

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



"CHANGE OF ACCOUNTING PERIOD"

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Inspection

Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011									
B c	heck if	C Name of organization		D Employer identific	cation number				
а	pplicable	BUILDING RESPONSIBLE INTELLIGENT							
	Addres change	CREATIVE KIDS							
	Name change			27-0	820249				
X	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/	/suite	E Telephone number					
	Termin ated			•	388-1930				
	Amend			G Gross receipts \$	213,289.				
	Application	I NEWARK, NO 0/102		H(a) Is this a group re					
	pendin	F Name and address of principal officer DOMINIQUE LEE		for affiliates?	Yes X No				
		SAME AS C ABOVE		H(b) Are all affiliates incl	luded? Yes No				
I T	Tax-exempt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list (see instructions)								
J۷	Website: ► WWW.BRICKNEWARK.ORG H(c) Group exemption number ►								
					State of legal domicile: NJ				
	art I	Summary							
	1 1	Briefly describe the organization's mission or most significant activities TO BUIL	D RI	SPONSIBLE,					
Governance		INTELLIGENT, CREATIVE KIDS. THROUGH A GLOB			RRICULUM,				
E		Check this box if the organization discontinued its operations or disposed of	f more t	than 25% of its net as	sets				
Š	I	Number of voting members of the governing body (Part VI, line 1a)		3	5				
	1	Number of independent voting members of the governing body (Part VI, line 1b)		4	5				
οğ.	1	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	34				
iţie	l	Total number of volunteers (estimate if necessary)		6	10				
Activities &		Total unrelated business revenue from Part VIII, column (@ lipe 12		7a	0.				
Ă		Net unrelated business taxable income from Form 990-1, ine 34 FIVFD		7b	0.				
	<u> </u>			Prior Year	Current Year				
	، ہ	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		10,885.	213,289.				
Revenue	l	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2d) MAY 2 3 2012	-	10,005.					
Ver	l .	- T T T T T T T T T T T T T T T T T T T			0.				
Re	l .			70	0.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		70.	0.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	+	10,955.	213,289.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	ļ		0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)	-		0.				
JUN Esperse	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	ļ		106,686.				
٠ <u>٩</u>	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.				
æ	b b	Total fundraising expenses (Part IX, column (D), line 25)	.						
ž	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		7,719.	111,074.				
\equiv	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		7,719.	217,760.				
	19	Revenue less expenses Subtract line 18 from line 12		3,236.	-4,471.				
300			Begi	inning of Current Year	End of Year				
Set	20	Total assets (Part X, line 16)		3,236.	<u>64,015.</u>				
Net Assets:or Fund Balances	21	Total liabilities (Part X, line 26)			<u>65,250.</u>				
₹	22_	Net assets or fund balances. Subtract line 21 from line 20		3,236.	-1,235.				
	art II	Signature Block							
Ŭńd	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and s	statemei	nts, and to the best of my	knowledge and belief, it is				
true,	, correc	t, and complete. Declaration of pr eparer (other than onc er) is based on all information of which pre	eparer h	as any knowledge.					
		Tach		× 5//3	5//2				
Sigi	n	Signature of officer		Date /	/				
Her	e	DOMINIQUE LEE, EXECUPIVE DIRECTOR							
		Type or print name and title		, ,					
	Print/Type preparer's name Preparer's signature Date Date PTIN								
Paid	i	TODD POLYNIAK	3	/10/12 self-employe	d				
Prep	Preparer Firm's name SAX MACY FROMM & CO., PC Firm's EIN								
	Only	Firm's address 855 VALLEY ROAD							
		CLIFTON, NJ 07013-2483		Phone no. 9	73-472-6250				
Mav	the IF	RS discuss this return with the preparer shown above? (see instructions)		<u>,</u>	X Yes No				
	01 02-2			· ·	Form 990 (2010)				
JJ20	J. UZ-Z	2 I of 1 apol from Household Not House, see the separate illshuctions.			. 5 555 (2010)				

Form **990** (2010)

BUILDING RESPONSIBLE INTELLIGENT

Form 990 (2010)

Form 990 (2010)

| Part IV | Checklist of Required Schedules

	Chockies of Floquinos Contourino			
	le the constraint described in section 501/2/(0) or 40.47/2/(4) /ather there is a reserved foundation >0	_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Х	
2	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
•	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	<u> </u>		
	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 where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			77
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
a	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		X
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
·	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		Х
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, XII, and XIII 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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			7,
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	i	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40		v
10	, ,	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	40		y
20a		19 20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	LUA		- 42
~	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
	The state of the s			

