Extended to November 16, 2020

(Rev. January 2020) Department of the Treasury Internal Revenue Service

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.

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

Open to Public Inspection

OMB No. 1545-0047

ΑF	or the	2019 calendar year, or tax year beginning and	ending		
B c	heck if pplicable	C Name of organization		D Employer identific	cation number
	Addres				
	Name change			56-24700	61
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 232 7th Street	Room/suite	E Telephone numbe 347-453-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	750,549.
	Amend			H(a) Is this a group re	
	Applica tion	_		for subordinates	
	pending	same as C above		H(b) Are all subordinates in	
T T	ax-exe	mpt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) c	or 527	1 ` <i>'</i>	list. (see instructions)
		www.Brickbybrick.org		H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year		1 State of legal domicile: NY
	_	Summary	1	or rotting of the	- class or logal definions,
		Briefly describe the organization's mission or most significant activities: Bricl	k by E	Brick is an	innovative
Activities & Governance		partnership that develops and tests entre			
'na		Check this box if the organization discontinued its operations or dispose			
ve	l			3	10
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			10
SS		otal number of individuals employed in calendar year 2019 (Part V, line 2a)			0
/itie		otal number of volunteers (estimate if necessary)			0
cţì		otal unrelated business revenue from Part VIII, column (C), line 12			0.
4		Net unrelated business taxable income from Form 990-T, line 39			0.
		, , , , , , , , , , , , , , , , , , , ,		Prior Year	Current Year
ø)	8 (Contributions and grants (Part VIII, line 1h)		614,047.	733,035.
Revenue	l	Program service revenue (Part VIII, line 2g)		0.	0.
eve		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		32.	1,055.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,600.	0.
	l	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		616,679.	734,090.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		493,440.	487,088.
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		71,273.	65,000.
nse				0.	0.
Expenses	b∃	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ■ 9,75	50.		
Ĥ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		59,341.	15,047.
	18 7	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		624,054.	567,135.
		Revenue less expenses. Subtract line 18 from line 12		-7,375.	166,955.
t Assets or nd Balances			Ве	ginning of Current Year	End of Year
sets alan	20 1	otal assets (Part X, line 16)		184,991.	355,546.
t As Id B	21 7	otal liabilities (Part X, line 26)		7,600.	11,200.
캺	22 1	let assets or fund balances. Subtract line 21 from line 20		177,391.	344,346.
	ırt II	Signature Block			
	-	ties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true,	correct	, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
Sigr	า	Signature of officer		Date	
Her	е	Marc Sklar, Executive Director			
		Type or print name and title		Data I	T DTIN
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	-	Alwayne Burke	1	1/10/20 if self-employs	P01623706
		Firm's name NCHENG LLP		Firm's EIN	81-0926770
use	Only	Firm's address 40 Wall Street, 32nd Floor		D. 21	27050100
		New York, NY 10005		Phone no. 21	27850100
May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Form	1990 (2019) Brick by Brick Partners	56-2470061 Page 2
Pai	rt III Statement of Program Service Accomplishments	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	Brick by Brick is an innovative partnership that develo	ps and tests
	entrepreneurial, inventive approaches to business, heal	
	education.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
•	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	s measured by expenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	
	revenue, if any, for each program service reported.	icis, the total expenses, and
4a	F22 100 407 000)
1 a	Brick by Brick's major program is to provide on-going s	upport to Brick
	by Brick Uganda (BBBU), a Ugandan non-governmental orga	
	mission is to create vital partnerships with Ugandan co	
	improve education, health and economic opportunities. B	BRII improves the
	quality of maternal and newborn care at 25 public healt	
	improves education by re-building primary schools and b	
	capacity of school libraries and keeps girls in school	through
	comprehensive sexual and reproductive health education.	
	comprehensive sexual and reproductive health education.	
415		
4D	(Code:) (Expenses \$ including grants of \$) (Rever	nue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Rever	nue\$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 533,192.	
		Form 990 (2019)

Form 990 (2019) Brick by Brick Partners Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	Ė		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			X
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
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
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			- 25
8		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	•		
9	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 donor-restricted endowments			
	or in 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	-10		
••	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		Х
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	Х	
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	Х	
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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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			37
	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			X
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		 ^
10	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,"	10		
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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

932003 01-20-20

Form **990** (2019)

Form 990 (2019))	Brick	by	Brick	Paı
Part IV	Che	ecklist of	Required S	ched	dules (cont	inued)

	The state of the dame of the state of the st		<u> </u>	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	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? <i>If</i> "Yes," <i>complete Schedule J</i>	23		х
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
	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	24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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 Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If	LOD		
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
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		Α.
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	- 52		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	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		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_v
27	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 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	51		
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	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
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
_	(gambling) winnings to prize winners?	1c		

932004 01-20-20

Form **990** (2019)

Form 990 (2019) Brick by Brick Partners Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	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 on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	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).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0a		
b	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
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	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			7,
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			7.7
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	Form	990	(2010

792____1

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records >			
	The Organization - 347-453-8868			
	232 7th Street, Brooklyn, NY 11215			

932006 01-20-20

Form **990** (2019)

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax 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.

