets. See Part IV, line 11 . . . 547,619 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . 599,529 17 Accounts payable and accrued expenses . 11,719 17 18,764 18 18 Grants payable . 19 3.000 19 3.380 Deferred revenue . . . 20 Tax-exempt bond liabilities . 20

Liabilities 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D 14.719 22.144 26 Total liabilities. Add lines 17 through 25 . . 26 Organizations that follow FASB ASC 958, check here <a> \square and

Escrow or custodial account liability. Complete Part IV of Schedule D

Retained earnings, endowment, accumulated income, or other funds

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

Total net assets or fund balances

Total liabilities and net assets/fund balances

Fund Balances Organizations that do not follow FASB ASC 958, check here > \(\begin{align*} \text{and} \\ \text{and} \end{align*} complete lines 29 through 33. ō 29 29 Capital stock or trust principal, or current funds Assets 30 30 Paid-in or capital surplus, or land, building or equipment fund . . .

Form	990 (2019)				Page 12
Pa	Reconcilliation 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			636,740
2	Total expenses (must equal Part IX, column (A), line 25)	2			594,078
3	Revenue less expenses. Subtract line 2 from line 1	3			42,662
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			532,900
5	Net unrealized gains (losses) on investments	5			1,823
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			577,385
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				✓
				Yes	No
	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," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If `Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Signature Audit Act and OMB Circular A-133?	ngle	3a		No
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requiaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ired	3b		

Additional Data

Software ID:

Software Version:

EIN: 20-0421577

SEE SCHEDULE O. BCYL CONSISTENTLY SERVES OVER 700 CHILDREN WITH ENRICHMENT ACTIVITIES AND PROGRAMS UNDER THE 3 PLATFORMS OF SPORTS, EDUCATION

Name: BRIDGEPORT CARIBE YOUTH LEADERS INC

Form 990 (2019)

Form 990, Part III, Line 4a:

