990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Department of the Treasury Internal Revenue Service 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

Α	For the	2024 calend	dar year, or tax year beginning	01/01/2024	and ending	12/31/2	2024	-				
В	Check if	applicable:	C Name of organization BRICKS	TO BREAD INTERNATION	AL		D Emple	oyer identification nu	umber			
	Address	change	Doing business as				ĺ	81-3143615				
	Name ch	ange	Number and street (or P.O. box if	mail is not delivered to street ac	ldress)	Room/suite	E Teleph	hone number				
	Initial retu	ırn	3870 YOSEMITE AVENUE SO	UTH			1	612-419-5421				
$\overline{\Box}$	Final retu	rn/terminated	City or town, state or province, co	ountry, and ZIP or foreign postal	code							
$\bar{\sqcap}$	Amended		SAINT LOUIS PARK, MN 5541	16			G Gross	receipts \$	71,402			
$\overline{\Box}$		on pending	F Name and address of principal off			H(a) Is this a gro	oup return fo		✓ No			
	10100000		3870 Yosemite Ave S, St Loui	•		1		es included? Yes	_ □ No			
ī	Tax-exen	npt status:	✓ 501(c)(3)		a)(1) or 527	` `			_			
		·	RICKSTOBREAD.ORG	, , ,		H(c) Group e						
_	-		Corporation Trust Associa	tion Other	L Year of for			of legal domicile:	MN			
_	art I	Summa				2010	Otato	or regar derimener	10114			
			cribe the organization's miss	ion or most significant as	tivitios: We id	nite hone and on	nortuni	ty by empowering				
	•	-	_	_					,			
Se	impoverished Latin American women to launch brick-oven bakery businesses that sustain families and communities. We inspire young global leaders through cultural exchange. We HOST joyful community baking events that raise awareness, spar											
Jan		inspire young global leaders through cultural exchange. We HOST joyful community baking events that raise awareness, spar connections, and celebrate the power of bread to change lives-one loaf, one story at a time.										
/eri	2		box if the organization d			£	50/ of it	o not appota				
ő			•	·	•		1 1	.S Het assets. 				
જ			voting members of the gove		-		3		4			
ies			independent voting member				4		4			
Activities & Governance			per of individuals employed in	,			5		0			
Ac			per of volunteers (estimate if	- ·			6		539			
			ated business revenue from				7a		0			
	b	Net unrelat	ted business taxable income	from Form 990-1, Part I,	line 11		7b		0			
	_					Prior Yea		Current Year				
e		Contributio	1	194,106	3	43,558						
ēn		_	ervice revenue (Part VIII, line		41,733		20,719					
Revenue			t income (Part VIII, column (A				4,662		6,425			
_			nue (Part VIII, column (A), line		-		1,005		700			
	1		ue-add lines 8 through 11 (n	· · · · · · · · · · · · · · · · · · ·			241,506	3	71,402			
			d similar amounts paid (Part I				2,000		26,145			
	14	Benefits pa	aid to or for members (Part IX	(, column (A), line 4) .			0	C				
S	15	Salaries, ot	her compensation, employee	benefits (Part IX, column (A	A), lines 5–10)		0		0			
Expenses	16a	Profession	al fundraising fees (Part IX, c	olumn (A), line 11e) .			0		0			
xpe	b	Total fundr	raising expenses (Part IX, col	umn (D), line 25)	25,425							
Ω̈́	17	Other expe	enses (Part IX, column (A), lin	es 11a-11d, 11f-24e)		1	191,347	1	97,415			
	18	Total expe	nses. Add lines 13-17 (must	equal Part IX, column (A)	line 25) .	1	193,347	2	23,560			
	19	Revenue le	ess expenses. Subtract line 1	8 from line 12			48,159	1	47,842			
os		•				Beginning of Curr	ent Year	End of Year				
Net Assets or Fund Balances	20	Total asset	ts (Part X, line 16)			3	317,163	4	89,220			
t Asi	21	Total liabili	ties (Part X, line 26)				11,205		35,410			
돌돌	22	Net assets	or fund balances. Subtract li	ine 21 from line 20 .		3	305,958	4	53,810			
Pa	art II	Signatu	re Block			•						
tru	e, correct	, and complete	, I declare that I have examined this e. Declaration of preparer (other than			arer has any knowled	dge.	my knowledge and be	əlief, it is			
Siç	-	Signature				Dat	e					
He	ere		varado, President									
			rint name and title			1						
Pa	id	Preparer's	name	Preparer's signature		Date	Check [
	epare	r					self-emp	ployed				
	e Only	L Cirron's man	ne			Firm's	s EIN					
_		Firm's add	dress			Phone	e no.					
Ma	y the IR	S discuss t	this return with the preparer s	shown above? See instru	ctions			. Yes	No			

