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Form	550	

Department of the Treasury

Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2017

Return of Organization Exempt From Income Tax 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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.



AF	or th	e 2016 calendar year, or tax year beginning and	ending	_				
B c	heck if pplicab	C Name of organization		D Employer identifie	cation number			
	Addre chang							
	_chang	Doing business as		56-2	470061			
	Initial return Final return	E Telephone number 347-	453-8868					
	termin	G Gross receipts \$	487,818.					
	Amen	BROOKLIN, NI 11215	H(a) Is this a group re	eturn				
		F Name and address of principal officer: PIARC SKIAR		for subordinates	? Yes X No			
	pendi	^{ng} SAME AS C ABOVE	H(b) Are all subordinates in	Icluded? Yes No				
11	ax-ex	empt status: 🗴 501(c)(3) 🗌 501(c) ()◀ (insert no.) 🗌 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)			
J١	Vebsi	te: BRICKBYBRICK.ORG		H(c) Group exemption	n number 🕨			
κF	orm o	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 2004 N	State of legal domicile: NY			
Pa	art I	Summary		· · · · · · · · · · · · · · · · · · ·				
	1	Briefly describe the organization's mission or most significant activities: CREA	TE PAR	TNERSHIPS T	O IMPROVE			
ů		EDUCATION, HEALTH, AND ECONOMIC OPPORTUN	ITY IN	EAST AFRIC	Α.			
Activities & Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	sets.			
ove	3				10			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			9			
80		Total number of individuals employed in calendar year 2016 (Part V, line 2a)		0				
itie		Total number of volunteers (estimate if necessary)		0				
ctiv	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
Ā		Net unrelated business taxable income from Form 990-T, line 34		0.				
				Prior Year	Current Year			
-	8	Contributions and grants (Part VIII, line 1h)		319,756.	469,215.			
nu	9	Program service revenue (Part VIII, line 2g)		0.	600.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		82.	40.			
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		37,291.	2,961.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		357,129.	472,816.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	435,475.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		28,670.	0.			
ISe		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses		Total fundraising expenses (Part IX, column (D), line 25) • 9, 9	15.					
ы		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		182,122.	86,789.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		210,792.	522,264.			
	19	Revenue less expenses. Subtract line 18 from line 12		146,337.	-49,448.			
es	13			ginning of Current Year	End of Year			
t Assets or d Balances	20	Total assets (Part X, line 16)		177,157.	127,731.			
Ass Bal			······	0.	22.			
Net A Fund				177,157.	127,709.			
	22	Net assets or fund balances. Subtract line 21 from line 20		±//,±J/•	121,109.			

Part II Signature Block

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

	•											
-		Signature	of officer							Date		
Sign		olynature								Date		
Here			SKLAR,		JTIVE	DIRECTOR						
		Type or pri	int name and t	tle								
	Prin	it/Type prepa	arer's name			Preparer's signat	ure		Date	Check	PTIN	
Paid	LA	URENCE	E SCOT,	MBA,	CPA	LAURENCE	SCOT,	MBA,	11/12	/17 self-employed	P006326	47
Preparer						, CPAS, P				Firm's EIN 🕨 1	<u>13-35978</u>	14
Use Only	Firm	n's address	520 E	IGHTH	AVE,	SUITE 22	00					
		•	NEW Y	ORK, 1	NY 100	018				Phone no.212	967-110	0
May the IRS discuss this return with the preparer shown above? (see instructions)												
632001 11-1	32001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016)											

Form	990 (2016) BRICK BY BRICK PARTNERS 56-2470061 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: CREATE PARTNERSHIPS TO IMPROVE EDUCATION, HEALTH, AND ECONOMIC OPPORTUNITY IN EAST AFRICA.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 489,448. including grants of \$ 435,475.) (Revenue \$) PROGRAM SERVICES PROVIDED: THE ORGANIZATION'S MAJOR PROGRAM IS TO
	PROVIDE ON-GOING SUPPORT TO BRICK BY BRICK UGANDA, A UGANDAN
	NON-GOVERNMENTAL ORGANIZATION WHOSE MISSION IS TO CREATE VITAL
	PARTNERSHIPS WITH UGANDAN COMMUNITIES THAT PROMOTE SUSTAINABLE
	DEVELOPMENT BY PROVIDING INNOVATIVE APPROACHES TO HEALTHCARE (E.G. FREE
	HEALTHCARE & MEDICAL SUPPLIES), EDUCATION (E.G. CREATE LIBRARIES) AND IMPROVING THE INFRASTRUCTURE BY REBUILDING CRUMBLING SCHOOLS.
	IMPROVING THE INFRASTRUCTURE BY REBUILDING CRUMBLING SCHOOLS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
14	Other program services (Describe in Schedule O.)
4d	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses > 489,448.
	Form 990 (2016)
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			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	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		X
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		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	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	11c		X
d	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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	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		X
17	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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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		X

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BRICK BY BRICK PARTNERS

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	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		Х
23	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? If "Yes," complete			
	Schedule J	23		X
24a	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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			x
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	06		x
07	complete Schedule L, Part II	26		- 23
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
-	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
a	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0-		v
00	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
	Note. All Form 990 filers are required to complete Schedule O	38	47	

Form **990** (2016)

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Form	990 (2016) BRICK BY BRICK PARTNERS 56-2470	061	F	age 5	
	rt V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V				
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
-	(gambling) winnings to prize winners?	1c	х		
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 0				
b	 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 <i>e-file</i> (see instructions)	2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x	
	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 over, a	0.0			
iu	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x	
h	If "Yes," enter the name of the foreign country:				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X	
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	00			
Uu	any contributions that were not tax deductible as charitable contributions?	6a		x	
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ou			
D.	were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).	0.0			
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	x		
	 b) If "Yes," did the organization notify the donor of the value of the goods or services provided? 				
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
U					
Ь	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		X	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		X	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711			
U		8			
9	sponsoring organization have excess business holdings at any time during the year?	<u> </u>			
a		9a			
b	Did the sponsoring organization make any taxable distributions under section 4966?	9b			
10	Section 501(c)(7) organizations. Enter:	0.5			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders 11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
~	amounts due or received from them.) 11b				
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	120			
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			
u	Note. See the instructions for additional information the organization must report on Schedule O.				
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
5	organization is licensed to issue qualified health plans 13b				
c	Enter the amount of reserves on hand 13c				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		\uparrow	
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BRICK BY BRICK PARTNERS