AND COMMUNITY. SPORTS:BCYL SPORTS PROGRAMS CONTINUE TO HAVE THE LARGEST PARTICIPATION. THE PRIMARY OBJECTIVE OF THE SPORTS PROGRAMS IS TO FOSTER AN ENVIRONMENT OF RESPONSIBILITY, RESPECT, INTEGRITY AND TEAMWORK THAT WILL ENABLE OUR YOUTH TO BE SUCCESSFUL ON AND OFF THE FIELD/COURT. 310 YOUTH PARTICIPATED IN BCYL'S OFFER BASEBALL FOR YOUTH AGES 5 TO 15 AND GIRLS' SOFTBALL AGES 9 TO 17 FROM APRIL TO AUGUST. WE INCORPORATE DEVELOPMENTAL CLINICS TO ENSURE ENGAGEMENT AND FOSTER GAINS IN PARTICIPATION AND ATTENDANCE. ALL COACHES ARE REQUIRED TO PASS THE CAL RIPKEN / BABE RUTH CERTIFICATION AND PASS BACKGROUND CHECKS; IN ADDITION TO BEING CPR AND VIRTUS CERTIFIED. FALL BASEBALL/SOFTBALLDURING SEPTEMBER AND OCTOBER 52 YOUTH PARTICIPATED IN THE FALL BALL PROGRAM.-BASKETBALLTHE BASKETBALL PROGRAM SERVED 142 YOUTH FROM KINDERGARTEN TO 8TH GRADE FROM SEPTEMBER TO DECEMBER, BASKETBALL GAMES TAKES PLACE AT MCGIVNEY COMMUNITY CENTER WITH PRACTICES AT MCGIVNEY, BRIDGE ACADEMY AND ACHIEVEMENT FIRST. COACHES AND PLAYERS OF THE BASKETBALL LEAGUE PARTICIPATE IN THE DEVELOPMENTAL CLINICS PRIOR TO THE START OF THE SEASON. ALL COACHES ARE REQUIRED TO PASS BACKGROUND CHECKS; IN ADDITION TO BEING CPR AND VIRTUS CERTIFIED. THE BASKETBALL SETTING ALLOWS THE LEAGUE TO HAVE A CAPTURED AUDIENCE PRIOR TO, DURING AND AFTER GAMES. THIS HAS PROVIDED US WITH AN EXCELLENT OPPORTUNITY TO OFFER EDUCATIONAL AND COMMUNITY OUTREACH EVENTS WHICH HAVE BEEN WELL RECEIVED WITHIN THE BRIDGEPORT COMMUNITY. - CHEERLEADINGBCYL'S CARIBE CHEERLEADING PROGRAM SERVED 12 YOUTH BETWEEN THE AGES OF 5 AND 15. THE CHEERLEADERS REPRESENT BCYL WITH PRIDE THOUGH THEIR PARTICIPATION DURING GAMES AND COMMUNITY EVENTS. EDUCATION:ON THE EDUCATION PLATFORM CONTINUES TO GROW AS 207 STUDENTS PARTICIPATED IN SEVERAL EDUCATIONAL PROGRAMS HELD AT THE UNIVERSITY OF BRIDGEPORT AND HOUSATONIC COMMUNITY COLLEGE FROM SEPTEMBER TO JULY UNDER THE CARIBE YOUTH SATURDAY ACADEMY. THEY INCLUDE:- BCYL'S MATH AND READING TUTORING PROGRAM IS HELD 3 TIMES PER YEAR FOR STUDENTS IN GRADES 3 TO 8. THE 1 TO 3 TUTOR TO STUDENT RATIO ALLOWS TARGETED ASSISTANCE TO MEET THE STUDENTS' NEEDS. EACH COHORT HAS DEMONSTRATED AN IMPROVEMENT IN THEIR POST-TEST COMPARED TO PRE-TEST. - THE SAT PREP PROGRAM PREPARES HIGH SCHOOL STUDENTS FOR THE SAT EXAM. EACH COHORT HAS REALIZED AT LEAST AN 80 POINTS IMPROVEMENT IN THE POST-TEST VERSUS PRE-TEST. - THE GIRL POWER ENRICHMENT PROGRAM TEACHES GIRLS AGES 12 TO 18 THE VALUE OF SELF-RESPECT, BOUNDARIES AND ETIQUETTE. THE PROGRAM IS RUN BY WOMEN ONLY WHO ARE SUCCESSFUL BUSINESS WOMEN AND COMMUNITY LEADERS. - CARIBE GAMBLING AWARENESS LEADERSHIP PROGRAM OFFERS HIGH SCHOOL AGE YOUTH THE OPPORTUNITY TO LEARN THE SIGNS AND IMPACT GAMBLING CAN HAVE ON A YOUTH AND FAMILY. THE YOUTH MAKE FORMAL PRESENTATIONS AT COMMUNITY EVENTS AND LOCAL MIDDLE SCHOOLS. - IN 2019 BCYL'S SUCCESS (STUDENTS UNDERSTANDING COLLEGE & CAREER EXPECTATION TO SUCCEED) PROGRAM WAS INTRODUCED TO STUDENTS AGES 14 TO 24 AND DELIVERED ENGAGING WORKSHOPS AND COLLEGE/WORKPLACE TOURS TO CURRENT AND PAST GRADUATE HIGH SCHOOL STUDENTS FOCUSED ON COLLEGE AND CAREER PREPARATION. THE PROGRAM ASSISTED PARTICIPANTS TO IDENTIFY THEIR POST-SECONDARY GOALS AND HELP DEMYSTIFY THE COLLEGE PROCESS AND CAREER PATHWAY, PARTICIPANTS TOOK A SKILLS ASSESSMENT SURVEY TO ENSURE THEIR SKILLS ARE IN ALIGNMENT WITH THEIR CAREER GOALS. THEY VISITED LOCAL BUSINESSES TO LEARN THE REQUIRED SKILL SETS EMPLOYERS ARE SEEKING AND VISITED LOCAL COLLEGES TO LEARN ABOUT THE ADMISSION AND FINANCIAL AID PROCESS.- THE BRIDGEPORT CARIBE YOUTH SCHOLARSHIP FUND IN PARTNERSHIP WITH THE DIOCESE OF BRIDGEPORT, UNIVERSITY OF BRIDGEPORT AND EASTERN CT STATE UNIVERSITY OFFER BCYL STUDENTS HIGH SCHOOL AND COLLEGE SCHOLARSHIPS. OVER \$1,000,000 IN SCHOLARSHIPS HAVE BEEN AWARDED TO BCYL STUDENTS. ALL SCHOLARSHIP RECIPIENTS ARE REQUIRED TO MAINTAIN A 2.5 GPA AND VOLUNTEER 20 HOURS OF THEIR TIME TO BCYL ANNUALLY. IN ADDITION, COLLEGE ACCEPTANCE PROCESS WORKSHOPS AND COLLEGE TOURS ARE OFFERED FOR BOTH PARENTS AND YOUTH. - BCYL'S HONOR ROLL PROGRAM STRESSES THE IMPORTANCE OF STRIVING TO GET A'S AND B'S IN SCHOOL. WE RECOGNIZE THE STUDENTS WHO MAKE THE HONOR ROLL AND TREAT THEM TO A PROFESSIONAL SPORTING EVENTS OR THEATRICAL PERFORMANCE. IN 2018, THE HONOR ROLL STUDENTS SAW THE BROOKLYN NETS NEW YORK METS GAMES, AND THE CHRISTMAS SPECTACULAR AT RADIO CITY MUSIC HALL. OVER 22% BCYL STUDENTS ARE ACHIEVING HONORS! COMMUNITY: BCYL STRESSES THE IMPORTANCE OF GIVING BACK TO THE COMMUNITY. VARIOUS PROGRAMS HAVE BEEN IMPLEMENTED TO ALLOW OUR CHILDREN TO EXPERIENCE THE JOY OF GIVING. THE IDEA OF COMBINING SPORTS AND CHARITY HAS EXCEEDED ALL EXPECTATIONS AS WE CONTINUE TO EMPHASIZE THE IMPACT SOMEONE CAN MAKE "BEYOND THE GAME". IT IS QUITE AN ENLIGHTENING EXPERIENCE FOR OUR YOUTH AND VOLUNTEERS. - ANNUAL FOOD AND TOY DRIVES -THE YOUTH DONATE TOYS AND FOOD DURING THE HOLIDAY SEASON WHICH THEY THEN DELIVER TO LOCAL SHELTERS AND FOOD PANTRIES. BCYL HAS ALSO COLLECTED COATS FOR THE BRIDGEPORT RESCUE MISSION, AND TURKEYS TO DISTRIBUTE DURING THANKSGIVING TO FAMILIES IN NEED, - BONE MARROW DRIVE - SINCE 2010 BCYL CONDUCTS A BONE MARROW DRIVE IN MEMORY OF A.J. SAEZ. IN 2010 A.J. A PARTICIPANT IN CARIBE'S BASEBALL LEAGUE WAS DIAGNOSED WITH ACUTE MYELOGENOUS LEUKEMIA AND NEEDED A MATCHING BONE MARROW DONOR. UNFORTUNATELY, A MATCH WAS NOT FOUND ON TIME. OVER TWO HUNDRED (200) PARENTS, VOLUNTEERS AND COMMUNITY RESIDENTS HAVE REGISTERED TO BECOME BONE MARROW DONORS DURING THE ANNUAL EVENT. IN ADDITION, A BLOOD DRIVE IN PARTNERSHIP WITH THE AMERICAN RED CROSS IS CONDUCTED IN THE SUMMER. THIS IS THE SPIRIT EXHIBITED AT BCYL, WHERE WE ARE ALL "FAMILY". - PARK & NEIGHBORHOOD CLEANUP- OVER THE YEARS, BCYL YOUTH HAVE PARTICIPATED IN A NUMBER OF CITY CLEAN-UP PROJECTS. IN ADDITION, YOUTH PARTICIPATED IN A RECOGNITION EVENT FOR BCYL AT SEASIDE PARK WHERE THREE TREES REPRESENTING BCYL WERE PLANTED. THE TREE OF PEACE, TREE OF UNITY AND TREE OF DREAMS WITH CORRESPONDING PLAQUES ARE PLANTED AT SEASIDE PARK. DURING THE PAST SEVERAL YEARS OVER 100 YOUTH AND PARENTS COLLECTIVELY CLEAN AND PAINT THE CARIBE FIELDS AT GE IN PREPARATION FOR THE UPCOMING BASEBALL AND SOFTBALL SEASON. - CARIBE DAY HELD IN JUNE IS A CARNIVAL THEME COMMUNITY EVENT WHERE BCYL FAMILIES AND THE SURROUNDING BRIDGEPORT FAMILIES TO SHARE A DAY OF CELEBRATING COMMUNITY AND DIVERSITY. THE EVENT IS RUN BY THE CARIBE YOUTH COUNCIL.- CITY WIDE PARADES- EVERY YEAR YOUTH PARTICIPATE IN THE FAIRFIELD COUNTY PUERTO RICAN DAY, JUNETEENTH, AND PT BARNUM AND ST. PATRICK'S DAY PARADES. IT PROVIDES THE YOUTH TO LEARN AND EXPERIENCE THE VARIOUS CULTURES AND DIVERSITY OF BRIDGEPORT. TWICE PER YEAR A FAMILY BANQUET IS HELD TO HIGHLIGHT THE YOUTH'S SPORTS, EDUCATION AND COMMUNITY ACHIEVEMENTS. NEARLY 800 YOUTH AND FAMILY MEMBERS ATTENDED THE SPRING/SUMMER BANQUET HELD AT LAKE QUASSY AND OVER 400 YOUTH AND FAMILY MEMBERS ATTENDED THE FALL/WINTER BANQUET AT THE UNIVERSITY OF BRIDGEPORT.