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	Average Position (do not check more than one							(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	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Adam Rabinovitch Chair	1.00	X		Х				0.	0.	0
(2) Ben Zukerman	1.00	1						0.	0.	0
Member	1100	\mathbf{x}						0.	0.	0
(3) Michele Maybaum	1.00	 								
Treasurer		x		х				0.	0.	0
(4) Kadddu Luyombya	1.00									
Fundraising Chair		Х		Х				0.	0.	0
(5) Robert Jefferson	1.00	ļ.,								
Member	1 00	Х						0.	0.	0
(6) Ron Sarubbi Member	1.00	X						0.	0.	0
(7) Julia Hoagland	1.00	^						0.	0.	0
Member	1100	\mathbf{x}						0.	0.	0
(8) Leslie Gruss	1.00							-		
Member		X						0.	0.	0
(9) Elise Decamp	1.00									
Member		Х						0.	0.	0
(10) Pooja Patel	1.00	١							_	0
Member (11)	10.00	Х						0.	0.	0
(11) Marc Sklar Executive Director	1.00	-		x				65,000.	0.	0
Executive Director	1.00	<u> </u>		<u> </u>				03,000.		
		\vdash								
		1					l			

Form **990** (2019)

Section A. Officers, Dire		ploye	ees,			ghe	st C		es (continued)				
(A)	(B)	1		(C	-			(D)	(E)			(F)	
Name and title	Average		not ch		more	than o		Reportable	Reportable			timate	
	hours per week	box,	unles	s per	son i	is both r/trus	n an	compensation	compensation	۱		nount (of
	(list any	\vdash					•	from the	from related organizations			other pensa	tion
	hours for	r direc				pa.		organization	(W-2/1099-MIS			om the	
	related	Individual trustee or director	Institutional trustee			Highest compensated employee		(W-2/1099-MISC)			•	anizati	
	organizations below	lal trus	onal tr		Key employee	comp se						d relate	
	line)	divid	stituti	Officer	yemp	ghest nploy	Former				orga	anizatio	ons
	,	트	트	5	Ke	Ξъ	프			\dashv			
		Ш											
		H											
		\square											
			\dashv			\vdash				\dashv			
		\sqcup								_			
		\Box											
4b Outstand		Ш					_	65,000.		0.			0.
1b Subtotal c Total from continuation sheet								03,000.		0.			0.
d Total (add lines 1b and 1c)								65,000.		0.			0.
2 Total number of individuals (incl								-	,000 of reportable)			
compensation from the organization												[0
3 Did the organization list any for	mer officer director trust	oo k	- ΑV Α	mnl	OVE	e or	hio	thest compensated emr	llovee on	Г		Yes	No
line 1a? If "Yes," complete Sche	· · · · · · · · · · · · · · · · · · ·		•	•	•		_	•	•		3		X
4 For any individual listed on line										ı			
and related organizations greate	•		•								4		X
5 Did any person listed on line 1a	· · · · · · · · · · · · · · · · · · ·				-								v
rendered to the organization? If Section B. Independent Contractor		e J fo	or su	ich þ	oers	on .			<u></u>		5		X
Complete this table for your five			nde	nt c	ontr	acto	rs t	that received more than	\$100,000 of com	pensa	ation f	rom	
the organization. Report compe													
Name ar	(A) ad business address	NC	NE	C				(B) Description of s	ervices	C	(C ompe	;) nsatio	า
							\dashv	· · · · · · · · · · · · · · · · · · ·					
							\dashv						
							\dashv						
							\dashv						
2 Total number of independent co \$100,000 of compensation from		ot lin	nited	ot to		se lis)	stec	a above) who received m	ore than				
. , , , , , , , , , , , , , , , , , , ,	<u> </u>										Form	9 90 (2	2019)