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

1a Enter the number of voting members of the governing body at the end of the tax year 1a 10 1b 10 10 10 1c 1c 10 1c 10 1c 1c 1c 10 1c 10 1c 1c 1c 1c 1c 1c 1c 2 Did any officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supersion 2 2 3 Did the organization have any significant changes to its governing documents since the prior TOM 900 was filed? 4 4 5 Did the organization have members, stockholders? 7a 7a <th></th> <th>Check if Schedule O contains a response or note to any line in this Part VI</th> <th></th> <th></th> <th></th> <th></th>		Check if Schedule O contains a response or note to any line in this Part VI				
1a Enter the number of voting members of the governing body, of the governing body, of the governing body, et the system in the system is the system in the system in the system in the system is the system in	Sec	tion A. Governing Body and Management				_
If there are namedial differences in vectory representation or similar committee, explain in Schedule 0. Image: Schedule 1. 0 Definition of vectory members included in line 1a, above, who are independent					Yes	ľ
big designed bread suborty to an executive committee or similar committee, explain in Schedule 0. 10 9 b Entor the numbers of voltage members included in line 1a, above, who are independent 10 9 c B and the members included in line 1a, above, who are independent 2 2 d D dt hor ognatization dielogate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 d D dt hor ognatization members or stockholders? 6 D D dt hor ognatization have members or stockholders? 6 D D dt hor ognatization have members or stockholders? 7 A eang governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons then than the governing body? 7 b Each committee with subhority to act on behalf of the governing body? 8 8 B is there any officer, director, trustee, or key employees listed in Part VII, Section A, who cannot be reached at the organization have local chapters, infrances and provide states and the analy and addresses in Schedulo 0 9 e Each committee with subhority to act on behalf of the governing body? 8 8 9 b Each committee with subhority to act on behalf of the governing body before flim, the reserve Code. 9 100 Did the organization have loc	1a	Enter the number of voting members of the governing body at the end of the tax year	_ 1a	10		
b Exter the number of voting members included in line 1a, above, who are independent Interpretationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management durles customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management durest on the person? 2 3 Did the organization make any significant changes to its governing documents since the prior form 990 was likel? 4 4 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a 7 B did the organization champoamously document the meetings hid or witten actions underkain during the yar by the following: 7a 8 Did the organization boxeen end behaff of the governing body? 8a X 9 Is there any follow. The diversition of the organization meeting hid/s witten activities of such chapters, affiliates, and there organization have local chapters, branches, or affiliates? 10a 10 Did the organization neave witten policies and procodures governing body b		If there are material differences in voting rights among members of the governing body, or if the governing				
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 3 Did the organization diegate control over management duties oustomanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization necema ware during the year of a significant diversion of the organization seemesters 5 5 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 X 6 Did the organization contemporaneously document the methods, held or wittin actions undertaken during the year by the following: 8 X 7 Did the organization contemporaneously document the methods held or wittin actions undertaken during the year by the following: 8 X 8 Did the organization contemporaneously document the methods held or wittin actions undertaken during the year by the following: 8 X 9 Is there any officer, director, trustee, or key employee lasted in Part VI, Section A, who cannot be reached at the organization have witten policies and procedures governing body? 8 X 9 Is there any officer, dinector, trustee, or key employee lasted in		body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.				
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for public inspection. Indicate how you made these available. Check all that apply. Image: Second state of the second st			T (Section 501(c)(3)c on	w) availat		
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0 State the name, address, and telephone number of the person who possesses the organization's books and records: ► THE ORGANIZATION - 347-453-8868 232 7TH STREET 4B, BROOKLYN, NY 11215 2006 11-11-16	ฮ		connict of interest policy,	anu inan	icial	
THE ORGANIZATION - 347-453-8868 232 7TH STREET 4B, BROOKLYN, NY 11215 12006 11-11-16 Form 99	0					
232 7TH STREET 4B, BROOKLYN, NY 11215 32006 11-11-16 Form 99	U		DOOKS and records:			
2006 11-11-16 Form 99						
-				Form	000	/
6	2006	_		Form	1990	(4
91112 788383 BB2542 2016.05000 BRICK BY BRICK PARTNERS BB254	01	-		יםם	2 5 1	2

Part VII	Compensation of Officers,	Directors, T	rustees, Ke	y Employees,	Highest	Compensated
	Employees, and Independe	ent Contract	tors			

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 year.

• 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, and 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(do box	not c	(C Pos heck	C) ition more rson		one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MARC SKLAR EXECUTIVE DIRECTOR	10.00	x		x				58,750.	0.	0.
(2) ADAM RABINOVITCH	1.00									
CHAIR		x		x				0.	Ο.	0.
(3) ALISON AMDUR	1.00									
VICE-CHAIR		x		x				0.	Ο.	0.
(4) BENJAMIN ZUKERMAN	1.00									
TREASURER		x		x				0.	0.	Ο.
(5) RON SARRUBI	1.00									
DIRECTOR		X						0.	0.	Ο.
(6) KADDU LUYOMBYA	1.00									
DIRECTOR		Х						0.	0.	0.
(7) ROBERT JEFFERSON	1.00									
DIRECTOR		х						0.	0.	0.
(8) DELVIDA FLAHERTY	1.00									
DIRECTOR		X						0.	0.	0.
(9) EILEEN MAHONEY	1.00									
DIRECTOR	1 00	X						0.	0.	0.
(10) PRAGNESH MANDAVAWALA	1.00								0	0
DIRECTOR		X						0.	0.	0.
632007 11-11-16										Form 990 (2016)

632007 11-11-16

Form **990** (2016)

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	990 (2016) BRICK BY									56-24	170	061	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus (A) Name and title	tees, Key Em (B) Average hours per week	(do box	not c , unle	(C Pos heck ss pe	C) ition more rson i		one h an	(D) (E) Reportable Reportable compensation compensatio			on amount of		
		(list any hours for related organizations to related organizations below line) unine with the line organizations below line organizations to related to restance organizations below to relate organizations			s	com fr org an	pensa rom the anizat d relat	e ion ed						
с	Sub-total Total from continuation sheets to Part VI	I, Section A							58,750. 0. 58,750.		0.0.			0.0.
d	Total (add lines 1b and 1c) Total number of individuals (including but n compensation from the organization								-	,000 of reportable	-			0
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>				•	•	-		highest compensated e			3	Yes	No X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	le co " <i>co</i>	omp <i>mpl</i> e	ensa ete S	atior Sche	n and edule	d ot 9 <i>J 1</i>	her compensation from for such individual	the organization		4		X
	rendered to the organization? If "Yes," com tion B. Independent Contractors Complete this table for your five highest co	plete Schedul	e J f	or si	uch	pers	son .					5		Х
<u> </u>	the organization. Report compensation for (A)	the calendar y	ear	endi	ng v				n the organization's tax (B)	/ear.		(0		
	Name and business	address	NC	ONI	<u>.</u>				Description of s	ervices		ompe	risatio	
								_						
	Total number of independent contractors (noludina kut -	ot #	mite	d to	the	so #			poro than				
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•		mite		(0	siec	above, who received ff			Form	990 (;	2016)