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Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: Bricks to Bread International is a 501c(3) nonprofit organization whose primary
-	exempt purpose is to alleviate poverty and build global leaders. We help build brick ovens for Costa Rican families seeking a
	sustainable source of income. Bricks to Bread assists and mentors families in the construction and maintenance of their own oven
	and offers training and assistance in developing a solid business plan to sell fresh baked goods to their community. Brick ovens
	(Continued on Schedule O, Statement 2)
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
_	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 measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and revenue, if any, for each program convice reported.
4a	(Code:) (Expenses \$ 182,954 including grants of \$ 17,655) (Revenue \$ 9,052)
	Rural Economic Development. 2,500 new lives touched by our programs. 2,672 members of our oven project communities
	received our ongoing support. Five households broke the poverty cycle barrier, achieving new financial security owning their own
	business during 2024. Our brick ovens are built for women seeking a sustainable source of income to support their families. They
	demonstrate an aptitude and desire to manage, maintain, and run a successful business. Furthermore, rural communities in Latin
	America rarely have access to fresh baked goods, many in food desert areas where the sources are limited. Breads from our
	ovens offer a sustainable, fresh option for the community. Our oven program provides needed resources for the whole community,
	giving families the opportunity to live better lives and give back to their communities. Each oven project includes the construction
	of a new brick oven, a processing and packaging facility and seed funding for training, business development and start-up costs.
	During 2024, we worked within 93 different communities throughout Costa Rica and Honduras, empowering 97 women to
	overcome adversity and achieve financial security. During 2024, we added 23 new families to our brick oven community,
	transforming each family from a life under the national extreme poverty level of \$155 a month to earning over \$600 a month (the
4.	(Continued on Schedule O, Statement 3)
4b	(Code:) (Expenses \$ 8,490 including grants of \$ 8,490) (Revenue \$ 0)
	Global Leadership: In 2024, a total of 104 Youth Volunteers engaged in different community-driven initiatives. Our program
	promotes world peace, expands worldview, fosters cross-cultural understanding, and inspires servant leadership. In addition to
	one-time volunteer opportunities for youth, we offer a unique service learning opportunity for students interested in sharing their gifts and talents through both our Volunteer Trip Experiences and our Internship Program. A total of 26 youth and young adults
	(six local youth volunteers, and 20 youth in-country volunteers) participated in our volunteer trip experience. Our 7- to 11-day
	excursions cultivate a life-changing cultural exchange between recipients and volunteers, build meaningful relationships and
	provide opportunities that expand worldview, foster cross-cultural understanding, and inspire servant leadership. Two interns had
	intensive on-the-job training experiences working alongside leadership, staff, volunteers and donors.
4c	(Code:) (Expenses \$1,786 including grants of \$) (Revenue \$1,638)
	Community Engagement: Our community events are centered around the warmth of a community bread oven. During 2024, we
	offered 28 baking events in two communities, reaching over 1,012 local families who participated in our mission through our
	baking events. We offer volunteer participation experiences and sell baked goods throughout the region. Our oven events
	demonstrate just how our oven recipients in rural regions of Latin America change lives with a brick and a loaf.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses 193,230

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Part	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	<i>V</i>	_
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? <i>If "Yes," complete Schedule C, Part II</i>	4		_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		,
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	~	
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		~
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? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		~
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		~
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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)? <i>If "Yes," complete Schedule D, Part X</i>	11e		ν ν
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a		~
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		_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b	V	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes." complete Schedule F. Parts II and IV	15		<i>,</i>

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

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

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

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

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Part l	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	~	
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		~
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		\ \ \
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		~
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		,
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? <i>If "Yes," complete Schedule L, Part II</i>	26		,
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? If "Yes," complete Schedule L, Part III	27		,
28	Was the organization a party to a business transaction with one of the following parties? (See the 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? <i>If</i> "Yes," complete Schedule L, Part IV	28a	v	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	~	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		,
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		,
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
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		~
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? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
05-	or IV, and Part V, line 1	34		/
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		_
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		,
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	,	
Part	Objects if Oak and the Oaca delay a management of the constitute in this Post V			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	140
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	.,	

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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> .	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	,	
b	If "Yes," enter the name of the foreign country Costa Rica			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		/
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).			
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	~	
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?	7с		~
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
10-		10-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
b 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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
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			
	excess parachute payment(s) during the year?	15		~
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?			
		17		
	If "Yes," complete Form 6069.			

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Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section 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 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. Enter the number of voting members included on line 1a, above, who are independent . 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 1 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 8b 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 Section 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 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 **b** Describe on 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MN 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain on Schedule O) Own website ✓ Another's website ✓ Upon request Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records. Nancy F Alvarado, (612)419-5421

Part VI

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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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

Check this box in heither the organization no	Tarry relate		arnz		C)	ompo	1134			l tradice.
				Pos						
(A)	(B)	(do r	not ch			e than o	one	(D)	(E)	(F)
Name and title	Average hours					is both		Reportable compensation	Reportable compensation	Estimated amount of other
	per week					director/trustee)		from the	from related	compensation
	(list any	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/	organizations (W-2/	
	hours for related	/idu	tric	ĕ	em		ner	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
	organizations	학 #	onal		Эoy	e com		1000 1120)	1000 1120)	Totalou organizatione
	below dotted line)	uste	tru		ee	per				
	dotted line)	ď	stee			nsate				
						ä				
Nancy F Alvarado	30.00									
President of the Board	0.00	~		~				0	0	0
Sara Kietzmann	0.00			١,				_	_	_
Treasurer of the Board	0.00	~		~				0	0	0
Josephine Kietzmann	0.00			١,						
Secretary of the Board	0.00	~		~				0	0	0
Joyce Lizzi	0.00									
Board Member	0.00	~						0	0	0
Lesley Blanco	0.00									
Board Member	0.00	~						0	0	0

Part	VII Section A. Officers, Directors, 7	rustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated Er	nplo	yees (continued)
					(6	C)						
	(A) Name and title	(B) Average hours per week	verage box, unless person is lours officer and a director/t					n an	(D) Reportable compensation	(E) Reportab	tion	(F) Estimated amount of other
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from relationg organizations 1099-MIS 1099-NEG	(W-2/ C/	compensation from the organization and related organizations
			-									
			-									
			-									
			-									
			-									
1b	Subtotal	 VII Contin	 	٠	•	•			0		0	0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	vii, Secuo	шА	•	•	•		•	0		0	0
2	Total number of individuals (including reportable compensation from the organi		limite	ed 1	to t	hos	e lis	ted	_	eceived mo	-	
3	Did the organization list any former of employee on line 1a? If "Yes," complete s											Yes No
4	For any individual listed on line 1a, is the organization and related organizations	sum of re	portal	ble	con	npe	nsatio	n a	and other compe	nsation fror	n the	
5	individual											5 ,
Secti	on B. Independent Contractors	. 11 100, 0	στηρι	010	001	1001	110 0 1	0, 0			•	3 0
1	Complete this table for your five high compensation from the organization. Report											
	(A) Name and business add	ress							(B) Description of serv	vices	((C) Compensation
None												
2	Total number of independent contractor received more than \$100,000 of compens	•	-					th	nose listed abov	e) who		