Brick by Brick Partners

932008 01-20-20

Ра	rt v	(1111			a in this Dort VIII			
			Check if Schedule O contains a response	e or note to any iin	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
SΩ	4	_	Federated campaigns 1a					000110110 012 011
Contributions, Gifts, Grants and Other Similar Amounts								
ָהַ הַ הַ פַּ				49,988.				
ifts			Fundraising events 1c Related organizations 1d	40,000				
nila			Government grants (contributions) 1e					
ons			All other contributions, gifts, grants, and					
her		٠	similar amounts not included above 1f	683,047.				
QĘ		~	Noncash contributions included in lines 1a-1f	00370170				
Son		_	Total. Add lines 1a-1f		733,035.			
		<u>'''</u>	Total. Add lines 1a-11	Business Code	, 55 / 555 /			
σ.	2	2		Business Code				
Program Service Revenue	2	a b						
Ser		C						
ž e		d						
Be		e						
Pro			All other program service revenue					
			Total. Add lines 2a-2f					
	3	9	Investment income (including dividends, inte					
	_		other similar amounts)	· ·	1,055.			1,055.
	4		Income from investment of tax-exempt bond					-
	5		Royalties	1				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)	>				
			Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
ne			and sales expenses 7b					
Revenue		С	Gain or (loss) 7c					
Re		d	Net gain or (loss)					
her	8	а	Gross income from fundraising events (not					
Oth			including \$ 49,988. of					
			contributions reported on line 1c). See					
			Part IV, line 18					
		b	Less: direct expenses 8	16,459.				
			Net income or (loss) from fundraising events	, >	0.			
	9	а	Gross income from gaming activities. See					
			Part IV, line 19					
			Less: direct expenses 9					
			· · · · · · ·	>				
	10	а	Gross sales of inventory, less returns					
			and allowances 10					
			Less: cost of goods sold10	<u> </u>				
		С	Net income or (loss) from sales of inventory					
sn				Business Code				
e ne	11							
Miscellaneous Revenue		b						
Sce		C	All others was a series	—				
Σ			All other revenue					
		е	Total revenue See instructions		734,090.	0.	0.	1,055.
	12		Total revenue. See instructions		134,090.	ı	ı .	L +,000.

932009 01-20-20

Form **990** (2019)

Form 990 (2019) Brick by Brick Partners Part IX Statement of Functional Expenses

	Section 501(c)(3)	and 501(c)(4) organizatio	ns must complete all columns	s. All other organizations mu	st complete column (A).
--	-------------------	---------------------------	------------------------------	-------------------------------	-------------------------

Dο	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	107 000	107 000		
	individuals. See Part IV, lines 15 and 16	487,088.	487,088.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	65,000.	45,500.	9,750.	9,750
	trustees, and key employees	03,000.	43,300.	9,130.	3,130
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 Pension plan accruals and contributions (include	+			
8	section 401(k) and 403(b) employer contributions)				
o	· · · · · · · · · · · · · · · · · · ·				
9 10	Other employee benefits				
10 11	Payroll taxes				
	-				
a b	Management				
c	Legal	8,100.		8,100.	
d		0,200		0,2001	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g g					
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	1,295.		1,295.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	604.	604.		
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				
23	Insurance	2,237.		2,237.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	Other Expenses	1,494.		1,494.	
b	Bank Charges and Fees	1,317.		1,317.	
С					
d					
е	· —		F00 101		
25	Total functional expenses. Add lines 1 through 24e	567,135.	533,192.	24,193.	9,750
26	Joint costs . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2019) 932010 01-20-20

Form 990 (2019) Part X Balance Sheet

	ILX	Check if Schedule O contains a response or note to any line in this Part X			
		·	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	6,245.	1	6,369.
	2	Savings and temporary cash investments		2	300,376.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ř	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	33,282.	13	48,801.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	184,991.	16	355,546.
	17	Accounts payable and accrued expenses	7,600.	17	11,200.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	7,600.	26	11,200.
Ø		Organizations that follow FASB ASC 958, check here			
ဥ		and complete lines 27, 28, 32, and 33.	1		
alar	27	Net assets without donor restrictions		27	344,346.
Ä	28	Net assets with donor restrictions		28	
Ĕ		Organizations that do not follow FASB ASC 958, check here 🕨 📖			
Ä		and complete lines 29 through 33.			
ts c	29	Capital stock or trust principal, or current funds		29	
SSe	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	1 = = 1	31	
Š	32	Total net assets or fund balances		32	344,346.
	33	Total liabilities and net assets/fund balances	184,991.	33	355,546.

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			4,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2			7,1	
3	Revenue less expenses. Subtract line 2 from line 1	3			5,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		17'	7,3	91.
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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		34	4,3	46.
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	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	Х	
	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 X Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	i,			
	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 th	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 on Sch	nedule	O.			
За	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	dit			
	Act and OMB Circular A-133?			3а		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization Brick by Brick Partners 56-2470061 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	319,756.	469,215.	565,219.	552,377.	683,047.	2589614.
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	319,756.	469,215.	565,219.	552,377.	683,047.	2589614.
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)						860,536.
_6	Public support. Subtract line 5 from line 4.						1729078.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017 565, 219.	(d) 2018 552,377.	(e) 2019	(f) Total 2589614.
7	Amounts from line 4	319,756.	469,215.	565,219.	552,377.	683,047.	2589614.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		40.	54.	32.	1,055.	1,181.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		600.	4,022.	2,600.		7,222.
11	Total support. Add lines 7 through 10						2598017.
12	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	. \square
80.	organization, check this box and stor		roontogo				<u> </u>
	ction C. Computation of Publ					l l	66 55
	Public support percentage for 2019 (14	66.55 % 54.72 %
15	Public support percentage from 2018					15	
16a	33 1/3% support test - 2019. If the c	•		•		•	x and
	stop here. The organization qualifies						
D	33 1/3% support test - 2018. If the contract test - 2018 is the contract test - 2018 i						IIS DOX
47.	and stop here. The organization qual						
1/a	10% -facts-and-circumstances tes	_					
	and if the organization meets the "fac			-		-	
	meets the "facts-and-circumstances"						
b	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	n ala not check a	box on line 13, 16	a, 160, 1/a, or 17k	o, cneck this box a	ırıa see instruction	s

Schedule A (Form 990 or 990-EZ) 2019

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.)