632008 11-11-16

_		Check if Schedule O conta	iins a response	or note to any line	e in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts ts	1 a	a Federated campaigns	1a					
iran oun		Membership dues						
٩ ٣		Fundraising events						
iifts ar /		d Related organizations						
s, G		e Government grants (contributio						
Sil		All other contributions, gifts, grants						
her		similar amounts not included abov		469,215.				
Ę		Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f	-		469,215.			
-				Business Code	,			
ė	2 8	PROGRAM REVENUE		900099	600.	600.		
۳ Zi	Ŀ	o						
Se								
eve								
Program Service Revenue	e	e						
۲ ۲	f	All other program service rever	nue					
	ļ	Total. Add lines 2a-2f			600.			
	3	Investment income (including o	dividends, inter	est, and				
		other similar amounts)			40.			40.
	4	Income from investment of tax	-exempt bond p	oroceeds 🕨 🕨				
	5	Royalties		🕨				
			(i) Real	(ii) Personal				
		a Gross rents						
		b Less: rental expenses						
		Rental income or (loss)						
		d Net rental income or (loss)		····· •				
	7 8	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	ł	b Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		d Net gain or (loss)		····· ►				
an	8 8	Gross income from fundraising						
Other Reven		including \$	of					
Re		contributions reported on line		17,963.				
her		Part IV, line 18		1 - 000				
Oŧ		Less: direct expenses			2,961.			2,961.
		Net income or (loss) from fund			2,501.			2,501.
	98	a Gross income from gaming act						
		Part IV, line 19 b Less: direct expenses						
		Net income or (loss) from gami						
		Gross sales of inventory, less r						
	10 8	and allowances						
		 Less: cost of goods sold 						
		Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				
	11 a							
		o						1
		d All other revenue						
		e Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			472,816.	600.	0 .	. 3,001.
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Form 990 (2016)

BRICK BY BRICK PARTNERS

Part VIII Statement of Revenue

Part IX Statement of Functional Expenses

BRICK BY BRICK PARTNERS

	Check if Schedule O contains a respons	e or note to any line in	this Part IX	(0)	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	495 455	495 455		
	individuals. See Part IV, lines 15 and 16	435,475.	435,475.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	F O 100	45 500	1	
	column (A) amount, list line 11g expenses on Sch 0.)	73,100.	45,500.	17,850.	9,750
12	Advertising and promotion	1 007		1 000	
13	Office expenses	1,907.		1,907.	
14	Information technology				
15	Royalties	1 1 0 0		1.05	1.05
16	Occupancy	1,100.	770.	165.	165
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1 405		1 105	
23	Insurance	1,435.		1,435.	
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 0.)				
а	TRAVEL, HOTEL AND MEETI	7,703.	7,703.		
b	BANK CHARGES AND PROCES	1,544.		1,544.	
c				·	
d					
e e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	522,264.	489,448.	22,901.	9,915
2 <u>5</u> 26	Joint costs. Complete this line only if the organization			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2,210
.0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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BRICK BY BRICK PARTNERS

	Check if Schedule O contains a response or i	note to a				······
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			154,898.	1	105,472.
2	Savings and temporary cash investments			· · · · ·	2	/
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net			14,015.	4	14,015.
5	Loans and other receivables from current and			,	•	,
ľ	trustees, key employees, and highest compe					
					5	
6	Loans and other receivables from other disqu				•	
ľ	section 4958(f)(1)), persons described in sect					
	employers and sponsoring organizations of s					
	employees' beneficiary organizations (see ins				6	
7	Notes and loans receivable, net		F		7	
8	Inventories for sale or use			1,639.	. 8	1,639.
9				,	9	,
	Land, buildings, and equipment: cost or othe	1			-	
	basis. Complete Part VI of Schedule D		9,896.			
Ь	Less: accumulated depreciation	10b	9,896. 3,291.	6,605.	10c	6,605.
11	Investments - publicly traded securities				11	,
12	Investments - other securities. See Part IV, lin				12	
13	Investments - program-related. See Part IV, lir				13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must e			177,157.	16	127,731.
17	Accounts payable and accrued expenses				17	22.
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Comple				21	
22	Loans and other payables to current and forr	ner office	ers, directors, trustees,			
	key employees, highest compensated employ	yees, and	d disqualified persons.			
	Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to un				23	
24	Unsecured notes and loans payable to unrela	ated third	parties		24	
25	Other liabilities (including federal income tax,	payables	s to related third			
	parties, and other liabilities not included on lin	nes 17-24	4). Complete Part X of			
	Schedule D				25	
26	Total liabilities. Add lines 17 through 25			0.	26	22.
	Organizations that follow SFAS 117 (ASC 9	958), che	ck here ► 🛛 and			
	complete lines 27 through 29, and lines 33					100 000
27	Unrestricted net assets			177,157.	27	127,709.
28	Temporarily restricted net assets		·····		28	
29			······		29	
	Organizations that do not follow SFAS 117	(ASC 95	i8), check here ▶ 🛄			
	and complete lines 30 through 34.					
30	Capital stock or trust principal, or current fun				30	
31	Paid-in or capital surplus, or land, building, or				31	
32	Retained earnings, endowment, accumulated			177 157	32	
33	Total net assets or fund balances			177,157.	33	127,709.
34	Total liabilities and net assets/fund balances			177,157.	34	<u> </u>

Form 990 (2016)

BB2542_1

Assets

Liabilities

Net Assets or Fund Balances

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X

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Form	990 (2016) BRICK BY BRICK PARTNERS	56-	-2470061	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			16.
2	Total expenses (must equal Part IX, column (A), line 25)	2			64.
3	Revenue less expenses. Subtract line 2 from line 1	3			48.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	175	7,1	57.
5	Net unrealized gains (losses) on investments	5			
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	127	7,7	09.
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
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis X Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	s,		
	consolidated basis, or both:				
	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	e audit	,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2016)

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SCHEDULE A

(Form	990	or	990-EZ)
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

l947(a)(1)	nonexempt charitable trust.	
Alleria	to Farma 000 ar Farma 000 F7	

2016)
Open to Public Inspection	ic

OMB No. 1545-0047

					Open to Public Inspection
Nam	e of t	he organizati			identification number
			BRICK BY BRICK PARTNERS	5	6-2470061
Pa	rt I	Reason	for Public Charity Status (All organizations must complete this part.) See instruction	S.	
The	organ	ization is not a	private foundation because it is: (For lines 1 through 12, check only one box.)		
1		A church, co	nvention of churches, or association of churches described in section 170(b)(1)(A)(i).		
2		A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)		
3			a cooperative hospital service organization described in section 170(b)(1)(A)(iii).		
4		A medical res	search organization operated in conjunction with a hospital described in section 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and stat			
5			on operated for the benefit of a college or university owned or operated by a governmental	unit describ	ped in
			(b)(1)(A)(iv). (Complete Part II.)		
6		-	te, or local government or governmental unit described in section 170(b)(1)(A)(v).		
7	X	•	on that normally receives a substantial part of its support from a governmental unit or from the work of the support from the support	the general	public described in
~		-	b)(1)(A)(vi). (Complete Part II.)		
8			trust described in section 170(b)(1)(A)(vi). (Complete Part II.)		
9			al research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a		
		university:	or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state o	r the colleg	eor
10			on that normally receives: (1) more than 33 1/3% of its support from contributions, member	shin foos s	and gross receipts from
			ted to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of		
			inrelated business taxable income (less section 511 tax) from businesses acquired by the o		-
			509(a)(2). (Complete Part III.)	J	,
11			on organized and operated exclusively to test for public safety. See section 509(a)(4).		
12			on organized and operated exclusively for the benefit of, to perform the functions of, or to c	arry out the	e purposes of one or
		more publicly	supported organizations described in section 509(a)(1) or section 509(a)(2). See section	509(a)(3). (Check the box in
		lines 12a thro	ough 12d that describes the type of supporting organization and complete lines 12e, 12f, an	d 12g.	
а		Type I. A s	upporting organization operated, supervised, or controlled by its supported organization(s),	typically by	' giving
		the suppor	ted organization(s) the power to regularly appoint or elect a majority of the directors or trust	es of the s	supporting
		7 7	n. You must complete Part IV, Sections A and B.		
b			supporting organization supervised or controlled in connection with its supported organization		-
			nanagement of the supporting organization vested in the same persons that control or mana	age the sup	ported
_		Γ	n(s). You must complete Part IV, Sections A and C.		
с			nctionally integrated. A supporting organization operated in connection with, and functional	illy integrate	ed with,
d		7	ed organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. n-functionally integrated. A supporting organization operated in connection with its suppo	rtod organi	ization(s)
u	L		functionally integrated. The organization generally must satisfy a distribution requirement an	•	
			t (see instructions). You must complete Part IV, Sections A and D, and Part V.		
е			box if the organization received a written determination from the IRS that it is a Type I, Type	e II. Type III	
	-		r integrated, or Type III non-functionally integrated supporting organization.	,,	
f	Ente		of supported organizations		
			ing information about the supported organization(s)		· •