efile	e GR/	APHIC prii	nt - DO NOT PROCES	S As Filed Data	-		DLN: 9	3493321226780
SCI	HED	ULE A	Dubli	c Charity Stat	ue and Du	hlic Sunn	ort	OMB No. 1545-0047
(Form 990 or 990EZ)			Complete if the	e organization is a se 4947(a)(1) none ▶ Attach to Forr	ection 501(c)(3) xempt charitable n 990 or Form 99	organization of trust. 90-EZ.	r a section	2019
		the Treasury	► Go to <u>www</u>	<u>.irs.gov/Form990</u> fo	r instructions and	d the latest info	ormation.	Open to Public Inspection
Nam	e of th	ne organiza	tion H LEADERS INC				Employer identific	ation number
							20-0421577	
	rt I		for Public Charity St a private foundation beca				See instructions.	
1	rgariiz		onvention of churches, o	`			(A)(i)	
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3			or a cooperative hospital		,	, ,		
4		·	esearch organization ope	-				nter the hospital's
•	Ш	name, city,		rated in conjunction wi	tir a nospitar desci	ibed iii sectioii	170(b)(1)(A)(III). E	nter the hospital's
5			ation operated for the ber (iv). (Complete Part II.)	nefit of a college or uni	versity owned or o	perated by a gov	vernmental unit descri	bed in section 170
6		A federal, s	tate, or local governmen	t or governmental unit	described in secti	on 170(b)(1)(<i>l</i>	A)(v).	
7	✓		ation that normally received (b)(1)(A)(vi). (Comp		f its support from a	a governmental ι	unit or from the gener	al public described in
8			ty trust described in sect	· ·). (Complete Part	II.)		
9			ural research organization ant college of agriculture					ege or university or a
10		from activit investment	ation that normally receivites related to its exempt income and unrelated busies section 509(a)(2).	functions—subject to consiness taxable income	ertain exceptions,	and (2) no more	than 331/3% of its s	upport from gross
11		An organiza	ation organized and opera	ated exclusively to test	for public safety. S	See section 509	(a)(4).	
12		more public	ation organized and opera ly supported organization through 12d that descril	ns described in sectior	1 509(a)(1) or se	ction 509(a)(2). See section 509(a	
a		Type I. A so	supporting organization on n(s) the power to regular Part IV, Sections A and	perated, supervised, or ly appoint or elect a m	controlled by its	supported organi	zation(s), typically by	
b		Type II. A manageme	supporting organization s nt of the supporting orga plete Part IV, Sections	supervised or controlle nization vested in the s			- \ // /	~
С		Type III f	unctionally integrated. organization(s) (see instr	A supporting organiza				ated with, its
d		Type III n	on-functionally integrated. The organization. integrated. The organization. You must complete	ated. A supporting organic	anization operated tisfy a distribution	in connection wi	th its supported orga	
e		Check this	box if the organization re or Type III non-function	ceived a written deterr	nination from the I		/pe I, Type II, Type II	I functionally
f	Enter		of supported organizatio					
g	Provi	de the follow	ing information about the	supported organization	n(s).			
	(i) N	lame of supp organizatior		(iii) Type of organization (described on line 1- 10 above (see instructions))	in your goverr	panization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
			I					
Tota			tion Act Notice, see the		Cat. No. 1128		 Schedule A (Form 9	