Page 8

Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	se or note to an	y line in this Pa	rt VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Ś, Ś	1a	Federated campaig	ns .		1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b	0				
ב פר	С	Fundraising events			1c	43,318				
ţs,	d	Related organization			1d	0				
	e	Government grants			1e	0				
i, i	f	All other contribution								
io io		and similar amounts no			1f	300,240				
를 를	а	Noncash contribution	ons in	cluded in		300,240				
	9	lines 1a–1f			1g	\$ 11,003				
an S	h	Total. Add lines 1a-					343,558			
		Total. Add lines 1a			•	Business Code	343,556			
ø.	22	Pakary Salas				900099	11 627	11,637	0	0
Š	b	2a Bakery Sales b Trip Fees				900099	11,637 9,082	9,082	0	0
Ser						900099	9,062	9,062	U	0
E a	C C									
gram Ser Revenue	d									
Program Service Revenue	f	All other program se					0	0	0	0
<u> </u>	g	Total. Add lines 2a-					20,719	U	U	U
	3	Investment income	(incl	udina divid	dends	interest and	20,717			
							6,425	6,425	0	0
	4	other similar amounts)					0,423	0,423	0	0
	5	Danielika -			-	-	0	0	0	0
	J	rioyanics	· ·	(i) Real		(ii) Personal	0	J	J	0
	6a	Gross rents	6a	(.) 1 100.	-	(1) 1 01001141				
	b	Less: rental expenses	6b							
		Rental income or (loss)			0	0				
	c d	Net rental income o		2)						
	_	Gross amount from	1 (105	(i) Securit		(ii) Other				
	7a	sales of assets		(i) Occurre	.103	(ii) Otrici				
		other than inventory	7a							
4	h	Less: cost or other basis	/a							
Revenue	D	and sales expenses .	7b							
Ş	_	Gain or (loss)	7c		0	0				
æ		Net gain or (loss)								
Jer					_					
Other	oa	Gross income from events (not including		43,318						
		of contributions re								
		1c). See Part IV, line			8a					
	b	Less: direct expens			8b					
	C	Net income or (loss)				nts				
	9a	Gross income f			9 000					
		activities. See Part I			9a					
	b	Less: direct expens			9b					
		Net income or (loss)				7				
		Gross sales of in								
		returns and allowan			10a					
	b	Less: cost of goods			10b					
	c	Net income or (loss)				bry				
S						Business Code				
Ö a	11a	Credit Card Rewards	6			900099	700	700	0	0
scellaneo Revenue	b					133011	.00	. 00	•	
ele ye	c									
Miscellaneous Revenue	d	All other revenue					0	0	0	0
Σ	е	Total. Add lines 11a	a–11c	1			700			
	12	Total revenue. See					371,402	27,844	0	0

Part IX Statement of Functional Expenses

	Check if Schedule O contains a response	or note to any line	in this Part IX .		🔽
Do no	t include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C)	(D)
	, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		охроносс	general expenses	схропосс
	and domestic governments. See Part IV, line 21 .	0	0		
2	Grants and other assistance to domestic	U	0		
	individuals. See Part IV, line 22	26,145	26,145		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .				
7 8	Other salaries and wages	0			
9	Other employee benefits	0			
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
Ū	(A), amount, list line 11g expenses on Schedule O.) .	79,710	59,100	1,440	19,170
12	Advertising and promotion	4,225		1,440	
13	Office expenses		3,559	40	666
	· · · · · · · · · · · · · · · · · · ·	714	32	48	634
14	Information technology	3,434	275	502	2,657
15	Royalties				
16	Occupancy	1,200	1,200	0	0
17	Travel	46,398	46,398	0	0
18		.0,0,0			
	Payments of travel or entertainment expenses	10/0/0			
19	Payments of travel or entertainment expenses	218	196	0	22
19 20	Payments of travel or entertainment expenses for any federal, state, or local public officials		196	0	22
	Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings .		196	0	22
20	Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates	218	196	0	22
20 21	Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization	218	13,294		
20 21 22 23	Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest	218			
20 21 22	Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered	218	13,294		
20 21 22 23	Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If	218	13,294		
20 21 22 23	Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered	218	13,294		
20 21 22 23 24	Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance 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 O.)	13,294 2,890	13,294 2,890	0	0
20 21 22 23 24	Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance 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 O.) Construction Supplies	218 13,294 2,890 26,907	13,294 2,890 26,907	0	
20 21 22 23 24 a b	Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance 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 O.) Construction Supplies Program Supplies	218 13,294 2,890 26,907 8,228	26,907 8,228	0 0	0
20 21 22 23 24 a b	Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance 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 O.) Construction Supplies Program Supplies Vehicle Expense	218 13,294 2,890 26,907 8,228 2,502	26,907 8,228 2,502	0 0 0 0	0
20 21 22 23 24 a b	Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance 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 O.) Construction Supplies Program Supplies Vehicle Expense General Supplies	218 13,294 2,890 26,907 8,228 2,502 1,965	26,907 8,228 2,502	0 0 0 0	0 0 0 1,965
20 21 22 23 24 a b	Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Interest Depreciation, depletion, and amortization Insurance 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 O.) Construction Supplies Program Supplies Vehicle Expense General Supplies All other expenses	218 13,294 2,890 26,907 8,228 2,502 1,965 5,730	26,907 8,228 2,502 0 2,504	0 0 0 0 0 2,915	0 0 0 1,965 311
20 21 22 23 24 a b c d e 25	Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Interest Depreciation, depletion, and amortization Insurance 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 O.) Construction Supplies Program Supplies Vehicle Expense General Supplies All other expenses. Total functional expenses. Add lines 1 through 24e	218 13,294 2,890 26,907 8,228 2,502 1,965	26,907 8,228 2,502	0 0 0 0	0 0 0 1,965
20 21 22 23 24 a b c d e	Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Interest Depreciation, depletion, and amortization Insurance 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 O.) Construction Supplies Program Supplies Vehicle Expense General Supplies All other expenses	218 13,294 2,890 26,907 8,228 2,502 1,965 5,730	26,907 8,228 2,502 0 2,504	0 0 0 0 0 2,915	0 0 0 1,965 311