g Provide the following information	about the supporte				-	
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the organ in your governin	nization listed	(v) Amount of monetary	(vi) Amount of other
organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
		above (see instructions))				
Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016 13

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Schedule A (Form 990 or 990 EZ) 2016 BRICK BY BRICK PARTNERS

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

fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	50,101.	85,827.	82,346.	319,756.	469,215.	1007245.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	50,101.	85,827.	82,346.	319,756.	469,215.	1007245.
5	The portion of total contributions	-					
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						541,416.
6	Public support. Subtract line 5 from line 4.						465,829.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	(a) 2012 50,101.	85,827.	(c) 2014 82,346.	(d) 2015 319,756.	(e) 2016 469,215.	1007245.
	Gross income from interest,		, .	- ,			
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources					39.	39.
9	Net income from unrelated business						
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10						1007284.
		ata (aga inatruati	220)			12	136,908.
	Gross receipts from related activities, First five years. If the Form 990 is for			d fourth or fifth to			130,300.
13	organization, check this box and stor						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2016 (column (f))		14	46.25 %
	Public support percentage from 2015					15	59.91 %
	33 1/3% support test - 2016. If the c						7-
100	stop here. The organization qualifies	-					N V
h	33 1/3% support test - 2015. If the c		-			or more check th	
	and stop here. The organization qual						
170	10% -facts-and-circumstances tes						
170							
	and if the organization meets the "fac			-	-	-	
	meets the "facts-and-circumstances"						
D	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
40	organization meets the "facts-and-circ						
18	Private foundation. If the organization	In alla not check a	box on line 13, 16	a, 100, 17a, or 17t		and see instruction	

Schedule A (Form 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990-EZ) 2016 BRICK BY BRICK PARTNERS Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Calendar year (or fiscal year beginning in)▶ (a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and					()	()
membership fees received. (Do n	ot					
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per	<u>.</u>					
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpos						
3 Gross receipts from activities tha						
are not an unrelated trade or bus	-					
iness under section 513						
4 Tax revenues levied for the organ)-					
ization's benefit and either paid to	D					
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit	to					
the organization without charge						
Total. Add lines 1 through 5						
a Amounts included on lines 1, 2, a						
3 received from disqualified perso	ons					
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
Public support. (Subtract line 7c from line 6						
ection B. Total Support	j.)					
lendar year (or fiscal year beginning in) ► (a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Amounts from line 6	·	(6) 2013	(0) 2014	(0) 2013	(6) 2010	
) a 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 busines	ses					
acquired after June 30, 1975						
c Add lines 10a and 10b						
 Net income from unrelated busine activities net included in line 10b 						
activities not included in line 10b, whether or not the business is	,					
regularly carried on						
2 Other income. Do not include gai	n			l I		
or loss from the sale of capital						
assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and						
First five years. If the Form 990 i	,	l 's first second thi	I rd fourth or fifth t	I ax year as a sectio	1 = 501(c)(3) or cas	nization
	-			-		
ection C. Computation of P	ublic Support Pe					
5 Public support percentage for 20			column (f))		15	%
					16	
6 Public support percentage from 2 ection D. Computation of Ir					10	%
•						
7 Investment income percentage for					17	%
8 Investment income percentage fr					18	%
9a 33 1/3% support tests - 2016. It	-					e 17 is not
more than 33 1/3%, check this b	ox and stop here. The	e organization qua	lifies as a publicly	supported organiz	ation	▶∟
b 33 1/3% support tests - 2015.	f the organization did	not check a box o	n line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%	b, and
line 18 is not more than 33 1/3%	, check this box and s	top here. The org	anization qualifies	as a publicly supp	orted organizatio	on ►
0 Private foundation. If the organiz	zation did not check a	box on line 14, 19	9a, or 19b, check t	his box and see in:	structions	
2023 09-21-16						90 or 990-EZ) 2016
			15			-
				BRICK PAR		

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** 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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- c 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.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 BRICK BY BRICK PARTNERS Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	110		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	
•	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	4		
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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 supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			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		
Sec	tion 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 yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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		
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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
63202	5 09-21-16 Schedule A (Form 9	90 or 99	90-EZ	2016
	17			

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Schedule A (Form 990 or 990-EZ) 2016 BRICK BY BRICK PARTNERS

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

 1
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All

other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - A	djusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net sho	rt-term capital gain	1		
2 Recove	ries of prior-year distributions	2		
3 Other g	ross income (see instructions)	3		
4 Add line	es 1 through 3	4		
5 Depreci	ation and depletion	5		
6 Portion	of operating expenses paid or incurred for production or			
collectio	on of gross income or for management, conservation, or			
mainter	ance of property held for production of income (see instructions)	6		
7 Other e	xpenses (see instructions)	7		
8 Adjuste	ed Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - N	linimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggrega	ate fair market value of all non-exempt-use assets (see			
instruct	ions for short tax year or assets held for part of year):			
a Average	e monthly value of securities	1a		
b Average	e monthly cash balances	1b		
c Fair ma	rket value of other non-exempt-use assets	1c		
d Total (a	dd lines 1a, 1b, and 1c)	1d		
e Discou	nt claimed for blockage or other			
factors	(explain in detail in Part VI):			
2 Acquisi	tion indebtedness applicable to non-exempt-use assets	2		
3 Subtrac	t line 2 from line 1d	3		
4 Cash de	eemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see inst	ructions)	4		
5 Net valu	ie of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply	line 5 by .035	6		
7 Recove	ries of prior-year distributions	7		
8 Minimu	m Asset Amount (add line 7 to line 6)	8		
Section C - D	Distributable Amount			Current Year
1 Adjuste	d net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 8	5% of line 1	2		
3 Minimu	m asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter gi	reater of line 2 or line 3	4		
5 Income	tax imposed in prior year	5		
6 Distrib	utable Amount. Subtract line 5 from line 4, unless subject to			
emerge	ncy temporary reduction (see instructions)	6		
7 C	heck here if the current year is the organization's first as a non-functiona	ally integra	ted Type III supporting or	nanization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990-EZ) 2016 BRICK BY BRICK PARTNERS