Se	ction A. Public Support						_
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organi:	zation,
	check this box and stop here						>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2019 (line 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2018	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	19 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
19	a 33 1/3% support tests - 2019. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2018. If the						and
	line 18 is not more than 33 1/3%, che						
20							

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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.)

	Yes	No
1		
2		
За		
3b		
3с		
_		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
6.		
9b		
9c		
10a		
10b		

Da	MIN CONTROL OF THE PROPERTY OF			igo o
Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
	supervised, or controlled the supporting organization.	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		
	ction 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)	-		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		- 1	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions		
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				
	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	OI.		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а		0-		
L	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	or its supported organizations: it is testing in Fart VI the role played by the organization in this regard.	_ อม		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	ιv	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organi	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	Э	
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2019 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Under	rdistributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2019 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2019 distributable amount			
С		inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2019, if			
	any. S	Subtract lines 3g and 4a from line 2. For result greater			
	than z	ero, explain in Part VI. See instructions.			
6	Rema	ining underdistributions for 2019. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
	Part V	/I. See instructions.			
7	Exces	ss distributions carryover to 2020. Add lines 3j			
	and 4	c.			
8	Break	down of line 7:			
а	Exces	s from 2015			
b	Exces	s from 2016			
С	Exces	s from 2017			
d	Exces	s from 2018			
е	Exces	s from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2019

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
Prior amounts	541,416.	489,456.
Puffin Foundation	375,000.	323,040.
Nicoll Family Fund	100,000.	48,040.
Total Excess Contributions to Schedule A, Part II, Line 5		860,536.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization Employer identification number

Brick by Brick Partners 56-2470061 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

Brick by Brick Partners

56-2470061

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space	e is needed.	
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4	1	Total contributions	Type of contribution
1	South Wind Foundation 685 3rd Avenue New York, NY 10017	\$	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	1	(c) Total contributions	(d) Type of contribution
2	Ed and Helen Nicoll 303 E Rivo Alto Dr Miami, FL 33139	\$	100,000.	Person X Payroll
(a)	(b)		(c)	(d)
No. 3	Peter Klatsky 223 Meda Ln Mill Valley, CA 94941	\$	Total contributions 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
No	Name, address, and ZIP + 4 Puffin Foundation 20 Puffin Way Teaneck, NJ 07666	\$	375,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
5	Leslie Gruss 143 Avenue B New York, NY 10009	\$	25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	١,	(c) Total contributions	(d)
6	Matrix New World Engineering 26 Columbia Turnpike Floram Park, NJ 07932	\$	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

Brick by Brick Partners

56-2470061

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		 \$	

Employer identification number

Name of organization

	by Brick Partners		56-2470061
rt III	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or Use duplicate copies of Part III if additional	through (e) and the following line encharitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the try. For organizations less for the year. (Enter this info. once.)
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gif	t Relationship of transferor to transferee
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gif	t Relationship of transferor to transferee
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gif	t Relationship of transferor to transferee
No. m t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_	Transferee's name, address, ar	(e) Transfer of gif	t

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Brick by Brick Partners

Employer identification number 56-2470061

Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	2
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be use	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose col	
	impermissible private benefit?	
Pa		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education) Preservation of a h	istorically important land area
	Protection of natural habitat Preservation of a c	ertified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of	a conservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the or	
	year >	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservations	vation easements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	n easements during the year
	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense sta	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statement	s that describes the
Da	organization's accounting for conservation easements.	ou Cincilou Accete
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	erance of public
	service, 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 FASB ASC 958, to report in its revenue statement and ball	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furthers	ance of public service,
	provide the following amounts relating to these items:	. .
	(i) Revenue included on Form 990, Part VIII, line 1	
_	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial ga	ain, provide
_	the following amounts required to be reported under FASB ASC 958 relating to these items:	Δ.
a	Revenue included on Form 990, Part VIII, line 1	
a	Assets included in Form 990, Part X	🕨 💲