3.828

2,244,454

277,375

97.490 %

97.440 %

12

14

15

Schedule A (Form 990 or 990-EZ) 2019

3,828

16a 33 1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

17a 10%-facts-and-circumstances test—2019. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

b 10%-facts-and-circumstances test—2018. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))

15 Public support percentage for 2018 Schedule A, Part II, line 14

10

11

Other income. Do not include gain or loss from the sale of capital assets

Total support. Add lines 7 through

Section C. Computation of Public Support Percentage

(Explain in Part VI.). .

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010		(O.T.)
	(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.").						
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						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
•	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1				Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
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 carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	ritvate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖

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

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

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 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

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a 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 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. 3с

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 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

4b supervised by or in connection with its supported organizations. 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 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 5a amendment to the organizing document).

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

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

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 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

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

```
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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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.
```

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,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

	edule A (101111 330 01 330 E2) 2013			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	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		
S	ection 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	-		
2	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	2		
	organization.			
S	ection C. Type II Supporting 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	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			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).			
_		2		
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 supported organizations played in this regard.	3		
S	ection 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 instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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		
ı	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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a 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.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
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 factors (explain in detail in Part VI):			
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		

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
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	Total annual distributions. Add lines 1 through 6.	

5	Qualified set-aside amounts (prior IRS approval require			
6	Other distributions (describe in Part VI). See instruction			
7	Total annual distributions. Add lines 1 through 6.			
8	B Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(ii) Underdistributions	(iii) Distributable	

other distributions (describe in Fare 42). See instructions				
7 Total annual distributions. Add lines 1 through 6.				
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions				
9 Distributable amount for 2019 from Section C, line 6				
10 Line 8 amount divided by Line 9 amount				
(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
	Underdistributions	Distributable		

Schedule A (Form 990 or 990-EZ) (2019)

3 Excess distributions carryover, if any, to 2019:

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines

a Excess from 2015. **b** Excess from 2016. c Excess from 2017. **d** Excess from 2018. e Excess from 2019.

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a From 2014. **b** From 2015. c From 2016. **d** From 2017. e From 2018. f Total of lines 3a through e

instructions)

See instructions.

3j and 4c. 8 Breakdown of line 7:

\$

Schedule A (Form 990 or 990-EZ)	2019 Page	8
Section A, lines 1, 2, Part IV, Section D, lir	rmation. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, 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; nes 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 and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See	
	Facts And Circumstances Test	
990 Schedule A, Supplemer	ntal Information	_
Return Reference	Explanation	
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	MISC REVENUE - 2015 AMOUNT: \$ 3,828.	

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493321226780

OMB No. 1545-0047

Supplemental Financial Statements

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

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

	me of the organization IDGEPORT CARIBE YOUTH LEADERS INC			Employer identificati	on number
BKI	IDGEPORT CARIBE FOUTH LEADERS INC			20-0421577	
Pā	Organizations Maintaining Donor Advi			or Accounts.	
	Complete if the organization answered "Ye	s" on Form 990, Part IV (a) Donor advise		(b) Funds and oth	er accounts
L	Total number at end of year	(a) Donor daviso		(b) Farius aria sur	
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
1	Aggregate value at end of year				
5	Did the organization inform all donors and donor adviso	rs in writing that the asset	s held in donor ad	l dvised funds are the	
	organization's property, subject to the organization's ex	clusive legal control?			☐ Yes ☐ No
5	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for ar	ny other purpose o		☐ Yes ☐ No
Pa	rt II Conservation Easements. Complete if the organization answered "Ye	s" on Form 990, Part I\	/, line 7.		
L	Purpose(s) of conservation easements held by the organ	nization (check all that app	oly).		
	Preservation of land for public use (e.g., recreation	n or education) \Box F	Preservation of an	historically important lan	d area
	Protection of natural habitat	□ F	Preservation of a d	certified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation cont	tribution in the for	rm of a conservation Held at the End	d of the Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified histori	c structure included in (a)		2c	
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06, and not	on a historic	2d	
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished,	or terminated by	the organization during th	ıe
1	Number of states where property subject to conservation	n easement is located 🕨			
5	Does the organization have a written policy regarding th	ne periodic monitoring, insp	pection, handling	of violations,	
	and enforcement of the conservation easements it holds	5?		☐ Yes	□ No
5	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations	s, and enforcing co	onservation easements du	iring the year
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violations, and	l enforcing conser	vation easements during	the year
3	Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(ii)$?			70(h)(4)(B)(i)	□ No
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the	footnote to the organization	revenue and exper	nse statement, and	
a:	the organization's accounting for conservation easemen rt III Organizations Maintaining Collections		asures, or Oth	er Similar Assets.	
	Complete if the organization answered "Ye	s" on Form 990, Part I\	/, line 8.		
La	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition, educatio	n, or research in f		
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items:				
((i) Revenue included on Form 990, Part VIII, line 1			▶\$	
C	ii)Assets included in Form 990, Part X			> \$	
2	If the organization received or held works of art, historical following amounts required to be reported under SFAS:	cal treasures, or other simi	ilar assets for fina		
а	Revenue included on Form 990, Part VIII, line 1	, ,		> \$	
b	Assets included in Form 990, Part X			> \$	

Cat. No. 52283D

Schedule D (Form 990) 2019

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Yes No on Form 990, Part Yes No
Yes
Yes
Yes No on Form 990, Part Yes No
Yes No on Form 990, Part Yes No
on Form 990, Part Yes No
on Form 990, Part Yes No
int

Yes ∐ No
ack (e) Four years bac
Yes No
3a(i)
3a(ii)
, line 10.
(d) Book value

	Investments—Other Securities. Complete if the organization answered "Yes" on Fo	orm 990 Part IV li	ne 11k	See Form 990 F	Part X line	n 12
	(a) Description of security or category (including name of security)	(b) Book value			d of valuation	on:
(1) Financia	Il derivatives			Cost of end-of-	year marke	et value
(2) Closely-(3) Other	held equity interests					
(A) ANNUITI (B)	IES	78,830			F	
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)	78,830				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Fo		no 110	See Form 990	Part Y line	a 13
	(a) Description of investment	51111 556, Falc IV, II	ne iie	(b) Book value	(c) Metl	hod of valuation: nd-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum	on (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets.		•			
Pail IX	Complete if the organization answered 'Yes' on Fo		ne 11d	. See Form 990, Par		
(1)	(a) Description					(b) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	mm (b) must equal Form 990, Part X, col.(B) line 15.)				•	
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Fo		ne 11e	or 11f.See Form	990, Part	
1. (1) Federal	income taxes	on of liability				(b) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col.(B) line 25.)			•		
2. Liability fo	or uncertain tax positions. In Part XIII, provide the text of					

Page 4

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

2d d Other (Describe in Part XIII.) . . . Add lines 2a through 2d . 2e 70,500 е Subtract line 2e from line 1 3 584,268 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

4b 9.810 b Add lines **4a** and **4b** 4c 9,810 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 594.078

4a

5 Part XIII Supplemental Information

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference Explanation

See Additional Data Table

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

ONS FOR PERIODS PRIOR TO 2016.

EIN: 20-0421577

Name: BRIDGEPORT CARIBE YOUTH LEADERS INC

Supplemental Information

PART X, LINE 2:

Return Reference	Explanation
•	THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSU

RE. THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAX JURISDICTI

pplemental Information				
Return Reference	Explanation			
PART XI, LINE 4B - OTHER ADJUSTMENTS:	RECLASSED FINANCIAL ASSISTANCE TO PART IX, LINE 2 9,810.			

S

ipplemental Information				
Return Reference	Explanation			
PART XII, LINE 4B - OTHER ADJUSTMENTS:	RECLASSED FINANCIAL ASSISTANCE TO PART IX, LINE 2 9,810.			

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493321226780 OMB No. 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization BRIDGEPORT CARIBE YOUTH LEADERS INC 20-0421577 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

		(a)Event #1 GALA (event type)	(b) Event #2 WINE & BEER TASTING (event type)	(c)Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Keverkie					
	1 Gross receipts	86,299	43,495	26,711	156,50
	2 Less: Contributions	82,301	40,436	24,508	147,24
	3 Gross income (line 1 minus line 2)	3,998	3,059	2,203	
	4 Cash prizes				
ا ب	5 Noncash prizes				
2	6 Rent/facility costs	8,113			8,11
nieu Expenses	7 Food and beverages	1,345	4,500	2,500	8,34
֡֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	8 Entertainment	1,750		4,700	6,45
֡֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	9 Other direct expenses	528	3,678	868	5,07
	10 Direct expense summary. Add lines 4 to	through 9 in column (d)			27,98
	11 Net income summary. Subtract line 10	• • •		•	-18,72
ar	Gaming. Complete if the org	• • •		▶ V, line 19, or reported	
- 1	<u>'</u>	• • •	s" on Form 990, Part I (b) Pull tabs/Instant bingo/progressive bingo	► V, line 19, or reported (c) Other gaming	more than \$15,000 (d) Total gaming (add
Revenue	Gaming. Complete if the org on Form 990-EZ, line 6a.	anization answered "Ye	(b) Pull tabs/Instant		more than \$15,000 (d) Total gaming (add
ises Keverkie	Gaming. Complete if the org	anization answered "Ye	(b) Pull tabs/Instant		more than \$15,000 (d) Total gaming (add
ises Keverkie	f III Gaming. Complete if the org on Form 990-EZ, line 6a. 1 Gross revenue	anization answered "Ye	(b) Pull tabs/Instant		more than \$15,000
Experises Keverne	Gaming. Complete if the org on Form 990-EZ, line 6a.	anization answered "Ye	(b) Pull tabs/Instant		more than \$15,000 (d) Total gaming (add
ises Keverkie	Gaming. Complete if the org on Form 990-EZ, line 6a. 1 Gross revenue	anization answered "Ye	(b) Pull tabs/Instant		more than \$15,000 (d) Total gaming (add
Experises Keverne	Gaming. Complete if the org on Form 990-EZ, line 6a. 1 Gross revenue	anization answered "Ye	(b) Pull tabs/Instant		more than \$15,000 (d) Total gaming (add
Experises Keverne	Gaming. Complete if the org on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	more than \$15,000 (d) Total gaming (add
Experises Keverne	Gaming. Complete if the org on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses	(a) Bingo Yes % No	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	more than \$15,000 (d) Total gaming (add
Experises Keverne	Gaming. Complete if the org on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses	(a) Bingo Yes % No through 5 in column (d)	(b) Pull tabs/Instant bingo/progressive bingo Yes % No	(c) Other gaming Yes % No	more than \$15,000 (d) Total gaming (add
Direct Experises Keverkie	Gaming. Complete if the org on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo Yes % No through 5 in column (d) t line 7 from line 1, column ion conducts gaming activities	(b) Pull tabs/Instant bingo/progressive bingo Yes % No n (d)	(c) Other gaming Yes % No	(d) Total gaming (add col.(a) through col.(c))
Experises Keverne	Gaming. Complete if the org on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo Yes % No through 5 in column (d) t line 7 from line 1, column ion conducts gaming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo Yes % No n (d)	(c) Other gaming Yes % No	more than \$15,000 (d) Total gaming (add col.(a) through col.(c))
a Diec. Experses Keverne	fill Gaming. Complete if the org on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo Yes % No through 5 in column (d) t line 7 from line 1, column ion conducts gaming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo Yes % No n (d)	(c) Other gaming Yes % No	more than \$15,000 (d) Total gaming (add col.(a) through col.(c))