D - Distributions nounts paid to supported organizations to accomplish exe nounts paid to perform activity that directly furthers exempt ganizations, in excess of income from activity ministrative expenses paid to accomplish exempt purpose nounts paid to acquire exempt-use assets alified set-aside amounts (prior IRS approval required) ner distributions (describe in Part VI). See instructions tal annual distributions. Add lines 1 through 6 tributions to attentive supported organizations to which the ovide details in Part VI). See instructions tributable amount for 2016 from Section C, line 6 e 8 amount divided by Line 9 amount	ot purposes of supported		Current Year
nounts paid to perform activity that directly furthers exemply anizations, in excess of income from activity ministrative expenses paid to accomplish exempt purpose nounts paid to acquire exempt-use assets alified set-aside amounts (prior IRS approval required) her distributions (describe in Part VI). See instructions tal annual distributions. Add lines 1 through 6 tributions to attentive supported organizations to which the ovide details in Part VI). See instructions tributable amount for 2016 from Section C, line 6	ot purposes of supported		
anizations, in excess of income from activity ministrative expenses paid to accomplish exempt purpose nounts paid to acquire exempt-use assets alified set-aside amounts (prior IRS approval required) her distributions (describe in Part VI). See instructions tal annual distributions. Add lines 1 through 6 tributions to attentive supported organizations to which the ovide details in Part VI). See instructions tributable amount for 2016 from Section C, line 6	es of supported organization		
ministrative expenses paid to accomplish exempt purpose nounts paid to acquire exempt-use assets alified set-aside amounts (prior IRS approval required) ner distributions (describe in Part VI). See instructions tal annual distributions. Add lines 1 through 6 tributions to attentive supported organizations to which the ovide details in Part VI). See instructions tributable amount for 2016 from Section C, line 6			
nounts paid to acquire exempt-use assets alified set-aside amounts (prior IRS approval required) ner distributions (describe in Part VI). See instructions tal annual distributions. Add lines 1 through 6 tributions to attentive supported organizations to which the ovide details in Part VI). See instructions tributable amount for 2016 from Section C, line 6			
alified set-aside amounts (prior IRS approval required) ner distributions (describe in Part VI). See instructions tal annual distributions. Add lines 1 through 6 tributions to attentive supported organizations to which the ovide details in Part VI). See instructions tributable amount for 2016 from Section C, line 6	ne organization is responsive		
her distributions (describe in Part VI). See instructions tal annual distributions. Add lines 1 through 6 tributions to attentive supported organizations to which the ovide details in Part VI). See instructions tributable amount for 2016 from Section C, line 6	ne organization is responsive		
tal annual distributions. Add lines 1 through 6 tributions to attentive supported organizations to which the ovide details in Part VI). See instructions tributable amount for 2016 from Section C, line 6	ne organization is responsive		
tributions to attentive supported organizations to which the ovide details in Part VI). See instructions the ovide details in Part VI). See instructions the ovide details amount for 2016 from Section C, line 6	ne organization is responsive	_	
ovide details in Part VI). See instructions tributable amount for 2016 from Section C, line 6	ne organization is responsive		
tributable amount for 2016 from Section C, line 6		3	
e 8 amount divided by Line 9 amount			
	(i)	(ii)	(iii)
E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
tributable amount for 2016 from Section C, line 6			
derdistributions, if any, for years prior to 2016 (reason-			
e cause required- explain in Part VI). See instructions			
cess distributions carryover, if any, to 2016:			
om 2013			
om 2014			
om 2015			
tal of lines 3a through e			
plied to underdistributions of prior years			
plied to 2016 distributable amount			
rryover from 2011 not applied (see instructions)			
mainder. Subtract lines 3g, 3h, and 3i from 3f.			
tributions for 2016 from Section D,			
e 7: \$			
plied to underdistributions of prior years			
plied to 2016 distributable amount			
mainder. Subtract lines 4a and 4b from 4			
maining underdistributions for years prior to 2016, if			
y. Subtract lines 3g and 4a from line 2. For result greater			
n zero, explain in Part VI. See instructions			
maining underdistributions for 2016. Subtract lines 3h			
d 4b from line 1. For result greater than zero, explain in			
rt VI. See instructions			
cess distributions carryover to 2017. Add lines 3j			
cess from 2013			
	tributable amount for 2016 from Section C, line 6 derdistributions, if any, for years prior to 2016 (reason- e cause required- explain in Part VI). See instructions ress distributions carryover, if any, to 2016: m 2013 m 2014 m 2015 al of lines 3a through e blied to underdistributions of prior years blied to 2016 distributable amount ryover from 2011 not applied (see instructions) nainder. Subtract lines 3g, 3h, and 3i from 3f. tributions for 2016 from Section D, 7: \$ blied to underdistributions of prior years blied to 2016 distributable amount mainder. Subtract lines 3g, 3h, and 3i from 3f. tributions for 2016 from Section D, 7: \$ blied to underdistributions of prior years blied to 2016 distributable amount mainder. Subtract lines 4a and 4b from 4 naining underdistributions for years prior to 2016, if . Subtract lines 3g and 4a from line 2. For result greater in zero, explain in Part VI. See instructions naining underdistributions for 2016. Subtract lines 3h I 4b from line 1. For result greater than zero, explain in t VI. See instructions	Poistribution Allocations (see instructions) tributable amount for 2016 from Section C, line 6 derdistributions, if any, for years prior to 2016 (reason- a cause required-explain in Part VI). See instructions e cause required-explain in Part VI). See instructions m 2013 m 2013 m 2014 m 2015 al of lines 3a through e biled to underdistributions of prior years biled to underdistributions of prior years biled to 2016 distributable amount ryover from 2011 not applied (see instructions) nainder. Subtract lines 3g, 3h, and 3i from 3f. tributions for 2016 form Section D, 7: \$ Diled to underdistributions of prior years Diled to underdistributions of prior years Diled to underdistributions of prior years Diled to 2016 form Section D, 7: \$ Diled to 1016 form Section D, 7: \$ Diled to 2016 form Section D, 7: \$ Diled to 2016 form Section D, 7: \$ Diled to 2016 form Section D, 7: \$ Diled to underdistributions of prior years Diled to 2016 form Section D, 7: \$ Diled to 2016 form Section D, 7: \$ Diled to underdistributions of prior years Diled to underdistributions of prior years Diled to underdistributions of prior years Diled to underdistributions for years prior to 2016, if Subtract lines 3g and 4a from line 2. For result greater n zero, explain in Part VI. See instructions naining underdistributions for 2016. Subtract lines 3h 4b from line 1. For result greater than zero, explain in tVI. See instructions ress distributions carryover to 2017. Add lines 3j 4c akdown of line 7: ess from 2013 ess from 2014 ess from 2015	E - Distribution Allocations (see instructions) Excess Distributions Pre-2016 Initiation allocations (see instructions) Pre-2016 Pre-2016 Initiation allocations (reason- e cause required - explain in Part VI). See instructions Pre-2016 Pre-2016 Initiation allocations (reason- e cause required - explain in Part VI). See instructions Initiation allocations Initiation allocations Initiation allocations (reason- e cause required - explain in Part VI). See instructions Initiation allocations Initiation allocations Initiation allocations (reason- e cause required - explain in Part VI). See instructions Initiation allocations Initiation allocations Initiation allocations (reason- mained allocation allocat

Schedule A (Form 990 or 990-EZ) 2016

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Schedule A	(Form 990 or 990-EZ	<u>) 2016</u>	BRI	<u>CK</u> I	<u>3Y</u>	BRICK	PAR	TNERS				56-2	247006	1 Page 8
Part VI	Supplemental Part IV, Section A, I line 1; Part IV, Secti Section D, lines 5, 6 (See instructions.)	Inforr ines 1, ion D, li	natio 2, 3b, 3 nes 2 a	1. Prov 3c, 4b, .nd 3; F	vide 4c, Part	the explana 5a, 6, 9a, 9t IV, Section I	tions re o, 9c, 1 ⁻ E, lines	quired by P 1a, 11b, and 1c, 2a, 2b, 3	l 11c; I 3a, and	Part IV, Sect d 3b; Part V,	ion B, lines line 1; Part	or 17b; Pa 1 and 2; F V, Sectior	rt III, line 12; Part IV, Sect n B, line 1e;	ion C,
632028 09-21-	16										Schedu	le A (Forr	n 990 or 99	0-EZ) 2016
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90	HEDULE D	Supplement	al Financial Statements		OMB No. 1545-0047
	n 990)		2016		
		Part IV, line 6, 7, 8, 9, 10	anization answered "Yes" on Form 990,), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		Open to Public
	ment of the Treasury Revenue Service		Attach to Form 990. rm 990) and its instructions is at <i>www.irs.go</i>	v/form990.	Inspection
Nam	e of the organizat		· _		yer identification number
		BRICK BY BRICK PAR			56-2470061
Pa		-	ed Funds or Other Similar Funds or	Account	S.Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lir		() = .	
			(a) Donor advised funds	(b) Funds	and other accounts
1		nd of year			
2		of contributions to (during year)			
3		of grants from (during year)			
4		it end of year			
5	-		writing that the assets held in donor advised t		
~			exclusive legal control?		Ves No
6	•		advisors in writing that grant funds can be use		
	impermissible priv		or donor advisor, or for any other purpose con	-	Yes No
Pa			ganization answered "Yes" on Form 990, Part		
1		servation easements held by the organizat	•	10, 110 7.	
•		n of land for public use (e.g., recreation or o	· · · · · · · · · · · · · · · · · · ·	ally importar	nt land area
		of natural habitat	Preservation of a certified		
		n of open space			
2		• •	ified conservation contribution in the form of a	conservatio	on easement on the last
	day of the tax yea	• •			eld at the End of the Tax Year
а				2a	
b					
с	Number of conser	vation easements on a certified historic st	ructure included in (a)	2c	
d			after 8/17/06, and not on a historic structure		
	listed in the Natio	nal Register		2d	
3			eleased, extinguished, or terminated by the org		uring the tax
	year 🕨				
4	Number of states	where property subject to conservation ea	sement is located 🕨		
5	Does the organiza	tion have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	,	forcement of the conservation easements			Ves 📖 No
6	Staff and voluntee	er hours devoted to monitoring, inspecting	, handling of violations, and enforcing conserv	ation easem	ents during the year
	►				
7	Amount of expense	ses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation	easements	during the year
	►\$				
8			ve satisfy the requirements of section 170(h)(4		
					Yes 📖 No
9			ion easements in its revenue and expense sta		
		-	tion's financial statements that describes the	organizatior	n's accounting for
De	conservation ease		Art Historical Tracquires or Othe	r Cimilar	Acceta
Pa		•	of Art, Historical Treasures, or Othe	a Similar	Assets.
		f the organization answered "Yes" on Forn			a ale a structure de la c
1 a	-		SC 958), not to report in its revenue statement		
	nistorical treasure	s, or other similar assets held for public ex	hibition, education, or research in furtherance	or public se	rvice, provide, in Part XIII,

	the text of the footnote to its financial statements that describes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts

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LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2016
b	Assets included in Form 990, Part X	\$
а	Revenue included on Form 990, Part VIII, line 1	\$
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, prov	ride
	(ii) Assets included in Form 990, Part X	\$
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	relating to these items:	

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Par	t III Organizations Maintaining C	Collections of A	rt, Histo	orical Tr	easures, o	or Othe	er Simila	ır Asse	ts (contii	nued)	
3	Using the organization's acquisition, access	ion, and other record	ls, check	any of the	following that	t are a si	gnificant u	ise of its	collectio	n item	íS
	(check all that apply):										
а	Public exhibition	c	ւլելն	oan or exc	hange progra	ms					
b	Scholarly research	e	• 🗌 o	ther							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how the	ey further t	he organizatio	on's exer	mpt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, his [.]	torical trea	sures, or othe	er similar	assets		-		-
	to be sold to raise funds rather than to be m								Yes		No
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or										
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod		•						-		7
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
e	Distributions during the year										
t	Ending balance										T
	Did the organization include an amount on F								Yes		_ No
Par	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete										<u></u>
1 0					(c) Two years			are back	(e) Fou	voare	back
10	Designing of year balance	(a) Current year	(D) Pri	ior year	(C) TWO years	SDACK	(a) mee ye	ais Dauk	(e) i ou	years	Dack
la k	Beginning of year balance										
u o	Contributions										
C d	Net investment earnings, gains, and losses										
	Grants or scholarships										
e	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g 2	End of year balance Provide the estimated percentage of the cur)) hold as:						
2	Board designated or quasi-endowment	Tent year end baland	% %	, column (a	a)) Heiu as.						
a h	Permanent endowment	%									
	Temporarily restricted endowment	%									
C	The percentages on lines 2a, 2b, and 2c sho										
39	Are there endowment funds not in the posse		ation that	are held a	nd administer	red for th	ne organiz	ation			
ou	by:			are nota a			io organizi			Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on Sc	hedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipn										
	Complete if the organization answere		D, Part IV,	line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or c			or other		cumulate	d I	(d) Boo	k valu	e
		basis (investr		. ,	(other)	. ,	preciation		.,		
1a	Land	· · · ·									
	Buildings				- 1						
	Leasehold improvements										
	Equipment				9,896.		3,29	91.		6,6	05.
	Other									-	
	Add lines 1a through 1e. (Column (d) must e		X, columi	n (B), line 1	0c.)					6,6	05.
			,		,				D (5	- 0001	0040

Schedule D (Form 990) 2016

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Part VII Investments - Other Securities.		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	,
<u> </u>		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

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Sche	dule D (Form 990) 2016 BRICK BY BRICK PARTNERS		56-2470061 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses pe	er Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities		_
b	Prior year adjustments		_
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Pa	t XIII Supplemental Information.		

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.

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		Stateme	Statement of Activities Outside the United States						
(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 14b,							2016		
	artment of the Treasury	• Information of	out Cohodulo F	Attach to Form 990. (Form 990) and its instructions is at 1	www.ire.cov/f	orm000	Open to Public Inspection		
	nal Revenue Service		out Schedule F		www.ii3.gov/i		dentification number		
סס	TOT DY DDTO	ס משוא המער מ	1			56-247			
_	AICK BY BRICI			tside the United States. Comple	te if the orgar				
	Form 990, Pa				•				
1				ds to substantiate the amount of its gra the selection criteria used to award the			Yes X No		
2	For grantmakers. Do United States.	escribe in Part V th	e organization's	procedures for monitoring the use of its	s grants and o	ther assistanc	e outside the		
3		. (The following Par	t I, line 3 table c	an be duplicated if additional space is r	needed.)				
	(a) Region	(b) Number of offices in the region	1		(e) If acti is a pro describe	vity listed in (o gram service, e specific type (s) in the regio	expenditures for and investments		
3 a	a Sub-total		0				0.		
	 Total from continuati sheets to Part I 	on	0				0.		
C	Totals (add lines 3a and 3b)		0				0.		

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

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Schedule F (Form 990) 2016

OMB No. 1545-0047

		Schedule F (Form 990) 2016
	Name of organization (a) IRS role solion (a) Region (a) Answer of grant (a) Answer of crash grant (b) Description crash grant Inter ord an under of receptent organizations list portiod a sector SUT(b)(s) equivalency inter treat order or geneticas Inter or conspliced as sector SUT(b)(s) equivalency inter treat order or geneticas (a) Answer of crash grant (b) Description crash grant (b) Description crash grant (b) Description crash grant (b) Description crash grant (b) Descripor crash grant	Oneme of organization (b) IRS cole section (c) Region (d) Purpose of grant (e) Amount (f) Manne of moreasing basis (f) Manne of
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Schedule E (Earm 990) 2016		
Schedule F (Form 990) 2016		

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632072 09-21-16

					(a) Type of grant or assistance	Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III Can be duplicated if additional space is needed.	Schedule F (Form 990) 2016 BR I
					(b) Region	o Individuals Outsid	BRICK BY BRICK PARTNERS
					c) Number of recipients	e the United Sta	K PARTNE
					(d) Amount of cash grant	ates. Complete if	RS
					(e) Manner of cash disbursement	the organization answered "Yes"	5
					(f) Amount of noncash assistance	on Form 990, Part	56-2470061
Sched					(g) Description of noncash assistance	IV, line 16.	
Schedule F (Form 990) 2016					(h) Method of valuation (book, FMV, appraisal, other)		Page 3

	(Form 990) 2016		BY	BRICK	PARTNERS
Part IV	Foreign Form	S			

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)</i>	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2016

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Part V	Supplementa	l Informat	tion		
Schedule F	F (Form 990) 2016	BRICK	ΒY	BRICK	PARTNERS

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,

(D) PURPOSE OF GRANT: TO SUPPORT A NGO IN UGANDA WITH SIMILAR MISSION TO

IMPROVE EDUCATION, HEALTH, AND ECONOMIC OPPORTUNITY.

632075 09-21-16

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete if the o	e organization rganization er	ation Regarding answered "Yes" on Itered more than \$1 Attach to Form 990 G (Form 990 or 990-EZ)	Form 5,000 () or Fo	990, F on Fo rm 99	Part IV, line 17, 18, c rm 990-EZ, line 6a. 0-EZ.	or 19	, or if the orm990.	2 Oper Inspe	No. 1545-0047
Name of the organization		Y BRICK	PARTNERS					Employer i 56-247		cation number
	ing Activities.		e organization answe	ered "Y	'es" oi	n Form 990, Part IV,	line 1	7. Form 990	-EZ file	rs are not
c Phone solicit d In-person sol 2 a Did the organizatio	ons email solicitations ations icitations n have a written c ed in Form 990, P highest paid indiv	or oral agreeme art VII) or entity viduals or entiti	e Solicitat f Solicitat g Special nt with any individual in connection with p	tion of tion of fundra (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	<u> </u>	'es o be	No No
(i) Name and address or entity (fund		(ii)	Activity	(iii) fundr have c or con contribu	trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained b fundraiser ted in col. (i)	y) to () Amount paid (or retained by) organization
				Yes	No					
					L					
Total 3 List all states in white or licensing.	ch the organizatio	n is registered	or licensed to solicit (contrib	outions	l s or has been notified	l d it is	exempt fror	n regist	ration
LHA For Paperwork Re	duction Act Noti	ce, see the Ins	structions for Form	990 or	990-l	EZ. S	Sche	dule G (Forr	n 990 c	or 990-EZ) 2016

632081 09-12-16

Schedule G (Form 990 or 990-EZ) 2016 BRICK BY BRICK PARTNERS

56-2470061 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 000 F7 lines 1 and 6b. List events with gross receipts greater than \$5,000

		or fundraising event contributions and gr		FLZ, III IES T ATTU OD. LIST	evenits with gross receip	is greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			FUNDRAISER			col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	17,963.			17,963.
	2	Less: Contributions				
			10.000			1 1 0 0 0
	3	Gross income (line 1 minus line 2)	17,963.			17,963.
	4	Cash prizes				
SS	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				15,002.
	-				•	15,002.
		Net income summary. Subtract line 10 from li				2,961.
Pa	rt I	II Gaming. Complete if the organization	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	·
		\$15,000 on Form 990-EZ, line 6a.				
e			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		· · · · ·	└── Yes%	└── Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu				
		he organization licensed to conduct gaming a		states?		Yes No
b	lf "	No," explain:				
40-						No.
		ere any of the organization's gaming licenses re			year?	Yes No
a	П. "	Yes," explain:				
63208	32 09	9-12-16			Schedule G (For	rm 990 or 990-EZ) 2016

Schedule G (Form 990 or 990-EZ) 2016 BRICK BY BRICK PARTNERS	56-2470061 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity forme	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and re	
Name	
Address ►	
	Yes No
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the a	amount
of gaming revenue retained by the third party \blacktriangleright \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation 🕨 \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sp	ent in the
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	nd Part III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	
632083 09-12-16 Sched	dule G (Form 990 or 990-EZ) 2016
36 201112 799292 PP2542 2016 05000 PPTCK PX PPTCK PADM	

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632084 04-01-16			37	BRICK	Schedule	0 or 990-E2