Form 990 (2010) CREATIVE KIDS

Part IV Checklist of Required Schedules (continued) 27-0820249 Page 4

	· · · · · · · · · · · · · · · · · · ·		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23_		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		<u> X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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		X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			.,
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		i	
	instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_X_
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			7,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			.
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		х
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701·2 and 301 7701·3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity?	33		<u> </u>
34	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		v
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	35		
a	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
50	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	50		
J,	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 11 and 19?			
~	Note. All Form 990 filers are required to complete Schedule O	38	х	
	1956) A STATE OF THE STATE OF T		000	

	990 (2010) CREATIVE KIDS 27-0820	<u> 249</u>	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 34			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u>X</u>	<u></u>
	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
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in 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			İ
	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 Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	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		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	ł _		.,
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	١ _		x
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		^
9	Sponsoring organizations maintaining donor advised funds.			v
a	Did the organization make any taxable distributions under section 4966?	9a		X
10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
ь 11	Section 501(c)(12) organizations. Enter	1		
	1 1			
a	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	1		
b	amounts due or received from them)			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		t
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		t
a	Note. See the instructions for additional information the organization must report on Schedule O	.54	-	t
ь	Enter the amount of reserves the organization is required to maintain by the states in which the			.

14a

X

13b

organization is licensed to issue qualified health plans

14a Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

c Enter the amount of reserves on hand

Form 990 (2010)

27-0820<u>249 Page</u> 6

onn ooo p		<u></u>		1 age
Part VI	Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below	and for a	No res	sponse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction			

	Check if Schedule O contains a response to any question in this Part VI			<u> </u>
<u>Sec</u>	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 . 1a 5			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			l
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_		X
6	Does the organization have members or stockholders?	6		<u>X</u> _
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	_		٠,,
	governing body?	7a		X
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	-	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
_	by the following		v	
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b		
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 in Schedule O	9		x
<u></u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	9		ΙΛ.
<u> </u>	tion D. I onoics (mis Section B requests information about policies not required by the internal nevertide code)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
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	X	
b	Other officers or key employees of the organization	15b	X	
	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		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►NJ			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request		_	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and	d fina	ncıal	
	statements available to the public	_		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizat	ion 🕨	· —	
	DOMINIQUE D. LEE - 248-388-1930			
	4 BEACON WAY, APT 706, JERSEY CITY, NJ 07304			

CREATIVE KIDS

Form 990 (2010)

27-0820249

Page **7**

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

Check if Schedule O contains a response to any question in this Part VII	
--	--

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) (B)				((C)			(D)	(E)	(F)
Name and Title	Average			Pos)		Reportable	Reportable	Estimated
	hours per	l (cı				app	lv)	compensation	compensation	amount of
	week (describe hours for related organizations in Schedule O)	ustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
DOMINIQUE LEE										
EXECUTIVE DIRECTOR	50.00	X		X				0.	0.	0.
LEILA DINKINS										
TRUSTEE	1.00	X			ŀ	1		0.	0.	0.
LAUREL DUMONT										
TRUSTEE	1.00	X			L_			0.	0.	0.
DR. CHRIS T. PERNELL										
TRUSTEE	1.00	X						0.	0.	0.
PETER TURNAMIAN										-
CHAIR	1.00	X						0.	0.	0.
GLENDA WIMBERLY										-
TRUSTEE	1.00	X						0.	0.	0.
						_				
				1	[l			