932051 10-02-19

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

Schedule D (Form 990) 2019

Par	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, d	or Othe	r Simila	ır Asse	ts (continue	∍d)
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of the	following tha	at make si	gnificant ι	use of its		
	collection items (check all that apply):									
а	Public exhibition	d	ı 🔲	Loan or exc	hange progra	am				
b	Scholarly research	e	,	Other						
С	c Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical trea	sures, or oth	er similar	assets		_	
	to be sold to raise funds rather than to be ma							L	Yes	No_
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	n answered	"Yes" on	Form 990	, Part IV,	line 9, or	
12	Is the organization an agent, trustee, custod		diany for	contribution	ne or other as	eete not i	ncluded			
Ia	on Form 990, Part X?								Yes	☐ No
h	If "Yes," explain the arrangement in Part XIII								1 103	140
	Tes, explain the arrangement in rate xiii	and complete the re	nowing i	tabic.					Amount	
С	Beginning balance						1c		Amount	
	Additions during the year									
	Distributions during the year									
	Ending balance						16 1f			
	Did the organization include an amount on F								Yes	□ No
	If "Yes," explain the arrangement in Part XIII.						·y ·		J 100	
Par							0.			
	2 - 111,	(a) Current year		rior year	(c) Two year			ears back	(e) Four ye	ars back
1a	Beginning of year balance	(a) cament year	(~):	you.	(0)	(,		(-)	
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
·	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the cur	rent vear end baland	:e (line 1	a column (a	a)) held as:					
	Board designated or quasi-endowment	ront your one balanc	%	9, 00.0	a)) 11010 00.					
	Permanent endowment	%								
Ŭ	The percentages on lines 2a, 2b, and 2c sho	ř.								
3a	Are there endowment funds not in the posse		ation tha	at are held a	ınd administe	ered for th	e organiz:	ation		
	by:	ocolori or the organiz	411011 1110	at are mora a	ara aariii iiote	5100 101 til	o organiz	acion	Y	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								- `` -	
b	If "Yes" on line 3a(ii), are the related organiza								3b	\top
4	Describe in Part XIII the intended uses of the									
Par	rt VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	0, Part I\	/, line 11a. S	See Form 990	D, Part X, I	ine 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulate	d	(d) Book v	alue
	1	basis (investr			(other)		reciation		. ,	
	Land		•							
	Buildings									
	Leasehold improvements							$\neg \vdash$		
	Equipment									
	Other									
	I. Add lines 1a through 1e. (Column (d) must e		X, colur	nn (B), line 1	10c.)			ightharpoonup		0.
		,,	,	. //	,			Schedule	D (Form 9	90) 2019

	rick Partners	56	5-2470061 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes'			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-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 en	d-of-year market value
(1) Investment in Brick by			
(2) Brick Construction	48,801.	Cost	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	48,801.		
Part IX Other Assets.	1070011		
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) lin	ne 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 2	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			` ` `
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			I

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

X

Schedule D (Form 990) 2019

(8)

Par	rt XI Reconciliation of Revenue per Audited Financi	al Statements With Revenu	ie per Return.					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total revenue, gains, and other support per audited financial stateme	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						
	Add lines 4a and 4b							
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I,							
Pai	rt XII Reconciliation of Expenses per Audited Finance	_	ses per Return.					
	Complete if the organization answered "Yes" on Form 990, Pa							
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						
b	Prior year adjustments							
С	Other losses							
d								
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						
	, , , ,							
	Other (Describe in Part XIII.)	4b						
С	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part							

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.

Part X, Line 2:

Brick by Brick is exempt from federal and state income tax under the provisions of Section 501(c)(3) of the Internal Revenue Code; therefore, no provision for income taxes has been made in these financial statements. The Organization has also been classified as an entity that is not a private foundation within the meaning of Section 509(a) and qualifies for deductible contributions as provided in Section 170(b)(1)(A)(vi). Brick by Brick applies the provision of FASB ASC 740, on Income Taxes, which provides standards for establishing and classifying any tax provisions for uncertain tax positions. Tax filing periods ending December 31, 2016 and later are subject to examinations by appropriate tax authorities.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 Brick by Brick Partners	56-24/0061 Page 5
Schedule D (Form 990) 2019 Brick Dy Brick Partners Part XIII Supplemental Information (continued)	

Schedule D (Form 990) 2019

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

Employer identification number

	Ü						
Br	ick by Brick	Partners				56-247006	51
Pa				tside the United States. Comple	ete if the organ		
	Form 990, Part IV						
1	_	-		ds to substantiate the amount of its gra			
	the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	grants or ass	istance? 📖	Yes No
•	For avantural con Deca	ouile e in Deut Vale					-:
2	United States.	cribe in Part v the	e organization s	procedures for monitoring the use of its	s grants and o	ther assistance out	side the
3		he following Parl	t Lline 3 table c	an be duplicated if additional space is r	needed)		
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total
		offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
		in the region	independent contractors	gram services, investments, grants to		specific type	investments
			in the region	recipients located in the region)	of service	(s) in the region	in the region
3 2	Subtotal	0	0				0.
	Total from continuation						†
	sheets to Part I	0	0				0.
С	Totals (add lines 3a						
	and 3b)	0	0				0.
LHA	For Paperwork Reduct	tion Act Notice,	see the Instruc	tions for Form 990.		Schedule F	Form 990) 2019

932071 10-12-19

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
			recognized as charities by the tion 501(c)(3) equivalency lett		, recognized as tax-e	xempt	l	1

3 Enter total number of other organizations or entities .

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. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

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? If "Yes," 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; don't file with Form 990)	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)	X Yes	☐ 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? If "Yes," 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)	☐ 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? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2019