Part X Balance Sheet

155,544 2 286,927 3 Pledges and grants receivable, net			Check if Schedule O contains a response or note to any line in this	Part X		
Page 2 Savings and temporary cash investments						
3 Pledges and grants receivable, net 0 3 0 0 4 2.274		1	Cash—non-interest-bearing	158,047	1	160,981
Accounts receivable, net		2	Savings and temporary cash investments	155,544	2	286,927
Section Company Comp		3	Pledges and grants receivable, net	0	3	0
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		4	Accounts receivable, net	0	4	2,274
controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(f)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 11 Investments—publicly traded securities 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other 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 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Total Inabilities. (including federal income tax, payables to related third parties 26 Total Inabilities. Add lines 17 through 25 27 Escrow or custs follow FASB ASC 958, check here 28 Net assets with donor restrictions 29 Coganizations that do not follow FASB ASC 958, check here 20 Total restrictions 27, 28, 32, and 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 Retained earnings, endowment, accumulated income, or other funds 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 32 Total net assets or fund balances 33 Jac 453,810		5	Loans and other receivables from any current or former officer, director	or,		
1				%		
under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net					5	0
7 Notes and loans receivable, net		6	• • • • • • • • • • • • • • • • • • • •			
8 Inventories for sale or use 9 Prepaid expenses and deferred charges 0 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b 29,156 3,572 10c 39,038 111 Investments—publicity traded securities 0 10b 29,156 3,572 10c 39,038 111 Investments—publicity traded securities 0 111 0 12 0 12 0 13 10 14 10 13 10 14 10 15 15 15 15 15 15 15 15 15 15 15 15 15			under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
10a	ts	7	Notes and loans receivable, net	0	7	0
10a	sse	8	Inventories for sale or use	0	8	0
Basis. Complete Part VI of Schedule D 10a 68,194 10b 29,156 3,572 10c 39,038 11 Investments — publicly traded securities 0 11 0 0 12 0 0 12 0 0 13 10 14 10 13 0 14 0 14 0 15 0 15 0 15 0 15 0 15 0 16 15 0 16 15 0 16 16 16 16 16 16 16	Ä	9	Prepaid expenses and deferred charges	0	9	0
Description 10b 29,156 3,572 10c 39,038		10a				
11 Investments – publicly traded securities 0 11 0 12 0 12 10 13 10 13 10 14 11 16 13 10 14 11 16 14 16 15 16 15 16 16 16 16			basis. Complete Part VI of Schedule D 10a 68,	194		
12 Investments – other securities. See Part IV, line 11		b	Less: accumulated depreciation 10b 29,	156 3,572	10c	39,038
13		11	Investments—publicly traded securities	0	11	0
14		12		0	12	0
15 Other assets. See Part IV, line 11		13	Investments—program-related. See Part IV, line 11	0	13	0
16 Total assets. Add lines 1 through 15 (must equal line 33)		14	Intangible assets	0	14	0
17		15		0	15	0
18		16	<u> </u>	317,163	16	489,220
Tax-exempt bond liabilities		17		11,205	17	24,760
Tax-exempt bond liabilities		18	·		_	0
Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other 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				0	_	10,650
Loans and other 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			·	0	_	0
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons					21	0
24 Unsecured notes and loans payable to unrelated third parties	es	22				
24 Unsecured notes and loans payable to unrelated third parties	Ħ			%		
24 Unsecured notes and loans payable to unrelated third parties	iab				_	0
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					_	0
parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D					24	0
of Schedule D		25				
26 Total liabilities. Add lines 17 through 25			• • • • • • • • • • • • • • • • • • • •	. ^		
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions					_	
and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions		26		11,205	26	35,410
Net assets without donor restrictions	ces					
Net assets with donor restrictions	lan	27		270 422	27	226 542
Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds	Ва					
and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds	pι	20		21,323	20	121,201
29 Capital stock or trust principal, or current funds	Ful					
7 Paid-in or capital surplus, or land, building, or equipment fund	ō	29	-		29	
31 Retained earnings, endowment, accumulated income, or other funds 31	ets					
4 to 2 32 Total net assets or fund balances	SS					
2 33 Total liabilities and net assets/fund balances	t A			305.958		453,810
	Š					489,220

Form 990 (2024) Page **12**

Part	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		3	71,402			
2	Total expenses (must equal Part IX, column (A), line 25)	2		223,560				
3	Revenue less expenses. Subtract line 2 from line 1	3		1	47,842			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		3	05,958			
5	Net unrealized gains (losses) on investments	5			0			
6		6			0			
7	Investment expenses							
8		8			10			
9		9			0			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
		10		4	53,810			
Part	XII Financial Statements and Reporting				_			
	Check if Schedule O contains a response or note to any line in this Part XII	•			<u>. </u>			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," exp	lain	<u></u>					
	Schedule O.	iaiii						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		. 2	3	~			
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled	or					
	reviewed on a separate basis, consolidated basis, or both.							
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		. 2	.	~			
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d or	n a					
	separate basis, 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 overs							
	the audit, review, or compilation of its financial statements and selection of an independent accountant			;				
	If the organization changed either its oversight process or selection process during the tax year, exp Schedule O.	lain	on					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	n in '	the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3	a	·			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under							
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	aits	. 3l	<u> </u>				

Form **990** (2024)

SCHEDULE A (Form 990)

(C)

(D)

(E) **Total**

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. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Employer identification number Name of the organization **BRICKS TO BREAD INTERNATIONAL** 81-3143615 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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). 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.) 8 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: An organization that normally receives (1) more than 331/3% 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 33½% 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). 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а 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. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, 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) d 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. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (vi) Amount of (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B)

Schedule A (Form 990) 2024 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) **(b)** 2021 (a) 2020 (c) 2022 (d) 2023 **(e)** 2024 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 . . . 4 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) **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2020 **(b)** 2021 (c) 2022 (d) 2023 (e) 2024 (f) Total 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 9 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.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) % 14 Public support percentage from 2023 Schedule A, Part II, line 14 15 331/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Schedule A (Form 990) 2024 Page **3**

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.)

Secti	on A. Public Support			, , ,		,	
Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	47,483	107,785	158,772	194,107	343,558	851,705
3	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513	8,108	5,777	19,223	35,447	20,719	89,274
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	55,591	113,562	177,995	229,554	364,277	940,979
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		298	576	104	283	1,261
с 8	Add lines 7a and 7b	0	298	576	104	283	1,261
0 1:	line 6.)						939,718
	on B. Total Support	4) 0000	(1.) 0004	() 0000	/ IV 0000	() 0004	
	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	55,591	113,562	177,995	229,554 4,662	364,277	940,979
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				1,000	5,151	33,032
С	Add lines 10a and 10b	427	117	63	4,662	6,424	11,693
11	Net income from unrelated business activities not included on 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.)	8,979	225	424	1,005	701	11,334
13	Total support. (Add lines 9, 10c, 11, and 12.)	64,997	113,904	178,482	235,221	371,402	964,006
14	First 5 years. If the Form 990 is for the organization, check this box and stop her	organization's	first, second,	third, fourth,	or fifth tax ye		n 501(c)(3)
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2024 (line 8	3, column (f), di	vided by line 1	3, column (f))		15	97.48 %
16	Public support percentage from 2023 Sch	nedule A, Part I	II, line 15 .			16	95.19 %
Secti	on D. Computation of Investment Inc	come Percer	ntage			<u> </u>	
17	Investment income percentage for 2024 (ine 10c, colum	n (f), divided b	y line 13, colu	mn (f))	17	1.21 %
18	Investment income percentage from 2023					18	0.84 %
19a	331/3% support tests-2024. If the organi						
	17 is not more than 331/3%, check this box	_	_	-		_	_
b	331/3% support tests—2023. If the organiz						
00	line 18 is not more than 33½%, check this b	_	=	· ·			_
20	Private foundation. If the organization di-	u not check a b	JOX ON IINE 14.	19a. or 19b. c	HECK THIS DOX	and see instruc	วแบทร . 🗆

Schedule A (Form 990) 2024 Page 4

Part IV **Supporting Organizations**

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

Se

Jecu	on A. All Supporting Organizations		Yes	No
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.	1	163	140
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
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.	3b		
С	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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			
7	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	6		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on 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 .	9c		
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)? <i>If "Yes," answer line 10b below.</i>	10a		
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.)

10b

Schedule A (Form 990) 2024 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 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 Section C. Type II Supporting Organizations Yes No 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 Section 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 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 By reason of the relationship described on line 2, above, 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 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. *Complete line 2 below.* The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

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

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	V Type III New Functionally Integrated 500(a)(2) Supporting Ore		inations	rage C
Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion A—Adjusted Net Income	iizat	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(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 0.015 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 0.035.	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 0.85 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 (see instructions)	ally i	integrated Type III support	rting organization

Schedule A (Form 990) 2024 Page **7**

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2024 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2024 Amount for 2024 Distributable amount for 2024 from Section C, line 6 2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2024 a From 2019 From 2020 **c** From 2021 **d** From 2022 **e** From 2023 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2024 distributable amount Carryover from 2019 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2024 from 4 Section D, line 7: Applied to underdistributions of prior years Applied to 2024 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2025. Add lines 3j and 4c. Breakdown of line 7: Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . . Excess from 2023 . . . Excess from 2024 . . .

Schedule A (Form 990) 2024 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) Schedule A, Part III, Line 12 - Credit Card Rewards

SCHEDULE D (Form 990)

(Rev. December 2024)

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 o	f the organization		Employer identification number
BRICK	S TO BREAD INTERNATIONAL		81-3143615
Par	t I Organizations Maintaining Donor Advi	sed Funds or Other Similar Fund	ls or Accounts
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.	
		(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 a		
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, and		
	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?	<u> </u>	· · · · · · L Yes L No
Par			
	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the c		
	Preservation of land for public use (for example, recre	,	f a historically important land area
	Protection of natural habitat	☐ Preservation of	f a certified historic structure
2	Preservation of open space Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution	in the form of a conservation
_	easement on the last day of the tax year.	d a qualified conservation contribution	Held at the End of the Tax Year
_			_
a b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified hi		
d	Number of conservation easements included on line		
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or te	
	the organization during the tax year		
4	Number of states where property subject to conserve	vation easement is located	
5	Does the organization have a written policy rega		
	violations, and enforcement of the conservation eas	sements it holds?	· · · · · Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring,		<u> </u>
	5 ,		
7	Amount of expenses incurred in monitoring, in		
_			Ť
8	Does each conservation easement reported on line	2d above satisty the requirements of s	
9	(i) and section 170(h)(4)(B)(ii)?	opportation apparants in its revenue.	· · · · · · □ Yes □ No
9	sheet, and include, if applicable, the text of the foot		
	organization's accounting for conservation easemen	_	
Part	III Organizations Maintaining Collections	of Art Historical Treasures or (Other Similar Assets
ı aı	Complete if the organization answered "		Stroi Ommar Associa
1a	If the organization elected, as permitted under FAS		e statement and balance sheet works
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote t		
b	If the organization elected, as permitted under FAS	BB ASC 958, to report in its revenue s	tatement and balance sheet works of
	art, historical treasures, or other similar assets held	for public exhibition, education, or res	earch in furtherance of public service,
	provide the following amounts relating to these item		
	(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	
	following amounts required to be reported under FA		
а	Revenue included on Form 990, Part VIII, line 1 .		\$
b	Assets included in Form 990, Part X		\$

Part	Organizations Maintaining Col	lections of Art, Hi	storical	Treasures,	, or Ot	her Similar A	ssets (continued)
3	Using the organization's acquisition, acce collection items (check all that apply).	ssion, and other rec	ords, ched	ck any of the	e follow	ring that make	significant use of its
а	☐ Public exhibition	d	☐ Loan	or exchange	e progr	am	
b	☐ Scholarly research	е	☐ Othe	r			
С	☐ Preservation for future generations						
4	Provide a description of the organization's XIII.	s collections and exp	lain how	they further	the org	anization's exe	mpt purpose in Part
5	During the year, did the organization solici assets to be sold to raise funds rather than						
Part							
	Complete if the organization ans 990, Part X, line 21.						
1a	Is the organization an agent, trustee, cust included on Form 990, Part X?						
b	If "Yes," explain the arrangement in Part XI	III and complete the	following t	table.			Amount
С	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amount on				ustodial	account liabilit	y? ☐ Yes ☐ No
b	If "Yes," explain the arrangement in Part XI						•
Par					J		
	Complete if the organization ans	wered "Yes" on Fo	rm 990.	Part IV. line	e 10.		
			rior year	(c) Two year		(d) Three years bad	ck (e) Four years back
1a	Beginning of year balance	(1)	, , , , , ,	(4)		(-,,	(1)
b	Contributions						
c	Net investment earnings, gains, and losses						
d	Grants or scholarships						
e	Other expenditures for facilities and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the co	urrent vear end balar	ce (line 1	g column (a)) held a	96.	
– a	Board designated or quasi-endowment			g, colaiiii (a	,,		
h	Permanent endowment %						
c	Term endowment %						
·	The percentages on lines 2a, 2b, and 2c sh	nould equal 100%					
За	Are there endowment funds not in the pos		nization th	at are held	and adı	ministered for t	he
Ju	organization by:	socoolori or are organ	ii.Zatioii ti	iat aro mora	arra aar		Yes No
	•						3a(i)
							3a(ii)
b	If "Yes" on line 3a(ii), are the related organi						3b
	Describe in Part XIII the intended uses of the						30
4 Part			lowment	iunas.			
Fair			rm 000	Dort IV line	110	Saa Earm 000	Dort V line 10
	Complete if the organization ans						
	Description of property	(a) Cost or other basis (investment)	1 ' '	or other basis other)	٠,	Accumulated epreciation	(d) Book value
1a	Land		ו	0			0
b	Buildings		ו	0		0	0
С	Leasehold improvements		ס	0		0	0
d	Equipment	68,19	4	0		29,156	39,038
е	Other		ס	0		0	0
Total.	Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	X, line 10	c, column (E	3))		39,038

Part VII	Investments – Other Securities			
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11b. See F	orm 990,	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value		ethod of valuation: d-of-year market value
(1) Financial	derivatives			
(2) Closely h	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	(h) much assure France 2000. Bart V. line 10. and (R)			
	mn (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments – Program Related Complete if the organization answered "Vee" on Form 900. Part I	V line 11e See E	orm 000	Dart V line 12
	Complete if the organization answered "Yes" on Form 990, Part I			
	(a) Description of investment	(b) Book value		ethod of valuation: d-of-year market value
(4)				
(1) (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colui	mn (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets Complete if the organization answered "Yes" on Form 990, Part I	V, line 11d. See F	orm 990,	Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, line 15, col. (B))			
Part X	Other Liabilities	<u> </u>		
raitx	Complete if the organization answered "Yes" on Form 990, Part I line 25.	V, line 11e or 11f.	See Forr	n 990, Part X,
1.	(a) Description of liability			(b) Book value
(1) Federal in				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, line 25, col. (B))			
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the footnote to the organ	ization's financial stat	tements that	at 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 .

Part	XI Reconciliation of Revenue per Audited Financial Statem	ents	With Revenue per	Retu	rn
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_	
b	Other (Describe in Part XIII.)	4b		4	
с 5	Add lines 4a and 4b			4c 5	
Part				_	turn
rait	Complete if the organization answered "Yes" on Form 990,			o ne	tuiii
1			· · · · · · ·	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			•	
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		_	
C	Other losses	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 IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)		5	
	XIII Supplemental Information				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
		-	ovide arry additional in	IIOIIIIa	IIIOII.
Sched	ule D, Part I, Line 1 - Schedule D, Part VI, Line 1d - Vehicles, trailer, cement mi	xer			
					·

SCHEDULE F (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

BRIC	KS TO BREAD INTERNATIONAL				8	1-3143615
Par	General Information Form 990, Part IV, line	on Activit 14b.	ies Outside	the United States. Con	nplete if the organization a	nswered "Yes" or
1	For grantmakers. Does the other assistance, the grante award the grants or assistance	es' eligibility] Yes □ No
2	For grantmakers. Describe outside the United States.		-	•		d other assistance
3	Activities per Region. (The fo	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	Central America and the Caribb	0	4	Program Services	We help build brick oven bu	133,539
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
	Subtotal					
	Total from continuation sheets to Part I					
^	Totals (add lines 3a and 3h)	0	1			122 520

Schedule F (Form 990) (Rev. 12-2024)

section and EIN (if applicable)	(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)
						nter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax kempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) (Rev. 12-2024)

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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Emergency Relief Assistance	Central America and the O	2	17,655	Wire Transfer	0	Bricks to Bread offers emer	FMV
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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 the Instructions for Form 926)	☐ Yes	✓ 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	✓ 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 the Instructions for Form 5471)	☐ 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 the Instructions for Form 8621)	☐ Yes	✓ 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 the Instructions for Form 8865)	☐ Yes	✓ 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 the Instructions for Form 5713; don't file with Form 990)	☐ Yes	✓ No

Part V Supplemental Information

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

Schedule F, Part I, Line 3 - (e) Full description of activities: We help build brick oven businesses for women seeking a sustainable source of
income to support their families. We offer volunteer trip experience for individuals seeking to volunteer by helping build the oven project.
These trips promote world peace, expand worldview, foster cross-cultural understanding, and inspire servant leadership. (f) Accrual
Accounting method used for valuation of total Expenditures.
Accounting method used for valuation of total Expenditures.

SCHEDULE G (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization Employer identification number **BRICKS TO BREAD INTERNATIONAL** 81-3143615 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations e Solicitation of nongovernment grants а Internet and email solicitations f Solicitation of government grants b Phone solicitations Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (or retained by) organization (iii) Did fundraiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity custody or control of contributions? fundraiser listed in or entity (fundraiser) from activity col. (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from 3 registration or licensing.

Schedule G (Form 990) (Rev. 12-2024) 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 Oktoberfiesta	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through				
			(event type)	(event type)	(total number)	col. (c))				
Revenue	1	Gross receipts	43,318			43,318				
R	2	Less: Contributions	43,318			43,318				
	3	Gross income (line 1 minus line 2)	0			0				
	4	Cash prizes	0			0				
	5	Noncash prizes	0			0				
enses	6	Rent/facility costs	0			0				
Direct Expenses	7	Food and beverages	0		0	0				
Direc	8	Entertainment	0		0	0				
	9	Other direct expenses .	2,193			2,193				
	10	Direct expense summary. Ac	dd lines 4 through 9 in c	olumn (d)		2,193				
	11	Net income summary. Subtra	act line 10 from line 3, c	olumn (d)		-2,193				
Pa	rt III	Gaming. Complete if th \$15,000 on Form 990-E		ered "Yes" on Form	990, Part IV, line 19,	or reported more than				
		\$15,000 OH FOHH 990-EA	Z, iiile 0a.	(b) Pull tabs/instant		(d) Total gaming (add				
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))				
3eve										
_	1	Gross revenue								
ses	2	Cash prizes								
Direct Expenses	3	Noncash prizes								
Direct	4	Rent/facility costs								
	5	Other direct expenses .								
	6	Volunteer labor	☐ Yes %☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No					
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)						
	8	Net gaming income summar	y. Subtract line 7 from li	ne 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?									
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . b If "Yes," explain:										

cneau	lie G (Form 990) (Rev. 12-2024)		Page 3
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity		
	formed to administer charitable gaming?	☐ Yes	∐ No
13	Indicate the percentage of gaming activity conducted in:		0.4
a	The organization's facility		<u>%</u> %
b 14	An outside facility		70
	records:		
	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		
_	amount of gaming revenue retained by the third party \$		
С	if Yes, enter the name and address of the third party.		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Coming manager companyation \$		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
а	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 spent in the organization's own exempt activities during the tax year		
Part	·	iii) and (iv): and
ait	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition		
	See instructions.		

SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number			
BRICKS TO BREAD INTERNATIONAL							81-3143615			
Part I General Information	on Grants and	Assistance								
 Does the organization maintand the selection criteria use Describe in Part IV the organ Part II Grants and Other As 	d to award the gra ization's procedur ssistance to Do	ants or assistance res for monitoring mestic Organiz	? the use of grant furations and Don		States. ents. Complete	f the organization	n answe	V Yes	□ No orm 990,	
Part IV, line 21, for an					(f) Method of valuation	•		#ND (
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(book, FMV, appraisal, other)	(g) Description noncash assista		(h) Purpose of or assistant	•	
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
2 Enter total number of section3 Enter total number of other of		-								

Schedule I (Form 990) (Rev. 12-2024) Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (e) Method of valuation (book, (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (f) Description of noncash assistance recipients cash grant noncash assistance FMV, appraisal, other) 1 See Schedule I, Part IV, Statement 1 2 3 5 6 Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Schedule I, Part I, Line 2 - Bricks to Bread offers financial assistance to youth and young adults who wish to participate in our Volunteer Trip Experiences, a part of our Building Global Leaders program. Funds are raised and used to cover travel expenses associated with each individual's trip experience, discounting their trip fees and reducing their cost associated with volunteering during their global trip experiences.

BRICKS TO BREAD INTERNATIONAL

Form: **Schedule I (2024)** EIN: **81-3143615**

Page: 2

Part III

		Number of recipients	Amt. of cash grant	Amt. of non- cash asst.
Type of grant	Youth Scholarship	4	0	8,490
Method of valuation	FMV			
Desc. of Non-Cash Asst.	Bricks to Bread offers to pay costs associated with the individuals travel expenses when they travel with us as a volunteer of our trip experiences, part of our Building Global Leaders program. The costs that are covered include but are not limited to travel costs, meals and lodging.			

SCHEDULE L (Form 990)

(Rev. December 2024)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of t	he organization								Employ	yer idei	ntificati	ion nui	nber		
BRICKS	TO BREAD INTERI	NATIONAL									81-3	31436	15		
Part I		fit Transaction ne organization												40b.	
1	(a) Name of disqualit	fied person (b) Relationship between disqualified person and (c) De					scriptio	n of trar	nsaction	n		(d) Corrected?			
				organiza	ation									Yes	No
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
	Enter the amount of under section 4958		by the organ		_	-		-		-	-	\$			
	Enter the amount o		line 2 above			 the organi						\$_			
		n tax, ii ariy, or	illie 2, above,	, renino	urseu by	rile organi	Zatioi	'	• •		• •	Ψ_			
Part I		l/or From Inte			00 <i>i</i>	0 EZ D+)				00 D	1. /	Ľ		:c .ı	
	Complete if tr	ne organization reported an am	answered "Ye	es" on h gan pa	Form 990 art X line	0-EZ, Part - 5 6 or 23	v, iine 2	38a, or F	orm 9	90, Pa	art IV,	line 2	26; or	it the	
(a) Nam	ne of interested person	(b) Relationship	(c) Purpose of			(e) Origin		(f) Balanc	o duo	(a) In a	lofault?	(b) An	provod	(i) \//	ritten
(a) Ivali	ie of interested person	with organization	loan	` '		principal am	, · · ·	be due (g)	(9) 111 0	g) In default?		by board or		ment?	
				organ	nization?								nittee?		
				То	From					Yes	No	Yes	No	Yes	No
(1)															
(2)															
(3)															
(4) (5)					+										
(6)															
(7)															
(8)															
(9)															
(10)															
Total								\$							
Part II		sistance Bene				0.5		-							
	Complete if tr	ne organization	answered "Ye	es" on I	Form 991	U, Part IV, I	ine 2 <i>1</i>	'.							
(a) Na	ame of interested perso	, ,	ship between inte and the organizati			nount of stance	((d) Type of a	ssistand	e	(e)) Purpo	se of a	ssistan	ce
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
<u>(7)</u>															
(8) (9)				+											
(10)															
(10)										_					

Schedu	e L (Form 990) (Rev. 12-2024)				ı	Page 2
Part	Business Transactions Invo Complete if the organization	olving Interested Persons answered "Yes" on Form 990	, Part IV, line 28a, 2	8b, or 28c.	•	
(a) Name of interested person		(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing organization revenues?	
					Yes	No
	Sch L, Stmt 1					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8) (9)						
(10)						
Part	V Supplemental Information					
ıaıt	Provide additional information	n for responses to questions of	on Schedule L. See	instructions.		

Schedule L, Part V, Statement 1

BRICKS TO BREAD INTERNATIONAL

Form: Schedule L (2024) EIN: 81-3143615

Page: **2**

Part IV

Description of Business Transactions Involvin	Interested Persons	
--	--------------------	--

Description of Business Transactions involving interested Persons					
	Amount of transaction				
Ana Grace Alvarado	5,833				
Daughter of Founder and Prior Board Member					
Costa Rica Country Director Contract Employee					
No					
	Ana Grace Alvarado Daughter of Founder and Prior Board Member Costa Rica Country Director Contract Employee				

SCHEDULE O (Form 990)

(Rev. December 2024)

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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
BRICKS TO BREAD INTERNATIONAL	81-3143615
Form 990, Part VI, Section A, Line 2 - Sara Kietzman is the mother of Josie Kietzman. Nancy Alvarado is m	other of Ana Grace Alvarado
Form 990, Part VI, Section B, Line 11b - Draft of Form 990 is sent to the governing body for review and approved, the form 990 is filed.	proval. Once draft document is
approved, the form 770 is filed.	
Form 990, Part VI, Section B, Line 12c - All members of the governing body fill out a conflict of interest sta fiscal year.	tement at the beginning of each
Form 990, Part VI, Section B, Line 15 - All compensation related expenses are discussed and approved by offering such compensation.	the governing body prior to
Form 990, Part VI, Section C, Line 19 - Bricks to Bread offers its governing documents, conflict of interest available to the public if requested. During the fiscal year, no individual outside of our governing body reg	
Form 990, Part IX, Line 11g - Other professional fees include Contract Employees including a Costa Rica C In-Country Coordinators, one Contractor, a part-time Development and Communications Manager, and an	
in-country coordinators, one contractor, a partitine bevelopment and communications wanager, and an	noury out each coordination.

Schedule O, Statement 1 BRICKS TO BREAD INTERNATIONAL

Form: **Form 990 (2024)**Page: 1

Header Section

Reasonable Cause Explanations

Explanation

Form 8868 requesting an extension to file as was submitted and accepted by the IRS on 5/12/2025

Schedule O, Statement 2 BRICKS TO BREAD INTERNATIONAL

Form: **Form 990 (2024)** EIN: **81-3143615**

Page: 2 Part III, Line 1

Mission Description

Description

not only help provide a family with a sustainable income, but they also bring communities together. The ovens become a focal point in the community, become a gathering place for community events, and bring people together. Bricks to Bread accomplishes all of this through donations, partnerships, volunteer trip opportunities and baking bread together.

Schedule O, Statement 3 BRICKS TO BREAD INTERNATIONAL

Form: **Form 990 (2024)** EIN: **81-3143615**

Page: 2 Part III, Line 4a

First Program Service Accomplishments Description

Description

national average income for rural communities). During 2024, we invested an additional \$4,600 by hosting our third annual Empowering Women Entrepreneurs conference where 31 women entrepreneurs joined us for a 3-day conference of education, team building and information sharing.