Section A. Officers, Directors, Tru		πριο	yee			ııgn	est					/F :	
(A)	(B)			(C Posi				(D)	(E)			(F)	
Name and title	Average hours per	(0)	Positio (check all tha					Reportable	Reportable compensatio			timate iount (
	week	\ <u>`</u>				اللا	.,,	compensation from	from related			other	J.
	(describe	ector						the	organization	1		pensa	tion
	hours for	or dir	ا يو			ate		organization	(W-2/1099-MIS			om the	
	related	ıstee (truste			bens		(W-2/1099-MISC)	,		orga	anızatı	on
	organizations	nal tro	onali		l ak old	E 8						relate	
	ın Schedule	Individual trustee or director	Institutional trustee	Officer	Кеу етрюуее	Highest compensated employee	Former				orga	nızatı	ons
	0)	드	=	ь	×	Ξ 5	<u> </u>						
										ŀ			
		<u> </u>			_						_		
- · · · · · · · · · · · · · · · · · · ·		_			ļ	-						-	
			_	_	┝	H							
					ļ								
		\vdash			\vdash	-	-						
	l												
		 	\vdash		\vdash	\vdash							
		 	\vdash		-	\vdash				_			
										•			
	-	t			\vdash								
					İ								
	-		-	-	\vdash								
		İ											
1b Sub-total			L		<u> </u>			0.		0.			0.
c Total from continuation sheets to Part VI	I Section ∆							0.		0.			0.
d Total (add lines 1b and 1c)	., 000					•		0.		0.			0.
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed al	bove	e) wh	no re		0.000 in reportable				
compensation from the organization						-,		···································	,				0
								<u> </u>				Yes	No
3 Did the organization list any former officer,	director or tru	stee	, ke	y em	nplo	yee,	or h	nighest compensated er	nployee on	ſ			
line 1a? If "Yes," complete Schedule J for s						•					_3		X
4 For any individual listed on line 1a, is the su			omp	ensa	atior	n and	d oth	her compensation from	the organization				
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sch	edule	J f	for such individual			4		X
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	unr	elat	ed organization or indiv	idual for services	.			
rendered to the organization? If "Yes," com	plete Schedul	e J f	or st	uch	per	son		·			5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of con	npens	ation f	rom	
the organization NONE							,						
(A)								(B)		^	(C	;)	_
Name and business	address						4	Description of s	services	Ü	ompei	ISATIO	
									ļ				
							\dashv						
									ļ				
		-					\dashv						-
							\dashv						
2 Total number of independent contractors (i	ncluding but r	not li	mrte	d to	the	ا می	l	l above) who received n	nore than			-	
\$100,000 in compensation from the organic	_			<u>.</u> .0		0		abore, who received in	aran				
w 100,000 in compensation from the organic											F 1	000 (2010\

BUILDING RESPONSIBLE INTELLIGENT
Form 990 (2010) CREATIVE KIDS

Part VIII | Statement of Revenue 27-0820249 Page 9

						(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under sections 512,
		<u></u>					revenue	revenue	513, or 514
왕	1 a	Federated campaigns	<u> </u>	а					
E a	b	Membership dues	Ŀ	b					
S, C	С	Fundraising events .	Ŀ	c					
ar	d	Related organizations	Ŀ	d					
S, E	е	Government grants (contribut	ions)	le					
i Si	f	All other contributions, gifts, gran	ts, and						
Contributions, gifts, grants and other similar amounts		similar amounts not included abor	_	f	213,289.		:		
99	g	Noncash contributions included in lines Total. Add lines 1a-1f	1a-1f \$			213,289.			
-		Total. Add lines 1a-11	·		Business Code	213,203.			
•	2 a				Eddiness code				
울	b								
용필	c								
풀	d								
Program Service Revenue	e								
준	f	All other program service reve	enue						
	q	Total. Add lines 2a-2f							
	3	Investment income (including	dıvıdends	, ınter	est, and			,	
		other similar amounts)			▶				
	4	Income from investment of ta	x-exempt I	ond	proceeds >				
	5	Royalties			>				
			(i) Re	al	(ii) Personal				
	6 a	Gross Rents							
	b	Less rental expenses							
	С	Rental income or (loss)							
	d	Net rental income or (loss)			>				
l	7 a	Gross amount from sales of	(i) Secu	rities	(ii) Other				
		assets other than inventory							
	b	Less cost or other basis			j				
		and sales expenses							
	С	Gain or (loss)							
	d	Net gain or (loss)							
او	8 a	Gross income from fundraisin	g events (i	not			1		
enne		including \$	of						
		contributions reported on line	1c) See		1				
Other Rev		Part IV, line 18		а					
∯	b	Less direct expenses		b					
۱	С	Net income or (loss) from fund	draising ev	ents					
ļ	9 a	Gross income from gaming ac	ctivities Se	e					
-		Part IV, line 19		а	· [
1	b	Less direct expenses		b					
	С	Net income or (loss) from gam	ning activit	es	> _				
ŀ	10 a	Gross sales of inventory, less	returns		1				
		and allowances		а					
1	b	Less cost of goods sold		b	,				
Į	С	Net income or (loss) from sale	s of invent	ory					
[Miscellaneous Revenu	ie		Business Code				
	11 a								
	b							= . = .	
	С								
	d	All other revenue							
	е	Total. Add lines 11a-11d			. ▶				
	12	Total revenue See instructions.			▶	213,289.	0.	0.	0.

27-0820249 Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and										
	organizations in the U.S. See Part IV, line 21										
2	Grants and other assistance to individuals in										
	the U.S. See Part IV, line 22										
3	Grants and other assistance to governments,				• •						
	organizations, and individuals outside the U.S.										
	See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees	10,000.	10,000.								
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	92,952.	72,362.	20,590.							
8	Pension plan contributions (include section 401(k)										
	and section 403(b) employer contributions)										
9	Other employee benefits										
10	Payroll taxes .	3,734.	2,987.	747.							
11	Fees for services (non-employees)										
а	Management										
b	Legal										
С	Accounting										
d	Lobbying										
е	Professional fundraising services. See Part IV, line 17										
f	Investment management fees										
g	Other										
12	Advertising and promotion										
13	Office expenses	1,714.	1,371.	343.	. <u>-</u>						
14	Information technology										
15	Royalties										
16	Occupancy										
17	Travel										
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	7,808.	6,246.	1,562.							
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization										
23	Insurance	820.	656.	164.							
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)										
а	PROGRAM EXPENSES	59,372.	59,372.								
b	STAFF DEVELOPMENT & TRA	34,025.	27,220.	6,805.							
С	PROFESSIONAL FEES	5,250.	4,200.	1,050.							
d	COMMUNICATIONS EXPENSE	2,085.	1,668.	417.	 						
e f	All other expenses										
25	Total functional expenses Add lines 1 through 24f	217,760.	186,082.	31,678.	0.						
<u>25</u> 26	Joint costs. Check here Infollowing SOP	21/,/00+	100,002.	31,070							
4 0	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation										
	00.00.000			-	Farm 990 (2010						

Form 990 (2010)
Part X | Balance Sheet

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,774.	1	58,727.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,462.	4	5,288.
	5	Receivables from current and former officers, directors, trustees, key			
Ì		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section	1		-
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	ng		
		employers and sponsoring organizations of section 501(c)(9) voluntar	y		
		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
`	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		13	
1	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,236.	16	64,015.
- 1-	17	Accounts payable and accrued expenses		17	65,250.
1	18	Grants payable		18	• •
•	19	Deferred revenue		19	
] 2	20	Tax-exempt bond liabilities		20	
g 2	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key emple	pyees,		
iabi		highest compensated employees, and disqualified persons. Complete	Part II	1	
<u> </u>		of Schedule L		22	
2	23	Secured mortgages and notes payable to unrelated third parties		23	
2	24	Unsecured notes and loans payable to unrelated third parties		24	
2	25	Other liabilities Complete Part X of Schedule D		25	
2	26	Total liabilities. Add lines 17 through 25	0.	26	65,250.
i		Organizations that follow SFAS 117, check here X and co	mplete	}	
es		lines 27 through 29, and lines 33 and 34.			
ည္က 2	27	Unrestricted net assets	3,236.	27	
) g	28	Temporarily restricted net assets		28	
를 2	29	Permanently restricted net assets		29	
급		Organizations that do not follow SFAS 117, check here	and		
ō		complete lines 30 through 34.			
ets 3	30	Capital stock or trust principal, or current funds		30_	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
<u>i</u>	32	Retained earnings, endowment, accumulated income, or other funds		32	
z 3	33	Total net assets or fund balances	3,236.	33	-1,235.
_ 3	34	Total liabilities and net assets/fund balances	3,236.	34	64,015.

Form **990** (2010)

	1990 (2010) CREATIVE KIDS	<u> 27-0</u>	<u> 1820249</u>	Pag	ge 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI		<u> </u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	_1	213	<u>3,2</u>	<u>89.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	21'	<u> 7,7</u>	<u>60.</u>		
3	Revenue less expenses Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,23			
5	Other changes in net assets or fund balances (explain in Schedule O)	5			<u>0.</u>		
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		<u>L,2</u>	<u>35.</u>		
Pa	rt XIII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII				<u> </u>		
				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	0		ı			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X			
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audrt,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a					
	separate basis, consolidated basis, or both			1			
	X Separate basis Consolidated basis Both consolidated and separate basis						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıl	t				
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990 (2010)		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2010

Open to Public Inspection

Name of the organization

BUILDING RESPONSIBLE INTELLIGENT CREATIVE KIDS

Employer identification number

27-0820249

Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 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 5 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). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III · Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (iii) Type of (vi) Is the (iv) is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization ganizátion in col. in col. (i) listed in your organization in col. organization support (i) organized in the U.S.? (described on lines 1-9) governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes

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

Schedule A (Form 990 or 990-EZ) 2010

(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

Schedule A (Form 990 or 990-EZ) 2010 CREATIVE KIDS

27-0820249 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 213,289. 213,289. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 213,289. 213,289. 4 Total. Add lines 1 through 3 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) 213,289. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 213,289. 213,289. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 IV) 11 Total support. Add lines 7 through 10 213,289. 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) $\triangleright X$ organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2009 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2010 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	ciow, picase com	oicte i ait ii j	· · · · · · · · · · · · · · · · · · ·			
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and				1		
	membership fees received (Do not						
	include any "unusual grants ")	1					-
2	Gross receipts from admissions,	· · · · · · · · · · · · · · · · · · ·			İ		
	merchandise sold or services per-	İ					
	formed, or facilities furnished in	I					
	any activity that is related to the organization's tax-exempt purpose						
2	• • • • • •						<u> </u>
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	İ				İ	
	iness under section 513				<u> </u>	 	
4	Tax revenues levied for the organ-	I					
	ization's benefit and either paid to	I					
	or expended on its behalf	L					
5	The value of services or facilities	İ					
	furnished by a governmental unit to	I					
	the organization without charge	<u>[</u>					
6	Total. Add lines 1 through 5		Ĭ				
7:	a Amounts included on lines 1, 2, and						-
	3 received from disqualified persons	I					
	Amounts included on lines 2 and 3 received	· · · · · · · · · · · · · · · · · · ·					
	from other than disqualified persons that	I					!
	exceed the greater of \$5,000 or 1% of the	I					
	amount on line 13 for the year						
	Add lines 7a and 7b			 			
	Public support (Subtract line 7c from line 6)		<u> </u>	<u> </u>	<u> </u>		
	ction B. Total Support		1	T		1	<u> </u>
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6		ļ. <u></u>				
10:	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ı	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						1
40	assets (Explain in Part IV)				1	 	
	Total support (Add lines 9, 10c, 11, and 12)			<u> </u>	1	504()(0)	1
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi	zation,
_	check this box and stop here			.			<u> </u>
	ction C. Computation of Publ						
	Public support percentage for 2010 (•	column (f))		15	%
	Public support percentage from 2009					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	10 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	2009 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2010. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	-					ightharpoons
	o 33 1/3% support tests - 2009. If the	-	•	• •	• • •	-	and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization			*		-	
		a.ao. or look a		, LICON L	www.und doc ii		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2010 Open to Public Inspection

Name of the organization

BUILDING RESPONSIBLE INTELLIGENT

CREATIVE KIDS

Employer identification number 27 - 0820249

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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 advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	. Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	ımpermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied 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 str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year >		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements of	during the year ➤
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year 🕨 \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	D(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthera	ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	it and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	iblic service, provide the following amounts
	relating to these items		
	(i) Revenues included in 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 tre	asures, or other similar assets for financia	
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1	-	. ▶ \$
b	Assets included in Form 990, Part X		. > \$

	dule D (Form 990) 2010 CREATIV							<u> 27-08</u>			
Pai	rt III Organizations Maintaining C	Collections of A	rt, His	<u>torical Tr</u>	easures,	or Othe	er Simil	ar Asse	ts (conti	nued)	<u> </u>
3	Using the organization's acquisition, access	on, and other record	ds, chec	k any of the	following that	at are a si	gnıficant	use of its	collection	ı ıtem	s
	(check all that apply)										
а	Public exhibition	c	ı 🗀	Loan or exc	hange progra	ams					
b	Scholarly research	e	, 🖂	Other							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and expla-	ın how tl	hey further t	he organizati	on's exer	npt purpo	se in Par	t XIV		
5	During the year, did the organization solicit of										
	to be sold to raise funds rather than to be m								Yes		No
Pai	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or										
	reported an amount on Form 990, Pa			•					,		
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets not	ıncluded				
	on Form 990, Part X?		•						Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table							
	. ,	•	J						Amount		
С	Beginning balance						1c	_			
d	Additions during the year				•		1d				
e	Distributions during the year						1e	-			
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990. Part X. line	217						Yes	\top	No
	If "Yes," explain the arrangement in Part XIV								00		
Pai	t V Endowment Funds. Complete	if the organization ar	nswered	"Yes" to Fo	rm 990, Part	IV, line 1	0				
		(a) Current year		rior year	(c) Two yea			ears back	(e) Four	vears	back
1a	Beginning of year balance								197: 55:	<i>y</i>	
b	Contributions				1						
c	Net investment earnings, gains, and losses										
d	Grants or scholarships				1						
e	Other expenditures for facilities								•		
-	and programs										
f	Administrative expenses					-					
g	End of year balance	-									
2	Provide the estimated percentage of the year	r end balance held a	as								
a	Board designated or quasi-endowment		%								
b	Permanent endowment ▶										
c	· ————————————————————————————————————	<u></u> , ,									
	Are there endowment funds not in the posse	• •	ation the	at are held a	nd administe	ered for th	ne organiz	ation			
	by						io organiz	.acion	Г	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	n Sche	dule B?					3b		
4	Describe in Part XIV the intended uses of the								<u> </u>		
	rt VI Land, Buildings, and Equipm										
	Description of investment	(a) Cost or o			or other	(c) Ac	cumulate	d	(d) Book	valu	 e
		basis (investr			(other)		reciation	•	(4) 500		•
	Land	<u> </u>			. ,						
b	Buildings			-							
c	Leasehold improvements										—
d	Equipment										
	Other										
	I. Add lines 1a through 1e (Column (d) must e	aual Form 990 Part	X. colur	nn (B) line 1			-				0.
								- 1			

Schedule D (Form 990) 2010

Schedule D (F	Form 990) 2010 CREATIVE K	CIDS		27	-0820249	Page 3
	Investments - Other Securities.	See Form 990, Part X, line	12			
(a) 	Description of security or category (including name of security)	(b) Book value	Со	(c) Method of valua st or end-of-year mark		
(1) Financial	derivatives					
(2) Closely-h	eld equity interests					
(3) Other _				···		
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)	 , 					
(l)						
Total (Col(b)	must equal Form 990, Part X, col (B) line 12.) 🕨	·				
Part VIII	Investments - Program Related.	See Form 990, Part X, Irr	e 13			
(;	a) Description of investment type	(b) Book value	Со	(c) Method of valua st or end-of-year marl		
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
	must equal Form 990, Part X, col (B) line 13.)					
Part IX	Other Assets. See Form 990, Part X, III	ne 15 a) Description			(b) Book valu	
(1)						
(2)					0.000	
(3)				-		
(4)			" "			
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) I	ine 15)		<u>▶</u>		
Part X	Other Liabilities. See Form 990, Part	X, line 25				
<u>1. </u>	(a) Description of liability		(b) Amount			
	ral income taxes					
(2)						
(3)						
(4)			· · · · · · · · · · · · · · · · · · ·			
(5)						
(6)						
(7)						
(8)						
(9)	····					
(10)						

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

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 0.32053
12-20-10

Schedule D (Form 990) 2010 27-0820249 Page 4 CREATIVE KIDS Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Total revenue (Form 990, Part VIII, column (A), line 12) 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 3 Excess or (deficit) for the year Subtract line 2 from line 1 3 Net unrealized gains (losses) on investments 4 Donated services and use of facilities 5 6 Investment expenses 6 7 Prior period adjustments 7 Other (Describe in Part XIV) 8 q Total adjustments (net) Add lines 4 through 8 ۵ Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains on investments 2a Donated services and use of facilities 2b c Recoveries of prior year grants 2c Other (Describe in Part XIV) 2d Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 2 Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIV) 2d Add lines 2a through 2d Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIV Supplemental Information Complete this part to 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, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information PART X, LINE 2: THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED NEW GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES WHICH THE ORGANIZATION HAS ADOPTED. MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. THE ORGANIZATION FILES INCOME TAX RETURNS IN THE U.S. FEDERAL JURISDICTION, AS WELL AS IN ONE STATE JURISDICTION. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NOT SUBJECT TO

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

032211 01-24-11 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.

QMB No 1545-0047
2010
Open to Public Inspection

Name of the organization

BUILDING RESPONSIBLE INTELLIGENT

Employer identification number 27 – 0820249

Schedule O (Form 990 or 990-EZ) (2010)

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EXTENDED DAY PROGRAM, INDIVIDUALIZED PROFESSIONAL DEVELOPMENT, AND
COMMUNITY AND FAMILY PARTNERSHIPS, BRICK PROVIDES STUDENTS WITH THE
OPPORTUNITY TO BE COLLEGE AND LIFE READY IN AN INTERCONNECTED GLOBAL
SOCIETY.
990, PAGE 1
CHANGE OF ACCOUNTING PERIOD
THE ORGANIZATION, IN ITS INITIAL FILING YEAR, HAS ADOPTED AN ACCOUNTING
PERIOD YEAR END OF JUNE 30. THIS IS A CHANGE FROM THE DEC 31ST YEAR END
INDICATED ON THEIR 1023 AND ORIGINAL BY-LAWS. THE CHANGE IS BEING
INDICATED ON THIS 12 MONTH RETURN (JULY 1, 2010 - JUNE 30, 2011)
BECAUSE THE ORGANIZATION HAD NO PREVIOUS REPORTING REQUIREMENTS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INTERCONNECTED GLOBAL SOCIETY.
FORM 990, PART VI, SECTION B, LINE 11: A COPY OF FORM 990 SHALL BE
PROVIDED TO THE BOARD OF TRUSTEES FOR REVIEW AND APPROVAL BEFORE IT IS
FILED.
FORM 990, PART VI, SECTION B, LINE 12C: IN CONNECTION WITH ANY ACTUAL OR
POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE
EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO
DISCLOSE ALL MATERIAL FACTS TO THE TRUSTEES AND MEMBERS OF COMMITTEES WITH

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

Employer identification number 27-0820249

BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.

F THE BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE AN INTERESTED

PERSON HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT

SHALL INFORM THE INTERESTED PERSON OF THE BASIS FOR SUCH BELIEF AND AFFORD

HIM OR HER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.

IF, AFTER HEARING THE INTERESTED PERSON'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE BOARD OR COMMITTEE DETERMINES THE INTERESTED PERSON HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS INCLUDES ALL OF THESE

ELEMENTS: (1) REVIEW AND APPROVAL BY THE BOARD OF TRUSTEES OR COMPENSATION

COMMITTEE OF THE CORPORATION; (2) USE OF DATA AS TO COMPARABLE

COMPENSATION; AND (3) CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING.

- 1. REVIEW AND APPROVAL: THE COMPENSATION OF THE PERSON IS REVIEWED AND

 APPROVED BY THE BOARD OF TRUSTEES OR COMPENSATION COMMITTEE OF THE

 CORPORATION, PROVIDED THAT PERSONS WITH CONFLICTS OF INTEREST WITH RESPECT

 TO THE COMPENSATION ARRANGEMENT AT ISSUE ARE NOT INVOLVED IN THE REVIEW AND

 APPROVAL.
- 2. USE OF DATA AS TO COMPARABLE COMPENSATION: THE COMPENSATION OF THE
 PERSON IS REVIEWED AND APPROVED USING DATA AS TO COMPARABLE COMPENSATION
 FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT
 SIMILARLY SITUATED ORGANIZATIONS.

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization BUILDING RESPONSIBLE INTELLIGENT CREATIVE KIDS	Employer identification number 27-0820249
2 COMMENTOD ANEOUG DOGINERIMANTON AND DECORDINED ING. MUE	DR. TO
3. CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING: THE	RE IS
CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESP	ECT TO THE
DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION AR	RANGEMENT.
FORM 990, PART VI, SECTION C, LINE 19: COPIES OF THE ORGA	NIZATION'S
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINA	NCIAL STATEMENTS
SHALL BE MADE AVAILABLE TO THE PUBLIC UPON REQUEST TO THE	EXTENT REQUIRED
BY LAW.	
	
	_
	

. Form .8868

(Rev. January 2011) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box						
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of this	form)		
Do not c	omplete Part II unless you have already been granted a	an automa	itic 3-month extension on a previously fil	ed Fo	rm 8868	
Electron	ic filing (e-file). You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of time to	o file (6	6 months for a corpo	oration
required	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically file F	orm 8	368 to request an ex	ktension
of time to	file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for Tran	sfers /	Associated With Cei	rtain
Personal	Benefit Contracts, which must be sent to the IRS in page	er format	(see instructions). For more details on the	ne elec	tronic filing of this f	orm,
visit www	rs.gov/efile and click on e-file for Charities & Nonprofits					
Part I	Automatic 3-Month Extension of Time	e. Only su	bmit original (no copies needed).		 .	
A corpor	ation required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and com	plete		
Part I on	у				>	
	corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to request an	exten	sion of time	
to file inc	ome tax returns					
Type or	Name of exempt organization			Emp	loyer identification	number
print	BUILDING RESPONSIBLE INTEL	LIGEN'	r	_		
Eda bu tha	CREATIVE KIDS			2	7-0820249	
File by the due date for filing your	Number, street, and room or suite no If a P O. box, s PO BOX 995	ee instruc	tions			
return See instructions		orojan oda	Irona and instructions			
	NEWARK , NJ 07102	oreign auc	iless, see ilistractions			
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
Applicat	ion	Return	Application	-		Return
Is For		Code	Is For			Code
Form 990	· · · · · · · · · · · · · · · · · · ·	01	Form 990-T (corporation)			07
Form 990		02	Form 1041-A			08
Form 99		03	Form 4720			09
Form 99		03	Form 5227			10
	0-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
	0-T (trust other than above)	06	Form 8870			12
1 01111 33	DOMINIQUE D. L		1 0/11 00/0			<u> </u>
• The h	ooks are in the care of 4 BEACON WAY,		06 - JERSEY CITY, NJ	07	304	
	hone No ► 248-388-1930		FAX No ▶			
-	organization does not have an office or place of busines	s in the l li				
	is for a Group Return, enter the organization's four digit			s is fo	r the whole group o	heck this
box >	If it is for part of the group, check this box	n '	· · · · · · · · · · · · · · · · · · ·		• •	
	equest an automatic 3-month (6 months for a corporation		•		ore the extendion to	
	FEBRUARY 15, 2012 to file the exemp				The extension	
ıs i	for the organization's return for:	rt organiza	non rotali ioi trio organization named a		THE EXTENSION	
	calendar year or					
		an	d ending JUN 30, 2011			
		,			_	
2 If t	he tax year entered in line 1 is for less than 12 months, o	heck reas	on: Initial return Fina	ıl retur	n	
<u> </u>	Change in accounting period	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
3a If t	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 a	inter the tentative tax less any	l		
	nrefundable credits. See instructions	J. 5005, 6	and tomative tax, less any	3a	s	0.
_	his application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	- Ja		
	••	-		25		0.
	timated tax payments made. Include any prior year overp lance due. Subtract line 3b from line 3a Include your pa			3b	_ \$	
	using EFTPS (Electronic Federal Tax Payment System)	-	•	3c	s	0.
	If you are going to make an electronic fund withdrawal					
	, ,		coo i onni o ico Lo una i onni			

Form \$86	8 (Rev_1-2011)					Page 2
• If you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this bo	ОХ	•	X
	ly complete Part II if you have already been granted an a				8868	
	are filing for an Automatic 3-Month Extension, complete					
Part II			, , , , , , , , , , , , , , , , , , , ,	onies r	needed)	
Type or	Name of exempt organization					number
print	CKEMITVE KIDS					
File by the extended due date for	Number, street, and room or suite no. If a P.O. box, so P.O. BOX 995	ee instruc	tions.			
filing your return See instructions	City, town or post office, state, and ZIP code. For a fond NEWARK, NJ 07102	oreign add	fress, see instructions.	_		
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			01
Applicati	on	Return	Application		· · · · · · · · · · · · · · · · · · ·	Return
Is For		Code	Is For			Code
Form 990		01				<u> </u>
Form 990	-BL	02	Form 1041-A			08
Form 990	<u>-EZ</u>	03	Form 4720			09
Form 990	-PF	04	Form 5227			10
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	-T (trust other than above)	06	Form 8870			12
STOP! Do	not complete Part II if you were not already granted		natic 3-month extension on a previou	sly file	ed Form 8868.	
Teleph	DOMINIQUE D. LE cooks are in the care of 4 BEACON WAY, A cone No 248-388-1930 corganization does not have an office or place of business	APT 7	FAX No. ▶	07	304	
	s for a Group Return, enter the organization's four digit (r the whole area	
box ►	. If it is for part of the group, check this box	1				
	quest an additional 3-month extension of time until		15, 2012	пешь	ers the extension is	TOI
	· —		2010	TIIN	30, 2011	
		_			· · · · · · · · · · · · · · · · · · ·	
6 If th	le tax year entered in line 5 is for less than 12 months, cl ☐ Change in accounting period	neck reas	on:	Fınal r	eturn	
7 Sta	te in detail why you need the extension					
		S MEF	SYSTEM WILL NOT BE	AVA	TLABLE FRO)M
	1/2012 - 2/29/2012 FOR ELECT					
	TOMATIC EXTENSION OF TIME TO					
	nis application is for Form 990-BL, 990-PF, 990-T, 4720, o			T		
	refundable credits. See instructions	oi 0005, e	The the tentative tax, less arry	8a	\$	0.
	his application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and estimated	- Oa	3	
	payments made Include any prior year overpayment all					
	eviously with Form 8868		a oroan and any amount paid	8b	\$	0.
	ance due. Subtract line 8b from line 8a Include your pa	vment wit	h this form, if required, by using	- J.		
	PS (Electronic Federal Tax Payment System). See instru	-		8c	\$	0.
			d Verification	, ~		
Under pena it is true, co	alties of perjury, I declare that I have examined this form, includi prrect, and complete, and that I am authorized to prepare this fo	ing accomp		best o	f my knowledge and b	eli ef ,
Signature	► Title ► C	CPA		Date	•	
					-	

Form 8868 (Rev. 1-2011)