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Brick by Brick Partners

Employer identification number

Brick D	y Brick Partners				30-24/0	001
Part I Fundraising Activities required to complete this par	 Complete if the organization answer t. 	ered "Y	es" o	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual cart VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants rnment grants events fficers, directors, tru fundraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser listed in col. (i)						
		Yes	No			
Total 3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	. Dutions	s or has been notified	d it is exempt from re	egistration
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ.	Schedule G (Form 9	90 or 990-EZ) 2019

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 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events None (add col. (a) through Blues Night col. (c)) (event type) (total number) (event type) Revenue 1 Gross receipts 66,447 66,447. 49,988 49,988. 2 Less: Contributions 16,459 16,459. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 2,304. 2,304. 6 Rent/facility costs 9,382. 9,382. 7 Food and beverages 4,279. 4,279. 8 Entertainment 494. 9 Other direct expenses 494. 16,459. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain: Schedule G (Form 990 or 990-EZ) 2019 932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019 Brick by Brick Partners	56-24	70061	Page 3
11 Does the organization conduct gaming activities with nonmembers?	L	Yes	└── No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	d		
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		l3b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and re		•	
Name			
Address >			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the a of gaming revenue retained by the third party ▶\$	mount		
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?		Yes	☐ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spe	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 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	(v); and Part	III, lines 9,	9b, 10b,

Schedule G (Form 990 or 990-EZ) Brick by Brick Partners	56-24/0061 Page 4
Schedule G (Form 990 or 990-EZ) Brick by Brick Partners Part IV Supplemental Information (continued)	
-	

792____1

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Inspection

Name of the organization

Brick by Brick Partners

Employer identification number 56-2470061

Form 990, Part I, Line 1, Description of Organization Mission:
approaches to business, healthcare and education.
Form 990, Part VI, Section B, line 11b:
Form 990 is initially reviewed by the treasurer or other officers and then
submitted to the entire board for their review and approval prior to being
filed.
Form 990, Part VI, Section B, Line 12c:
The organization enforces the conflict of interest policy by monitoring
known relationships, questionnaires, and noting any changes in disclosed
information.
Form 990, Part VI, Section C, Line 18:
Brick by Brick's governing documents, conflict of interest policy, and
financial statements are available to the public upon request.
Form 990, Part VI, Section C, Line 19:
Brick by Brick makes its Form 1023 and Form 990 available upon request.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

56-2470061

Department of the Treasury Internal Revenue Service Name of the organization Brick by Brick Partners

Part I	Identification of Disregarded Entities. Complete	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.		•			
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	r (d)	eme End-of-yea		(f) Direct controlling entity)
Part II	Identification of Related Tax-Exempt Organiza organizations during the tax year.	tions. Complete if the organization a	nswered "Yes" on Form 990), Part IV, line 34,	because it had one	e or more	related tax-exe	empt	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) et controlling entity	Section 5 contr ent	rolled
					501(c)(3))			Yes	No

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

of Dolated Ourses institute Touchle and Doubs weeking Consolete if the aurenication annuous all Mad an Fours 000 Doubly line 04 honours it had annous nelated
of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related
reated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No		ctionate ons? Code V-UBI amount in box 20 of Schedule		(k) I or Percentage ing ownership
									,		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Section 512(b)(13) controlled entity?	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		
		country)		ŕ				Yes	No
Brick by Brick Uganda	Carries out								
Masaka-Kyotera Road Kyotera	construction business								
Bulinda Village Kalisizo Town, Kampala,	using environmentally	Uganda		C CORP			99.99%		X

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any er	ntity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did th	ne organization engage in any of the following transaction	s with one or more r	elated organizations listed	in Parts II-IV?			
a Receipt of (i) interest, (ii)	annuities, (iii) royalties, or (iv) rent from a controlled entity	y			1a		X
b Gift, grant, or capital cont	tribution to related organization(s)				1b		X
c Gift, grant, or capital cont	tribution from related organization(s)				1c		X
d Loans or loan guarantees	to or for related organization(s)				1d		Х
	by related organization(s)				1e		X
f Dividends from related or	ganization(s)				1f		X
g Sale of assets to related of	organization(s)				1g		X
h Purchase of assets from	related organization(s)				1h		Х
i Exchange of assets with	related organization(s)				1i		Х
j Lease of facilities, equipm	nent, or other assets to related organization(s)				1j		Х
k Lease of facilities, equipment, or other assets from related organization(s)							Х
	or membership or fundraising solicitations for related orga				11		X
	or membership or fundraising solicitations by related orga				1m		X
n Sharing of facilities, equip	oment, mailing lists, or other assets with related organizati	ion(s)			1n		X
	es with related organization(s)				10		X
p Reimbursement paid to re	elated organization(s) for expenses				1 p		Х
q Reimbursement paid by r	related organization(s) for expenses				1q		X
r Other transfer of cash or	property to related organization(s)				1r	Х	
	property from related organization(s)				1s		Х
	e above is "Yes," see the instructions for information on w						
N	(a) lame of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved		
(1) Brick by Brick	v Uganda	R	15,519.	Cost			
(2)							
(3)							
(4)							
(5)							
(6)							
020162 00 10 10		42		Schadula I	2 (Eori	m 990	2010