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age 3
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио	
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes		
13	Indicate the percentage of gam	ing activity conducted in:					
а	The organization's facility .			13a			%
b	An outside facility			13b			%
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and	records:			
	Name •						
	Address >						
15a			m the organization receives gaming		· 🗆 Yes	Пио	
b	If "Yes," enter the amount of g	aming revenue received by the orgained by the third party $ ightharpoons$ $ angle$	anization ▶ \$ and	the			
c	If "Yes," enter name and addre	ss of the third party:					
	Name •						
	Address ►						
16	Gaming manager information:						
	Name 🟲						
	Gaming manager compensation	1 ▶ \$					
	Description of services provided	d ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	•		stributions from the gaming proceeds to		□Yes	Пио	
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spen	Ī	□ 1es		
		pt activities during the tax year 🕨	•				
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.
	Return Reference		Explanation				

efile GRAPHIC print - DO NOT PROCESS As Filed Data - Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

OMB No. 1545-0047

2019

DLN: 93493321226780

Open to Public Inspection

ame of the organization	DEDG ING					Employer identific	cation number	
RIDGEPORT CARIBE YOUTH LEA	ADERS INC					20-0421577		
Part I General Inform	ation on Grants	and Assistance						
Does the organization mai the selection criteria used					for the grants or assistanc	e, and	☑ Yes	□ No
Describe in Part IV the org	•	•	-					
Part II Grants and Other that received more	Assistance to Dom than \$5,000. Part II	nestic Organizations a can be duplicated if ad	and Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes"	on Form 990, Part IV, line	e 21, for any recipier	nt
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of g or assistance	rant
1)								
2)								
3)								
4)								
5)								
6)								
7)								
8)								
9)								
10)								
11)								
12)								
Enter total number of sectEnter total number of othe								

Schedule I

(Form 990)

Department of the

Treasury

Schedule I (Form 990) 2019

Page 2

Part III can be duplicated if additional space is needed.

(3) STIPENDS (4) INCENTIVE AWARDS

Supplementa
ence
:

(4) INCENTIVE AWARDS		11	986			
(4)						
(5)						
(6)						
(7)						
Part IV Supplemental I	nformatio	on. Provide the in	nformation required in	Part I, line 2; Part III,	column (b); and any other	additional information.
Return Reference	Explanation	on				
	THE SCHOL BASED ON , AND FAMILI SLIDING FE THEIR FAMI PROGRAMS PROGRAMS THAT COMP ASSISTANC REVIEWS N APPROVES ACCEPTED.	ARSHIP COMMITTEI A SCORING CRITER IES OF BCYL. BOAR E SCHEDULE IN AC LIES IN ENROLLING OFFERED BY BCYL APPLICATION FOR LETED APPLICATIO E ARE 1) HOUSEHC OT ONLY THE APPLI THESE APPLICATIONS ALL APPLICATIONS	E MADE UP 3 COMMUNITY IA THAT INCLUDES ACDE D MEMBER ANTHONY JUD CORDANCE WITH THE NA G IN ACTIVITIES/PROGRA ARE OPEN JANUARY - JUN FINANCIAL ASSISTANCE NS WITH THE REQUIRED ILD INCOME 2) HOUSEHO ICATIONS BUT ALSO THE NS AND RETURNS THEM T	LEADERS NOT ASSOCIA MICS, INTERVIEW AND E KINS REVIEWS AND PROTIONAL POVERTY GUIDE MS TO BETTER THE LIVE FOR SPRING AND SUM ARE PROVIDED/ISSUED DOCUMENTATION ARE R LD SIZE. ALL APPLICATION BUDGET ENSUING THE ATO RUTH ORTEGA (OFFICERE ARE NO DENIALS; IN	ATED WITH BCYL WHO INTERVIE BCYL INVOLVEMENT. DONATION: DVIDES DECISION ON FINANCIA ILINES. BCYL OFFERS A FINANCI S OF YOUTH AND HAVE A BRIGH IMER PROGRAMS AND FROM AU UPON REQUEST BY EACH FAMIL ETURNED IN A 2 WEEK PERIOD. ONS RECEIVED ARE REVIEWED IN APPROPRIATE FUNDS ARE AVAIL E MANAGER) WHO THEN MAILS	IPS. BOARD MEMBER DAVID CARRASQUILO CHAIRS W AND ASSIGN BUDGETED SCHOLARSHIP DOLLAR S ARE MADE TO LOCAL COMMUNITY ORGANIZATIONS L ASSISTANCE APPLICATIONS. BCYL UTILIZES A KAL ASSISTANCE PROGRAM TO ASSIST STUDENTS AND HITER FUTURE. REGISTRATION FOR THE DIFFERENT GUST - NOVEMBER FOR FALL AND WINTER LY AT THE TIME OF REGISTRATION. IT IS BYCL POLICY THE CRITERIA FOR QUALIFYING FOR FINANCIAL BY BOARD MEMBER ANTHONY JUDKINS. MR. JUDKINS ABLE TO ISSUE THESE GRANTS. HE INFORMALLY A LETTER OF ACCEPTANCE TO EACH FAMILY NDS ARE NOT AVAILABLE, APPLICANTS WILL RECEIVE

(d) Amount of

noncash assistance

(e) Method of valuation (book,

FMV, appraisal, other)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(c) Amount of

ćash grant

46,826

9,810

8,379

(b) Number of

recipients

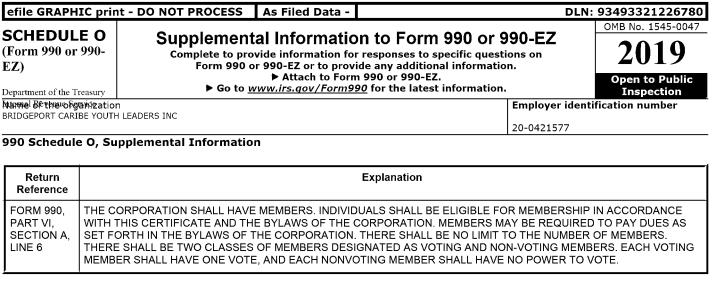
21

91

31

DLN: 93493321226780 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** BRIDGEPORT CARIBE YOUTH LEADERS INC 20-0421577 Part I **Types of Property** (d) (a) (b) (c) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . . 2 Art—Historical treasures 3 Art—Fractional interests Books and publications Clothing and household goods Cars and other vehicles . . 7 Boats and planes . . Intellectual property . . . Securities—Publicly traded . 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . Securities—Miscellaneous . Qualified conservation contribution—Historic structures 14 Oualified conservation contribution-Other . . . Real estate—Residential . Real estate—Commercial . 17 Real estate—Other . . Collectibles 18 4,500 COST 19 Food inventory . . . Χ 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . . . 23 Scientific specimens . . Archeological artifacts . . . **ATHLETIC** 26,939 COST **SUPPLIES** AND Other ► (EQUIPMENT 25 Other ▶ (_____ 27 Other ► (___ 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J Schedule M (Form 990) (2019)

Schedule M (Form 990) (2019)	Page 2
is reporting in Part I, co	ation. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization lumn (b), the number of contributions, the number of items received, or a combination of both. Also by additional information.
Return Reference	Explanation
PART I, COLUMN (B):	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS.
	Schedule M (Form 990) (2019)



Return Explanation

Reference

FORM 990,	ONLY REGULAR MEMBERS SHALL BE ENTITLED TO MAKE MOTIONS AND VOTE AT ANY MEETING OF THE MEMBERS
PART VI,	OF THE BCYL. EACH REGULAR MEMBER SHALL BE ENTITLED TO ONE (1) VOTE IN PERSON. THE BOARD OF
SECTION A,	DIRECTORS SHALL BE ELECTED AT THE ANNUAL MEETING OF THE REGULAR MEMBERS. ALL ELECTIONS OF THE
LINE 7A	DIRECTORS SHALL BE BY MAJORITY VOTE OF THE REGULAR MEMBERS IN PERSON.

Return Explanation

FORM 990, PART VI, MAJORITY VOTE OR BY THE MAJORITY VOTE OF A QUORUM AT ANY DULY ORGANIZED MEETING OF THE REGULAR SECTION A, MEMBERS PROVIDED NOTICE OF THE PROPOSED CHANGE IS INCLUDED IN THE NOTICE OF SUCH MEETING.

Return

Reference	
FORM 990,	BRIDGEPORT CARIBE YOUTH LEADERS, INC. HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND
PART VI,	HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS
SECTION B,	COMPLETE AND ACCURATE. UPON RECEIPT OF THE DRAFT 990, AN AD HOC COMMITTEE COMPRISED OF THE
LINE 11B	PRESIDENT, TREASURER AND THE FULL BOARD WILL REVIEW THE 990. ONCE THE BOARD HAS APPROVED THE
	RETURN IT IS FILED WITH THE INTERNAL REVENUE SERVICE. THE FINAL VERSION OF THE 990 WILL BE PRESENTED

TO THE BOARD OF DIRECTORS AT A DESIGNATED MEETING NO LATER THAN 60 DAYS OF FILING DATE.

Explanation

	· · · · · · · · · · · · · · · · · · ·
Return	Explanation
Reference	
FORM 990,	THE FOLLOWING ARE CONSIDERED INSIDERS FOR THE PURPOSES OF THE POLICY: (1.) EACH MEMBER OF THE
PART VI,	BOARD OF DIRECTORS OR OTHER GOVERNING BODY, (2.) THE PRESIDENT, CHIEF EXECUTIVE OFFICE R, CHIEF
SECTION B,	OPERATING OFFICER, TREASURER AND CHIEF FINANCIAL OFFICER, EXECUTIVE DIRECTOR, OR ANY PERSON WITH
LINE 12C	THE RESPONSIBILITIES OF ANY OF THESE POSITIONS (WHETHER OR NOT THE PERSON IS AN OFFICER OF THE
	ORGANIZATION UNDER THE ORGANIZATION'S BYLAWS AND CONNECTICUT LAW), AN D (3.) ANY KEY EMPLOYEE,
	MEANING AN EMPLOYEE WHOSE TOTAL ANNUAL COMPENSATION (INCLUDING BE NEFITS) FROM THE ORGANIZATION
	AND ITS AFFILIATES IS MORE THAN \$25,000 AND WHO (A) HAS RESP ONSIBILITIES OR INFLUENCE OVER THE
	ORGANIZATION SIMILAR TO THAT OF OFFICERS, DIRECTORS, OR TRUSTEES; OR (B) MANAGES A PROGRAM THAT
	REPRESENTS 10% OR MORE OF THE ACTIVITIES, ASSETS, INCOME, OR EXPENSES OF THE ORGANIZATION; OR (C)
	HAS OR SHARES AUTHORITY TO CONTROL 10% OR MORE OF THE ORGANIZATION'S CAPITAL EXPENDITURES,
	OPERATING BUDGET, OR COMPENSATION FOR EM PLOYEES. WITH REGARD TO AN INSIDER, THE BOARD SHALL
	DETERMINE IF A CONFLICT OF INTEREST EX ISTS. THE INSIDER(S) AND ANY OTHER INTERESTED PERSON(S)
	INVOLVED WITH THE TRANSACTION SHAL L NOT BE PRESENT DURING THE BOARD'S DISCUSSION OR
	DETERMINATION OF WHETHER A CONFLICT OF I NTEREST EXISTS. THE BOARD MAY ASK QUESTIONS OF AND
	RECEIVE PRESENTATION(S) FROM THE INSIDE R(S) AND ANY OTHER INTERESTED PERSON(S), BUT SHALL
	DELIBERATE AND VOTE ON THE TRANSACTION IN THEIR ABSENCE. THE BOARD SHALL ASCERTAIN THAT ALL
	MATERIAL FACTS REGARDING THE TRANSACT ION AND THE INSIDER'S CONFLICT OF INTEREST HAVE BEEN
	DISCLOSED TO THE BOARD AND SHALL COMP ILE APPROPRIATE DATA, SUCH AS COMPARABILITY STUDIES, TO
	DETERMINE FAIR MARKET VALUE FOR TH E TRANSACTION. AFTER EXERCISING DUE DILIGENCE, WHICH MAY
	INCLUDE INVESTIGATING ALTERNATIVE S THAT PRESENT NO CONFLICT, THE BOARD SHALL DETERMINE WHETHER
	THE TRANSACTION IS IN THE OR GANIZATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR
	AND REASONABLE TO THE ORGANIZATION; THE MAJORITY OF DISINTERESTED MEMBERS OF THE BOARD THEN IN
	OFFICE MAY AP PROVE THE TRANSACTION. IF THE BOARD HAS REASONABLE CAUSE TO BELIEVE THAT AN INSIDER
	OF THE ORGANIZATION HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, INCLUDING T
	HOSE ARISING FROM A TRANSACTION WITH A RELATED INTERESTED PERSON, IT SHALL INFORM SUCH INS IDER OF
	THE BASIS FOR THIS BELIEF AND AFFORD THE INSIDER AN OPPORTUNITY TO EXPLAIN THE ALL EGED FAILURE TO
	DISCLOSE. IF, AFTER HEARING THE INSIDER'S RESPONSE AND MAKING FURTHER INVE STIGATION AS WARRANTED
	BY THE CIRCUMSTANCES, THE BOARD DETERMINES THAT THE INSIDER HAS FAI LED TO DISCLOSE AN ACTUAL OR
	POSSIBLE CONFLICT OF INTEREST, THE BOARD SHALL TAKE APPROPRIA TE DISCIPLINARY AND CORRECTIVE
	ACTION. TO ENSURE THAT THE ORGANIZATION OPERATES IN A MANNE R CONSISTENT WITH ITS STATUS AS AN
	ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX, THE BOARD SHALL AUTHORIZE AND OVERSEE AN ANNUAL
	REVIEW OF THE ADMINISTRATION OF THIS CONFLICT OF INT EREST POLICY. THE REVIEW MAY B

Return Explanation

FORM 990, PART VI, SECTION B, LINE 12C

990 Schedule O, Supplemental Information

Return

Reference	
FORM 990,	THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104
PART VI,	OF THE INTERNAL REVENUE CODE. IN ADDITION, THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY,
SECTION C,	ARTICLES OF INCORPORATION AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN REQUEST AT 1067 PARK
LINE 19	AVENUE, BRIDGEPORT, CT 06604 OR BY CALLING THE ORGANIZATION DIRECTLY AT (203) 913-0073.

Explanation

990 Schedule O, Supplemental Information

Return

Reference	
	THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS DID NOT CHANGE
LINE 2C:	FROM THE PRIOR YEAR

Explanation