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Department Service Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.information Market Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.information Department of the Treasury Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.information Department of the Treasury Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.information Department of the Treasury Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.information Department of the Treasury Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.information Department of the Treasury Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.information Department of the Treasury Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.information Department of the Treasury	ns on ZU1b Open to Public
Name of the organization BRICK BY BRICK PARTNERS	Employer identification number 56-2470061
FORM 990, PART VI, SECTION B, LINE 11B:	Job Zerout
FORM 990 IS INITIALLY REVIEWED BY THE TREASURER OR OTH	IER OFFICERS AND THEN
SUBMITTED TO THE ENTIRE BOARD FOR THEIR REVIEW AND APP	
FILED.	KOVAL FRICK TO BEING
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION ENFORCES THE CONFLICT OF INTEREST POL	ICY BY MONITORING
KNOWN RELATIONSHIPS, QUESTIONNAIRES, AND NOTING ANY CH	ANGES IN DISCLOSED
INFORMATION.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF IN	ITEREST POLICY, AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON	REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTANTS AND INDEPENDENT CONTRACTORS:	
PROGRAM SERVICE EXPENSES	45,500.
MANAGEMENT AND GENERAL EXPENSES	9,750.
FUNDRAISING EXPENSES	9,750.
TOTAL EXPENSES	65,000.
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	8,100.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,100.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990 or 990-EZ) (2016)
38	

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	e organizatio	on BRI	ICK	BY BI	RICK	PARTNI	ERS					Employer ider 56-24	ntification nur
TOTAL	OTHER	FEES	ON	FORM	990	, PART	IX,	LINE	11G	, COL	A		73,1
													· · · · · · ·
32212 08-25	-16							39			Sche	dule O (Form 990) or 990-EZ) (

2016 DEPRECIATION AND AMORTIZATION REPORT

Acquired Method Lit Q No Cost OF Basis Exc Exponence L. OTHER HYL 6	FORM 990 PAGE	10						Inadiusted		Section 179	Reduction In		Basis For	Basis For	Basis For Beginning	Basis For Beginning Current Current Year
E 10 TOTAL OTHER & EQUIPMENT & EQUIPMENT & EQUIPMENT % EQUIPMENT 0TAL 990 PAGE 10 0TAL 990		Description	Date Acquired	Method	Life	<⊃00 Z⊑		Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense		Redu B	Reduction In Basis For Basis Depreciation	Reduction In Basis	Reduction In Basis For Basis Depreciation	Reduction In Basis For Beginning Basis Depreciation Accumulated Depreciation
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ND TOTAL 990 PAGE 10	≤ *							9,896.					.968,6	9,896. 3,291.		
		* GRAND TOTAL 990 PAGE 10					_									
		DEPR						9,896.					.968,6	9,896. 3,291.		
						_	-									

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

39.1

(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

					a sidentinyi	ng number
Type or	Name of exempt organization or other filer, see instru	ictions.		Employe	r identificatio	n number (EIN) or
print	DETON DU DETON DIEMITE					70061
File by the	BRICK BY BRICK PARTNERS				56-24	
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 232 7TH STREET 4B	ee instruc	tions.	Social se	curity numbe	ər (SSN)
instructions	City, town or post office, state, and ZIP code. For a for BROOKLYN, NY 11215	oreign ado	lress, see instructions.			
Enter the	Return Code for the return that this application is for (fil	e a separa	ate application for each return)			01
Applicat	ion	Return	Application			Return
ls For		Code	Is For			Code
Form 990) or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990)-BL	02	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 990)-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069						
Form 990	D-T (trust other than above)	06	Form 8870			12
 If this box 1 I reform 	organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box \blacktriangleright equest an automatic 6-month extension of time until the organization named above. The extension is for the . Calendar year 2016 or	Group Exe and atta	emption Number (GEN), I uch a list with the names and EINs o MBER 15, 2017 , to file	f this is fo f all memb	r the whole g	nsion is for.
	tax year beginning		danding			
2 If t	he tax year beginning he tax year entered in line 1 is for less than 12 months, c Change in accounting period		d ending on: Initial return	Final retur	 'n	
3a lft	his application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any			_
no	nrefundable credits. See instructions.			3a	\$	0.
b lft	his application is for Forms 990-PF, 990-T, 4720, or 6069), enter an	y refundable credits and			
est	timated tax payments made. Include any prior year overp	payment a	llowed as a credit.	3b	\$	0.
	lance due. Subtract line 3b from line 3a. Include your pa		, , ,			-
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.
instructio				3453-EO a		
LHA F	For Privacy Act and Paperwork Reduction Act Notice,	see instr	ucuons.		Form 8	868 (Rev. 1-2017)

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Entor filor's identifying number

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Inspection

1.General Information For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2016 and Ending (mm/dd/yyyy) 12/31/2016									
For Fiscal Year Beginning	ı (mm/dd/yy	yy) 01/01/	2016	and Ending (mm/dd/yyyy)	12/31/2	2016		
Check if Applicable:	Name of Or BRICK	ganization: BY BRICK	PARTN	ERS			$\begin{array}{c} \mbox{Employer Identification Number (EIN):} \\ 56-2470061 \end{array}$		
Name Change	Mailing Add	dress: TH STREET	4B				NY Registration Number: $40-83-40$		
Final Filing	City / State BROOK		11215				Telephone: 347 453-8868		
Reg ID Pending	Website: BRICK	BYBRICK.O	RG				Email: MARCSKLAR@BRICKBYBR		
Check your organization's registration category:	5 7A c	only EPTL	only X	DUAL (7A &	EPTL)		Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com		
2. Certification									
See instructions for certifi	cation requi	rements. Imprope	r certificatior	n is a violation	of law that m	nay be subject	to penalties.		
they are	e true, corre						e best of our knowledge and belief, pplicable to this report.		
President or Authorized	Jfficer:				•				
		Signature				Print Name	e and Title Date		
Chief Financial Officer or	Troosuror:				•				
	Treasurer.	Signature			•	Print Name	e and Title Date		
3. Annual Reporting	. Evomnt	ion							
categories (DUAL filers) th additional attachments ar schedules and attachmer	Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.								
exceed \$2	3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc, did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. Or the organization qualifies for another 7A exemption (see instructions).								
	3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.								
4. Schedules and A	ttachmer	nts							
See the following page for a checklist of schedules and Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.									
attachments to complete your filing.	Yes	X No 4b. Did th	ne organizati	ion receive go	vernment gra	ants? If yes, co	mplete Schedule 4b.		
5. Fee									
See the checklist on the next page to calculate you	7A filir ur	ng fee:	EPTL filing	g fee:	Total fee:		Make a single check or money order		
fee(s). Indicate fee(s) you							payable to:		
are submitting here:	\$	25.	\$	50.	\$	75.	"Department of Law"		

668451 12-29-16 1019 CHAR500 Annual Filing for Charitable Organizations (Updated December 2016)

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BRICK BY BRICK PARTNERS



Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.

Annual Filing Checklist

Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors).
- UI Our organization was eligible for and filed an IRS 990-N e-postcard. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Revie	ew or Audit Report
If you are a 7A only of DOAL file, submit the applicable independent Defined 1 ubic Accountant's neve	Sw of Addit hepoil.

- X Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000

We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

\$0, if you checked the 7A exemption in Part 3a

X \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

\$0, if you checked the EPTL exemption in Part 3b

\$25, if the NET WORTH is less than \$50,000

- X \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 120 Broadway New York, NY 10271

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

⁶⁶⁸⁴⁶¹ ¹²⁻²⁹⁻¹⁶ 1019 CHAR500 Annual Filing for Charitable Organizations (Updated December 2016)

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