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(b)	(c)	(d)	(e)	(f)	(g)	(1	1)	(i)	(j)	(k)
Primary activity	Legal domicile	Predominant income (related, unrelated,	partners se	Share of		Dispr tior	opor- nate	Code V-UBI amount in box 20	Genera managi	or Percentage
	(state or foreign	excluded from tax under	orgs.?	total		alloca	tions?	of Schedule K-1	partne	ownersnip
	country)	sections 5 (2-5 (4)	Yes No) Income	assets	Yes	No	(F01111 1065)	Yes N	0
						-				
										1
									\Box	
										1
										1
			1 1	1	I	1	I	I	1 1	1
	(b) Primary activity	(b) (c) Legal domicile (state or foreign country)	Primary activity (c) Legal domicile (state or foreign country) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(c) Legal domicile (state or foreign country) Predominant income (related, unrelated, excluded from tax under sections 512-514) Yes No.	Primary activity Legal domicile (related, unrelated, state or foreign aveluded from tax under long) (state or foreign aveluded from tax under long) (state or foreign aveluded from tax under long)	(c) Primary activity Legal domicile (state or foreign country) Rections \$12-\$14 Predominant income (related, unrelated, excluded from tax under sections \$12-\$14 Predominant income (related, unrelated, excluded from tax under sections \$12-\$14 Predominant income (related, unrelated, excluded from tax under sections \$12-\$14 Predominant income (related, unrelated, excluded from tax under sections \$12-\$14 Predominant income (related, unrelated, excluded from tax under sections \$12-\$14 Predominant income (related, unrelated, excluded from tax under sections \$12-\$14 Predominant income (related, unrelated, excluded from tax under sections \$12-\$14 Predominant income (related, unrelated, excluded from tax under sections \$12-\$14 Predominant income (related, unrelated, excluded from tax under sections \$12-\$14 Predominant income (related, unrelated, excluded from tax under sections \$12-\$14 Predominant income (related, unrelated, excluded from tax under sections \$12-\$14 Predominant income (related, unrelated, excluded from tax under sections \$12-\$14 Predominant income (related, unrelated, excluded from tax under sections \$12-\$14 Predominant income (related, unrelated, excluded from tax under sections \$12-\$14 Predominant income (related, unrelated, excluded from tax under sections \$12-\$14 Predominant income (related, unrelated, excluded from tax under sections \$12-\$14 Predominant income (related, unrelated, excluded from tax under sections \$12-\$14 Predominant income (related, unrelated, excluded from tax under sections \$12-\$14 Predominant income (related, unrelated, unrelated, excluded from tax under sections \$12-\$14 Predominant income (related, unrelated, unr	(b) Legal domicile (state or foreign country) Legal tomicile (state or foreign country) Legal tomicile (state or foreign country) Restulting 512-514) Restulting 512-514 Rest all spines sec. Share of spines of sections 512-514 Rest No. Share of spines sec. Share of spines of send-of-year assets Rest No. Share of spines sec. Share of spines of spi	(c) Legal domicile (state or foreign country) Legal domicile (state or foreign country) Legal domicile (state or foreign country) Rections 312-314) Rections 312-3140 Rections 312-	(c) Primary activity Legal domicile (state or foreign country) Sections 512-514) Predominant income (related, unrelated, sections 512-514) Predominant income (related, unrelated, unrelated, sections 512-514) Vea No Share of end-of-year assets Predominant income (related, unrelated, unrelate	(b) Legal domicile (state or foreign country) Predominant income (state

Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.
Part IV, Identification of Related Organizations Taxable as Corp or Trust:
Name and Address of Related Organization:
Brick by Brick Uganda
Masaka-Kyotera Road Kyotera
Bulinda Village Kalisizo Town, Kampala, UGANDA
Primary Activity: Carries out construction business using environmentally
friendly techonology

Form **8868**

(Rev. January 2020)

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.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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/e-file-providers/e-file-for-charities-and-non-profits.

	s, for which an extension request must be sent to the in			details on	the electronic		
filing of t	nis form, visit www.irs.gov/e-file-providers/e-file-for-chan	ities-and-r	non-profits.				
Autom	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).				
All corpo	rations required to file an income tax return other than F	orm 990-T	(including 1120-C filers), partnership	s, REMIC	Cs, and trusts		
	Form 7004 to request an extension of time to file incom			,	,		
			i				
Type or	Name of exempt organization or other filer, see instru	ictions.		Taxpaye	r identification num	nber (TIN)	
print	Brick by Brick Partners				56-24700	61	
File by the	ile by the						
due date for filing your	232 7th Street	ice instruc	nions.				
return. See instructions	City, town or post office, state, and ZIP code. For a fe	oreign add	dress, see instructions.				
	Brooklyn, NY 11215	J	,				
Enter the	Return Code for the return that this application is for (fil	e a separa	ate application for each return)			0 1	
Applicat	ion	Return	Application			Return	
Is 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		04	Form 5227			10	
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990	O-T (trust other than above) The Organization	06	Form 8870			12	
• = -	ooks are in the care of \triangleright 232 7th Street		ook1;m NV 11215				
	pooks are in the care of \triangleright 232 7CII SCIEEC none No. \triangleright 347-453-8868	_ DI					
•	organization does not have an office or place of busines	a in tha l li	Fax No. sited States, about this bay				
	is for a Group Return, enter the organization's four digit					chack this	
box >	. If it is for part of the group, check this box		ach a list with the names and TINs of				
БОХ	. In this for part of the group, check this box	_ and atte	terra not with the flames and finds of	an meme	ord the extension	101.	
1 lre	equest an automatic 6-month extension of time until	Nove	mber 16, 2020 to file	the exen	npt organization re	turn for	
	organization named above. The extension is for the org				pr o. gaao.		
	🟋 calendar year 2019 or						
•	tax year beginning	, ar	nd ending				
							
2 If t	he tax year entered in line 1 is for less than 12 months, o	check reas	son: Initial return I	Final retur	rn		
	Change in accounting period						
3a If t	3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less						
	any nonrefundable credits. See instructions. 3a \$						
	his application is for Forms 990-PF, 990-T, 4720, or 6069		•		l .	0.	
_	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$						
	lance due. Subtract line 3b from line 3a. Include your pa	•	, , ,			0.	
	ng EFTPS (Electronic Federal Tax Payment System). Se			452 FO o	\$		
instruction:	If you are going to make an electronic funds withdrawal	(direct de	buly with this Forth 8868, see Form 8	453-EU a	110 F01111 8879-EU 1	ior payment	
	or Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form 8868 (F	Rev 1-2020)	
					(1		

923841 12-30-19

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

2019

Open to Public Inspection

1.General	Information
-----------	-------------

1.General Information							
For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2019 and Ending (mm/dd/yyyy) 12/31/2019							
Check if Applicable: Address Change	Name of Org Brick	ganization: by Brick Partners			Employer Identification Number (EIN): $56-2470061$		
Name Change Initial Filing	Mailing Address: 232 7th Street				NY Registration Number: 40-83-40		
Final Filing Amended Filing	City / State / ZIP: Brooklyn, NY 11215				Telephone: 347 453-8868		
Reg ID Pending	Website:	rickbybrick.org			Email: marcsklar@brickbybr		
Check your organization's registration category: 7A only EPTL only X DUAL (7A & EPTL) EXEMPT* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.							
2. Certification							
See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.							
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.							
-				Marc Sklar			
President or Authorized	Officer:	Executive Director					
		Signature Print Name and Title Date					
				Michele May	ybaum		
Chief Financial Officer or Treasurer:		Treasurer					
		Signature Print Name and Title Date					
3. Annual Reporting Exemption							
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.							
3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not							
	<u> </u>				•		
exceed \$25,000 <u>and</u> the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.							
-							
3b. EPTL f	filing exemption	on: Gross receipt	s did not exceed \$25,000	and the market value of ass	sets did not exceed \$25,000 at any time		
during the fiscal year.							
4 Cahadulas and Attachusanta							
4. Schedules and Attachments							
See the following page for a checklist of Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer							
schedules and for fund raising activity in NY State? If yes, complete Schedule 4a.							
attachments to							
complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.							
5. Fee							
See the checklist on the	7A filing	fee:	EPTL filing fee:	Total fee:	Make a single check or manay and an		
next page to calculate yo	ur				Make a single check or money order payable to:		
fee(s). Indicate fee(s) you		25	φ 100	125	"Department of Law"		
are submitting here:	\$	25.	\$	\$ <u>125.</u>	<u> </u>		

CHAR500 Annual Filing for Charitable Organizations (Updated January 2020)

968451 01-08-20 1019

Page 1

^{*}The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

CHAR500

Annual Filing Checklist

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.
- 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 Coddisclosure and will not be available for public review.	ntributors). Schedule B of public charities is exempt from	
Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue filing year. We have included an IRS Form 990-EZ for state purposes only.	ue exceeded \$25,000 and/or our assets exceeded \$25,000 in the	
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public X Review Report if you received total revenue and support greater than \$250,00 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 We are a DUAL filer and checked box 3a, no Review Report or Audit Report is	on and up to \$750,000.	
Calculate Your Fee		
For 7A and DUAL filers, calculate the 7A fee: \$0, if you checked the 7A exemption in Part 3a	Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:	
X \$25, if you did not check the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")	
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	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.	
\$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	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 .	
Send Your Filing Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:	
NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005	 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)). 	

968461 01-08-20 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2020)

Page 2

www.CharitiesNYS.com

Email: Charities.Bureau@ag.ny.gov

(212) 416-8401

Need Assistance?

Visit:

Call: