_{Form} 990

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

and ending A For the 2023 calendar year, or tax year beginning C Name of organization D Employer identification number Check if applicable: Address change HOT BREAD KITCHEN, LTD. Name change 26-3332972 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ CHELSEA MARKET, 75 NINTH AVENUE 0610 (212)540-9070 termin-ated G Gross receipts \$ 11,460,978. City or town, state or province, country, and ZIP or foreign postal code Amended NEW YORK, NY 10011 H(a) Is this a group return Applica-F Name and address of principal officer: LESLIE ABBEY ∫Yes 🗓 No for subordinates? pending SAME AS C ABOVE **H(b)** Are all subordinates included? _ Yes L Tax-exempt status: X 501(c)(3) 527 ____ 501(c) (4947(a)(1) or If "No," attach a list. See instructions (insert no.) WWW.HOTBREADKITCHEN.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation Association Other L Year of formation: 2008 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: HOT BREAD KITCHEN CREATES Activities & Governance ECONOMIC OPPORTUNITY FOR WOMEN AND GENDER EXPANSIVE PEOPLE oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 19 Number of independent voting members of the governing body (Part VI, line 1b) 19 4 69 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) Total number of volunteers (estimate if necessary) 200 6 14 154. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year** Current Year Contributions and grants (Part VIII, line 1h) 2,697,831 11,125,196. Revenue Program service revenue (Part VIII, line 2g) 0 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 7,157 129,328. 10 35,800 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 14 373. 2,740,788 11,268,897. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,001 5,722. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0. Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,908,567 4,092,887. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 35 000 328,790. **b** Total fundraising expenses (Part IX, column (D), line 25) 1,092,394 2,990,166. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,036,962 7,417,565. -1,296,174 3,851,332. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 9,001,470 13,018,041. Total assets (Part X, line 16) 194,888, 317 314 21 Total liabilities (Part X, line 26) Net/ 8,806,582, 12,700,727. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign CARLA LICAVOLI, CHIEF OPERATING OFFICER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 10/2/24 JENNIFER COATES Paid P02247728 self-employed Preparer Firm's name LUTZ AND CARR, CPAS LLP Firm's EIN 13-1655065 Firm's address 551 FIFTH AVENUE, SUITE 400 Use Only Phone no.212-697-2299 NEW YORK, NY 10176

X Yes

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	х
1	Briefly describe the organization's mission:	
	HOT BREAD KITCHEN CREATES ECONOMIC OPPORTUNITY FOR WOMEN AND GENDER	
	EXPANSIVE PEOPLE, IMMIGRANTS, AND PEOPLE OF COLOR THROUGH JOB SKILLS	
	TRAINING, HIGH-QUALITY JOB PLACEMENT, FOOD ENTREPRENEURSHIP PROGRAMS,	
	AND AN ECOSYSTEM OF SUPPORT IN NEW YORK CITY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	X Yes No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as 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 ex	penses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$	14,373.)
	CULINARY WORKFORCE DEVELOPMENT	
	THROUGH HOT BREAD KITCHEN'S CULINARY WORKFORCE DEVELOPMENT PROGRAMS,	
	MEMBERS GAIN SKILLS AND CONFIDENCE IN AND OUT OF THE KITCHEN TO PREPARE	
	FOR CAREERS IN THE FOOD INDUSTRY AND BEYOND. IN 2023, WE ENROLLED 332	
	BREADWINNERS IN OUR WORKFORCE DEVELOPMENT PROGRAMS, INCLUDING OUR	
	SIGNATURE CULINARY FUNDAMENTALS PROGRAM, AS WELL AS THE NEW FIRST	
	COURSE NYC PROGRAM IN COLLABORATION WITH THE NEW YORK CITY DEPARTMENT	
	OF SMALL BUSINESS SERVICES.	
	OUR SIGNATURE CULINARY FUNDAMENTALS PROGRAM PROVIDES FUNDAMENTAL FOOD	
	INDUSTRY SKILLS EMPHASIZING BASIC COOKING AND BAKING TECHNIQUES AND	
	PLACES PROGRAM GRADUATES IN HIGH-QUALITY JOBS WITHIN HOT BREAD	
4b	(Code:) (Expenses \$ 380,687. including grants of \$) (Revenue \$)
	SMALL BUSINESS	
	OUR FOOD ENTREPRENEURSHIP PROGRAMS SUPPORT WOMEN OF COLOR ENTREPRENEURS	
	AS THEY SEED, START, AND SCALE THEIR SMALL FOOD BUSINESSES WITHIN NYC'S	
	THRIVING FOOD INDUSTRY. IN 2023, WE SUPPORTED 84 BUSINESSES THROUGH OUR	
	SEED PROGRAM, WHICH IS A 5-PART PROGRAM THAT HELPS MEMBERS DEVELOP A	
	BUSINESS PLAN FRAMEWORK THAT SUPPORTS THEIR MARKET-READY PRODUCTS. WE	
	ALSO LAUNCHED START, WHICH PROVIDES ELIGIBLE ENTREPRENEURS THE	
	OPPORTUNITY TO TEST THEIR BUSINESS MODEL BY ACCESSING SUBSIDIZED	
	COMMERCIAL KITCHEN SPACE, ACCESS TO MARKETS, AND TECHNICAL ASSISTANCE.	
4c	(Code:) (Expenses \$)
	COMMUNITY ENGAGEMENT & MEMBER SUPPORT	
	WHEN MEMBERS ENROLL IN COURSES WITH HOT BREAD KITCHEN, THEY ARE ALSO	
	ELIGIBLE FOR SUPPORT SERVICES TO MEET THEIR NEEDS OUTSIDE THE	
	WORKPLACE. OUR 1:1 COACHING SESSIONS OFFER GUIDANCE AND REFERRALS TO	
	OUR VAST NETWORK OF COMMUNITY PARTNERS, SUPPORTING MEMBERS AS THEY	
	LAUNCH THEIR NEW CAREERS IN THE FOOD INDUSTRY. IN 2023, WE PROVIDED	
	OVER \$32,000 IN EMERGENCY FUNDING TO OUR MEMBERS TO ADDRESS NEEDS SUCH	
	AS RENTAL ARREARS, CHILDCARE, TRANSPORTATION, FOOD ASSISTANCE, JOB	
	INTERVIEW CLOTHING, AND MORE.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 5,869,995.	
		Form 990 (2023)

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
J	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u>'</u>		
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

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			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		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		v
06	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
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		х
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? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
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		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
21	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
31 32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		Х
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	х	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 15	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	Х	

023) HOT BREAD KITCHEN, LTD. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				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	2a 69						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?	2b	Х				
За			3a	Х				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b	Х				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other $$							
	$financial\ account\ in\ a\ foreign\ country\ (such\ as\ a\ bank\ account,\ securities\ account,\ or\ other\ financial$	account)?	4a		Х			
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions and taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.		5b		Х			
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				.,,			
	any contributions that were not tax deductible as charitable contributions?		6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contribut		۵.					
_	were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).	ruises provided to the powers	7.	v				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set		7a	X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Λ				
С		•	70		х			
ч	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	1 1	7c		Λ			
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute organization.		7 f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fe		7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained							
_			8					
9	Sponsoring organizations maintaining donor advised funds.							
а								
b								
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders	11a						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	I I	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
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	المدا						
_	organization is licensed to issue qualified health plans	13b						
C 140	Enter the amount of reserves on hand	13c	110		Х			
14a		do O	14a		Λ			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Scheduls the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		14b					
15	excess parachute payment(s) during the year?		15		х			
	If "Yes," see the instructions and file Form 4720, Schedule N.		13					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	nt income?	16		х			
	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 ac	ctivities						
-	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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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

800	Check if Schedule O contains a response or note to any line in this Part VI					X			
Sec	tion A. Governing Body and Management								
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	9					
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	9					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with any	y other						
	officer, director, trustee, or key employee?			2		Х			
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?								
4									
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		Х			
6	Did the organization have members or stockholders?			6		Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	opoint on	e or						
	more members of the governing body?			7a		Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockhold	ers, or						
	persons other than the governing body?			7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
а	The governing body?			8a	х				
b	Each committee with authority to act on behalf of the governing body?			8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R			•					
	· · · · · ·		,		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х			
	If "Yes," did the organization have written policies and procedures governing the activities of such cl								
	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 bod			11a	Х				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	,	9						
12a	and the control of th								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12a 12b	Х				
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y								
	on Schedule O how this was done			12c	х				
13	Did the organization have a written whistleblower policy?			13	Х				
14	Did the organization have a written document retention and destruction policy?			14	Х				
15	Did the process for determining compensation of the following persons include a review and approve								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		portaorit						
•	The organization's CEO, Executive Director, or top management official			15a	х				
a h	Other officers or key employees of the organization			15a	X				
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			130					
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with	3						
iva				160		Х			
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			16a					
D		-	ісіраціон						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization s		16h					
Sec	exempt status with respect to such arrangements? tion C. Disclosure			16b	<u> </u>				
17 10		nd 000 T	(cootion E01/-)//	No only) over:	able			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nu 990-1	(26CHOLL 20 L(C)	ojs only) availa	anie			
	for public inspection. Indicate how you made these available. Check all that apply.	on Oct	dula O'						
40	X Own website Another's website X Upon request Other (explain		*	l C					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	onflict of i	nterest policy, a	na tinai	ncıal				
	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 bo	oks and r	ecords						
	THE ORGANIZATION - 212-540-9070								
	75 NINTH AVENUE, SUITE 0610, NEW YORK, NY 10011								

Form 990 (2023) HOT BREAD KITCHEN, LTD. 26-3332972 Page **7**

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. (B) (C) (D) (E) (F) Position Name and title Reportable Reportable Estimated Average (do not check more than one box, unless person is both an compensation compensation amount of hours per officer and a director/trustee week from from related other (list any the organizations compensation (W-2/1099-MISC/ hours for organization from the related (W-2/1099-MISC/ 1099-NEC) organization 1099-NEC) lorganizations and related Institutional 1 below organizations Former line) (1) LESLIE ABBEY 40.00 CHIEF EXCUTIVE OFFICER 0 Х 224,788 12,869. CEDRIC JARRETT (THROUGH 12/23) 40.00 CHIEF FINANCIAL OFFICER X 144,265 0 2,885. KRISTINE BOROK 40.00 CHIEF OPERATING OFFICER 0. X 0 164,812 CATHERINE KIM 40.00 CHIEF PROGRAM OFFICER Х 144,265 0 1,550. (5) DIANA TAYLOR 1 00 CHAIR Х 0 0 0. (6) MARY MCCAFFREY 1.00 VICE-CHAIR Х Х 0 0 0. (7) EMILY SUSSKIND 1,00 VICE-CHAIR Х 0 0 0. CHAERI KIM TORNAY (8) 1.00 SECRETARY 0 0 0. ANTONIA BOWRING 1.00 (9) DIRECTOR 0 0 0. (10) DEBORAH BRONSTON-CULP 1.00 DIRECTOR 0 0 0. (11) DANA COWIN 1.00 DIRECTOR 0 0 0. (12) ILENE ENG 1.00 DIRECTOR 0 0. 0 (13) ANAMITA GUHA 1.00 DIRECTOR 0 0. X 0 (14) TRACY JOSHUA 1.00 DIRECTOR 0 0. X 0 (15) CAROL LEWIS 1,00 DIRECTOR X 0 0 0. (16) SANDRA NUDELMAN 1.00 DIRECTOR X 0 0 0. (17) MATTHEW REICH 1.00 DIRECTOR 0

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	TICHEN, BID.								20 3332372	i age S
Part VII Section A. Officers, Directors, Tr	ustees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average hours per week	hours per (do not c				is bot	th an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) MARGARITA SAWHNEY	1.00									
DIRECTOR		Х						0.	0.	0.
(19) SHAOLEE SEN	1.00									
DIRECTOR		Х						0.	0.	0.
(20) GAIL SIMMONS	1.00									
DIRECTOR		Х						0.	0.	0.
(21) MONALI VORA	1.00									
DIRECTOR		Х						0.	0.	0.
(22) COURTNEY WILLIS	1.00									
DIRECTOR		Х						0.	0.	0.
(23) JAFFER ZAIDI	1.00									
DIRECTOR		Х						0.	0.	0.
(24) BEN LEVENTAL (THROUGH 3/23)	1.00									
DIRECTOR		Х						0.	0.	0.
(24) AMIR KIRKWOOD (THROUGH 3/23)	1.00									
DIRECTOR		Х						0.	0.	0.
1b Subtotal								678,130.	0.	17,304
c Total from continuation sheets to Part								0.	0.	0.
d Total (add lines 1b and 1c)								678,130.	0.	17,304.
2 Total number of individuals (including but	not limited to th	nose	liste	ad al	hov	e) wi	ho re	eceived more than \$100	000 of reportable	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Yes No

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

PERIM CHIEF DEVELOPMENT	156,700.
FICER	156,700.
_	ove) who received more than

Form **990** (2023)

\$100,000 of compensation from the organization

Form 990 (2023) HOT BREAD K
Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to any lin	e in this Part VIII			
		•	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
σω							000110110 012 011
Contributions, Gifts, Grants and Other Similar Amounts		a Federated campaigns 1a					
		b Membership dues 1b					
		c Fundraising events 1c	587,843.				
	(d Related organizations 1d					
	•	e Government grants (contributions) 1e	1,367,260.				
	f	f All other contributions, gifts, grants, and					
		similar amounts not included above 1f	9,170,093.				
<u></u>		g Noncash contributions included in lines 1a-1f	, ,				
징필		h Total. Add lines 1a-1f		11,125,196.			
-		I	Business Code	,,			
.	•	+	Dusiliess Code				
ا يَدِ	2 8						
ne P	t	b					
n S	(c					
ev ev	•	d					
Program Service Revenue	•	e [
<u>-</u>	f	f All other program service revenue					
	ç	g Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes					
		other similar amounts)	130,151.			130,151.	
	4	Income from investment of tax-exempt bond pro		,			, -
	5						
	3	Royalties(i) Real	(ii) Personal				
	_		(II) Fersonal				
		a Gross rents 6a 14,154.					
		b Less: rental expenses 6b 0.					
		c Rental income or (loss) 6c 14,154.					
	•	d Net rental income or (loss)		14,154.		14,154.	
	7 a	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 63,982.					
	ŀ	b Less: cost or other basis					
ne		and sales expenses 7b 64,805.					
ther Revenue		c Gain or (loss) 7c -823.					
Re		d Net gain or (loss)		-823.			-823.
e e		a Gross income from fundraising events (not					
됩	0.	including \$ 587,843. of					
_							
		contributions reported on line 1c). See	127 276				
		Part IV, line 18	127,276.				
		b Less: direct expenses 8b	127,276.	2			
				0.			
	9 a	a Gross income from gaming activities. See					
		Part IV, line 199a					
	ŀ	b Less: direct expenses9b					
	(c Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a					
	ŀ	b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory					
\exists			Business Code				
Miscellaneous Revenue	44 -	a MISCELLANEOUS INCOME	900099	219.	219.		
ne iue			20000	219.	219.		
la ven		b					
Sce		C					
Ξ̈́		d All other revenue					
	•	e Total. Add lines 11a-11d		219.			
	12	Total revenue. See instructions		11,268,897.	219.	14,154.	129,328.

332009 12-21-23

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do no	Check if Schedule O contains a response of include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
i	and domestic governments. See Part IV, line 21	1,000.	1,000.		
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	4,722.	4,722.		
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	540 640	24.2 . 0.0	4.55, 0.05	50 504
	trustees, and key employees	549,619.	313,990.	166,025.	69,604.
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.000.031	0.250.004	022 000	025 625
	Other salaries and wages	2,828,931.	2,358,294.	233,000.	237,637.
	Pension plan accruals and contributions (include	E2 002	42 200	4 073	A C1 A
	section 401(k) and 403(b) employer contributions)	52,893. 311,845.	43,306. 248,782.	4,973.	4,614. 26,803.
	Other employee benefits	349,599.		41,117.	31,629.
	Payroll taxes	349,399.	276,853.	41,117.	31,029.
	Fees for services (nonemployees):				
	Management	9,200.	1 840	7 360	
	Legal	27,792.	1,840.	7,360.	
	Accounting	21,132.		21,192.	
	LobbyingProfessional fundraising services. See Part IV, line 17	328,790.			328,790.
	Investment management fees	2,252.		2,252.	320,130.
	Other. (If line 11g amount exceeds 10% of line 25,	2,232.		2,232.	
	column (A), amount, list line 11g expenses on Sch 0.)	174,441.	70,041.	104,400.	
	Advertising and promotion	47,507.	17,956.	101,100.	29,551.
		213,241.	168,869.	25,080.	19,292.
	Office expenses	213,211.	100,003.	25,000.	
	Information technology				
	Royalties	1,796,955.	1,727,117.	34,919.	34,919.
	OccupancyTravel	30,019.	9,685.	20,334.	,
	Payments of travel or entertainment expenses	,	-,		
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	46,249.	41,624.		4,625.
	Interest		,		_,
	Payments to affiliates				
	Depreciation, depletion, and amortization	169,482.	134,216.	19,933.	15,333.
	Insurance	46,129.	36,531.	5,425.	4,173.
	Other expenses. Itemize expenses not covered	,		,	,
1	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	MEMBERSHIP TRAINING EXP	370,526.	370,526.		
b	STAFF DEVELOPMENT	35,420.	28,050.	4,166.	3,204.
	COMMUNICATIONS	20,953.	16,593.	2,464.	1,896.
d .		,		, <u> </u>	•
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	7,417,565.	5,869,995.	735,500.	812,070.
	Joint costs. Complete this line only if the organization			,	·
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2023) Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or	note to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			774,203.	1	389,132
	2	Savings and temporary cash investments			3,426,612.	2	6,042,716
	3	Pledges and grants receivable, net			4,099,656.	3	5,581,868
	4	Accounts receivable, net			9,430.	4	25,135
	5	Loans and other receivables from any curren	t or forme	officer, director,			
		trustee, key employee, creator or founder, su	bstantial o	contributor, or 35%			
		controlled entity or family member of any of t	hese pers	ons		5	
	6	Loans and other receivables from other disqu	ualified per	rsons (as defined			
		under section 4958(f)(1)), and persons descri	bed in sec	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			62,301.	9	31,850
	10a	Land, buildings, and equipment: cost or other	r				
		basis. Complete Part VI of Schedule D	10a	621,095.			
	b	Less: accumulated depreciation	10b	368,268.	417,734.	10c	252,827
	11	Investments - publicly traded securities			200,256.	11	687,527
	12	Investments - other securities. See Part IV, lin	ne 11			12	
	13	Investments - program-related. See Part IV, li	ne 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			11,278.	15	6,986
	16	Total assets. Add lines 1 through 15 (must e	qual line 3	3)	9,001,470.	16	13,018,041
	17	Accounts payable and accrued expenses			182,482.	17	212,700
	18	Grants payable				18	
	19	Deferred revenue			7,000.	19	3,500
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or f	ormer offic	er, director,			
≅		trustee, key employee, creator or founder, su	bstantial o	contributor, or 35%			
Liabilities		controlled entity or family member of any of t	hese pers	ons		22	
-	23	Secured mortgages and notes payable to un	related thi	rd parties		23	
	24	Unsecured notes and loans payable to unrela	ated third	oarties		24	
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on li	nes 17-24)	. Complete Part X			
		of Schedule D			5,406.		101,114
_	26	Total liabilities. Add lines 17 through 25			194,888.	26	317,314
g		Organizations that follow FASB ASC 958, or	check her	e X			
) 		and complete lines 27, 28, 32, and 33.					
ala	27	Net assets without donor restrictions			4,162,350.	27	5,790,630
d B	28	Net assets with donor restrictions			4,644,232.	28	6,910,097
<u>.</u> =		Organizations that do not follow FASB ASC	C 958, che	eck here			
<u>.</u>		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
¥	31	Retained earnings, endowment, accumulated				31	
ž	32	Total net assets or fund balances		· ·	8,806,582.	32	12,700,727
	33	Total liabilities and net assets/fund balances			9,001,470.	33	13,018,041. Form 990 (2023

			Form	990	(2023)		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		Х		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	Separate basis Consolidated basis Both consolidated and separate basis						
	consolidated basis, or both:						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	Separate basis Consolidated basis Both consolidated and separate basis						
	separate basis, consolidated basis, or both:						
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a							
2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	Greek is Correctate C correction a response of flote to any line in this flat Air			Yes	No		
	Check if Schedule O contains a response or note to any line in this Part XII						
Pa	column (B)) rt XII Financial Statements and Reporting	10		, , , , ,	, 720.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10	12	,700	728		
9	Other changes in net assets or fund balances (explain on Schedule O)	9			٠.		
8	Prior period adjustments	8			0.		
7	Investment expenses	7					

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

HOT BREAD KITCHEN, LTD. 26-3332972 Part I 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")	3,293,387.	6,997,819.	5,063,645.	2,697,831.	11,125,196.	29,177,878.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3,293,387.	6,997,819.	5,063,645.	2,697,831.	11,125,196.	29,177,878.
	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)						7,253,960.
6	Public support. Subtract line 5 from line 4.						21,923,918.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	3,293,387.	6,997,819.	5,063,645.	2,697,831.	11,125,196.	29,177,878.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,131.	2,778.	7,638.	7,910.	130,151.	149,608.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	3,407.	1,705.	1,890.	937.	219.	8,158.
11							29,335,644.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third, f	ourth, or fifth tax	ear as a section 5	501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publ						
14	Public support percentage for 2023 (I	ine 6, column (f), d	livided by line 11, o	column (f))		14	74.73 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	83.44 %
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				Х
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes	t - 2023. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	iblicly supported o	organization		
b	10% -facts-and-circumstances tes	t - 2022. If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and st	op here. Explain ir	Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qua	alifies as a publicly	supported organ	ization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instruction	<u>s</u>
						Schedule A	Form 990) 2023

332022 12-21-23

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
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						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	check this box and stop here						<u></u>
	tion C. Computation of Publ					1 1	
	Public support percentage for 2023 (15	<u>%</u>
	Public support percentage from 2022					16	<u>%</u>
	tion D. Computation of Investigation						
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the						17 is not
	more than 33 1/3%, check this box a						
	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 $1/3\%$, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	

332023 12-21-23

Schedule A (Form 990) 2023

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.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined 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.**
- c 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
0-		
3с		
4a		
Tu		
4h		
4b		
4c		
E-		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9с		
10a		
10b		
100		

Par	t IV Supporting Organizations (continued)			
	, (construct)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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		
	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		
Sec	tion 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		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see installable)	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3h		ı

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.							
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Sect	Section A - Adjusted Net Income (A) Prior Year (b) Current Year (optional)							
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	tion 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	1 b						
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	tion 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								

Schedule A (Form 990) 2023

instructions).

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	Section D - Distributions Current Year								
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1					
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported							
	organizations, in excess of income from activity			2					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3					
4	Amounts paid to acquire exempt-use assets			4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5					
6	Other distributions (describe in Part VI). See instructions.			6					
7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which the	ne organization is responsiv	е						
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2023 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount			10					
		(i)	(ii)		(iii)				
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	IS	Distributable Amount for 2023				
1	Distributable amount for 2023 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2023 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2023								
a	From 2018								
b	From 2019								
c	From 2020								
d	From 2021								
e	From 2022								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2023 distributable amount								
i_	Carryover from 2018 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2023 from Section D,								
	line 7:								
а	Applied to underdistributions of prior years								
b	Applied to 2023 distributable amount								
c	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2023, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2023. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2024. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
a	Excess from 2019								
b	Excess from 2020								
c	Excess from 2021								
d	Excess from 2022								
е	Excess from 2023								

Schedule A (Form 990) 2023

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part 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 D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Inspection

Name of the organization

HOT BREAD KITCHEN, LTD.

Employer identification number 26-3332972

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other S	Similar Funds or A	Accounts. Complete if the		
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.				
		(a) Donor advise	d funds	(b) Funds and other accounts		
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets he	eld in donor advised fur	nds		
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No		
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that gra	ant funds can be used	only		
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for ar	ny other purpose confe	rring		
	impermissible private benefit?					
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes	s" on Form 990, Part IV	, line 7.		
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).	1			
	Preservation of land for public use (for example, recreated	ation or education)	Preservation of a histo	orically important land area		
	Protection of natural habitat		Preservation of a cert	ified historic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contrib	ution in the form of a co			
	day of the tax year.			Held at the End of the Tax Year		
а	Total number of conservation easements			2a		
b				2b		
С	Number of conservation easements on a certified historic str			2c		
d	Number of conservation easements included on line 2c acqu					
	on a historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or	terminated by the orgai	nization during the tax		
	year					
4	Number of states where property subject to conservation ea					
5	Does the organization have a written policy regarding the pe					
_	violations, and enforcement of the conservation easements					
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, ar	nd enforcing conservati	on easements during the year		
-	Assemble from the control of the con	allian afrikalationa and an	£			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and en	torcing conservation ea	asements during the year		
	Does each conservation easement reported on line 2d above	a actiofy the requirement	of costion 170(b)(4)(D)	(4)		
8						
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat					
9	balance sheet, and include, if applicable, the text of the foot		· ·			
	organization's accounting for conservation easements.	note to the organization's	s ili lai iciai statements ti	lat describes trie		
Par	t III Organizations Maintaining Collections of	of Art. Historical Tre	easures, or Other	Similar Assets.		
1 0	Complete if the organization answered "Yes" on Forn	•	,			
	If the organization elected, as permitted under FASB ASC 95		enue statement and ha	lance sheet works		
		•				
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of					
_	art, historical treasures, or other similar assets held for public					
	provide the following amounts relating to these items.	o on money oddodnon, o				
	(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 tre					
_	the following amounts required to be reported under FASB A		- ·	•		
а	Revenue included on Form 990, Part VIII, line 1			\$		
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2023		

Pai	t III Organizations Maintaining C	Collections of A	rt, Hıs	torical Tr	easures, o	r Other	Similar As	sets(cont	inued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that	t make sig	nificant use o	its		
	collection items (check all that apply).									
а	Public exhibition	d		Loan or exc	hange progra	m				
b	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how t	hey further tl	ne organizatio	on's exem	pt purpose in	Part XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	sures, or othe	er similar a	ssets			_
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's co	ollection?			Yes		<u> No</u>
Pai	t IV Escrow and Custodial Arran	gements Comple	te if the	organization	answered "\	es" on Fo	orm 990, Part	V, line 9, o		
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian, or other interme	diary fo	r contributio	ns or other as	sets not i	ncluded		_	_
	on Form 990, Part X?							Yes		∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
								Amour	nt	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on F					-	/?	Yes	H	∐ No
	If "Yes," explain the arrangement in Part XIII.								<u>. L</u>	
Pai	t V Endowment Funds Complete if	(a) Current year			(c) Two years) Three years ba	ock (a) Fou	ır veare	hack
4.	Desiration of consultations	(a) Current year	(D) F	Prior year	(C) Two years	S DACK (C	1) Tillee years be	ick (e) i ot	ii years	Dack
_	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
4	and programs									
	Administrative expenses End of year balance									
g 2	Provide the estimated percentage of the cur	ront year and balance	L (line 1	la column (s)) hold as:					
a	Board designated or quasi-endowment	•	%	rg, coluitii (a	ij) Heid as.					
b	Permanent endowment	%								
·	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	· ·	ation th	at are held a	nd administer	red for the	<u> </u>			
-	organization by:	ocolori or the organiz	acion cin	at are mora a	ira dariii iioto	100 101 1110	•		Yes	No
	(i) Unrelated organizations?							3a(i)		
	(ii) Related organizations?									
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the									
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	0, Part I	V, line 11a. S	See Form 990	, Part X, liı	ne 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	umulated	(d) Boo	ok valu	ie .
	· · ·	basis (investr		basis		depr	eciation			
1a	Land									
	Buildings									
	Leasehold improvements				285,531.		152,969.		132	,562.
d	Equipment				192,041.		86,902.		105	,139.
	Other				143,523.		128,397.		15	,126.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, line 1	10c, column	(B))					,827.
							•	D /Fa		1 0000

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 HOT BREAD KITCHE	N, LTD.	26-	-3332972 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	id-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.	1		
Complete if the organization answered "Yes'	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	1
	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, line 15, c.	o/ (P))		
Part X Other Liabilities	ог. (<i>D))</i>		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 2	5
(15 12 (1112)	0111 01111 000, 1 4111, 11110	110 01 111. 000 1 0111 000,1 4117, 1110 2	(b) Book value
1. (a) Description of liability (1) Federal income taxes			(b) Book value
(2) OPERATING LEASE RIGHT-OF-USE LIABILIT	Υ		1,114.
(3) DEFERRED GRANT INCOME	<u> </u>		100,000.
(4)			200,000.
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, co	ol. (B))		101,114.
2. Liability for uncertain tax positions. In Part XIII, provid			<u> </u>

Schedule D (Form 990) 2023

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...

Pa	t XI Reconciliation of Revenue per Audited Financial Sta		Revenue per P	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, li				11 (12 500
1	Total revenue, gains, and other support per audited financial statements			1	11,613,592.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments		42,814.		
b	Donated services and use of facilities		304,133.	_	
С.	Recoveries of prior year grants			-	
d	,				246 047
e	Add lines 2a through 2d			2e	346,947.
3	Subtract line 2e from line 1			3	11,266,645.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	40	2,252.		
a	Investment expenses not included on Form 990, Part VIII, line 7b		2,232.	<u>-</u>	
b	Other (Describe in Part XIII.) Add lines 4a and 4b			40	2,252.
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12</i>			4c 5	11,268,897.
	rt XII Reconciliation of Expenses per Audited Financial St			_	
	Complete if the organization answered "Yes" on Form 990, Part IV, lii		Expended per	riotaini	
1	Total expenses and losses per audited financial statements			1	7,719,447.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•••••			.,,
a	Donated services and use of facilities	2a	304,133.		
b	Prior year adjustments			-	
c	Other losses			-	
d				-	
	Add lines 2a through 2d			2e	304,133.
3	Subtract line 2e from line 1			3	7,415,314.
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	2,252.		
b	Other (Describe in Part XIII.)		•		
	Add lines 4a and 4b			4c	2,252.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			5	7,417,566.
Pa	rt XIII Supplemental Information				
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	iny additional informa	ation.		

SCHEDULE G (Form 990)

Department of the Treasury

Name of the organization

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

2023

Open to Public Inspection

Employer identification number

26-3332972 HOT BREAD KITCHEN, LTD. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. e X Solicitation of non-government grants X Mail solicitations X Internet and email solicitations Solicitation of government grants X Phone solicitations Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b 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 (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) BLB CONSULTING AND EVENTS LLC Yes No 668 RUGBY ROAD, BROOKLYN Х 0 CONSULTING 54,174 -54,174. INTERIM SOLUTIONS INC. - 142 WEST END AVENUE, 3R, NEW 0 CONSULTING Х 156,700 -156,700. RESOURCE & EVENT MANAGEMENT LTD. - 115 EAST 44TH STREET CONSULTING Х 0 55,000 -55,000. GERRY G. PEARLBERG - 150 ZACH ROAD, BLOOMVILLE, NY 13739 CONSULTING Х 0. 24,000 -24,000. DEBORA KELLOG - 251 CARLTON AVENUE, BROOKLYN, NY 11205 CONSULTING Х 0 12,283 -12,283. GABRIELLA STERN - 647 PRESIDENT, BROOKLYN, NY CONSULTING Х 0. 9,320 -9,320. 311 477 -311 477 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. NY

LHA 332081 09-13-23

Schedule G (Form 990) 2023

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

SEE PART IV FOR CONTINUATIONS

_			KITCHEN, LTD.			332972 Page 2		
Pa	ırt I		-		· · · · · · · · · · · · · · · · · · ·			
		of fundraising event contributions and gr				ots greater than \$5,000.		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
			ANNUAL BENEFIT		NONE	(add col. (a) through		
			EVENT	(2.12.4 4.12.2)	(4 = 4 = 1 = 2 + 1 = 2 + 1	col. (c))		
ne			(event type)	(event type)	(total number)			
Revenue	1	Gross receipts	715,119.			715,119.		
	2	Less: Contributions	587,843.			587,843.		
	3	Gross income (line 1 minus line 2)	127,276.			127,276.		
	4	Cash prizes						
S	5	Noncash prizes						
Direct Expenses	6	Rent/facility costs	32,970.			32,970.		
Jirect E	7	Food and beverages	94,306.			94,306.		
	8	Entertainment						
	9	Other direct expenses						
		Direct expense summary. Add lines 4 throug				127,276.		
		Net income summary. Subtract line 10 from				0.		
Pa	ırt I	II Gaming. Complete if the organization	answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than			
		\$15,000 on Form 990-EZ, line 6a.						
ē			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add		
Revenue			(=,/ =g =	bingo/progressive bingo	(-, gg	col. (a) through col. (c))		
Rev								
	1	Gross revenue						
es	2	Cash prizes						
Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses						
			Yes % No	Yes %	Yes % No			
	"	Volunteer labor	NO	I NO				
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)					
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)					
		ter the state(s) in which the organization cond	_					
	a Is the organization licensed to conduct gaming activities in each of these states?							
b	b If "No," explain:							
40	14/-	we apply of the overestimate granting the	involved current deal of	avenin at a di suive e the e t	.v.o			
		ere any of the organization's gaming licenses r	•	_	year (
O	' 11 '	Yes," explain:						
	-							
_								
3320	82 09	9-13-23			Sche	edule G (Form 990) 2023		

Schedule G (Form 990) 2023 HOT BREAD KITCHEN, LTD. 26-3	332972	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:	103	140
	امدا	0.4
a The organization's facility		%
b An outside facility	13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and 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 \$		
c If "Yes," enter name and address of the third party:		
The first finance and address of the time party.		
Name		
Address		
16 Gaming manager information:		
Name		
Gaming manager compensation \$		
Description of services provided		
Discrete de la financia de la descripción de la		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	└── Yes	└── No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	Part III, lines 9	, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
(I) NAME OF FUNDRAISER: BLB CONSULTING AND EVENTS LLC		
(I) ADDRESS OF FUNDRAISER: 668 RUGBY ROAD, BROOKLYN, NY 11230		
· · · · · · · · · · · · · · · · · · ·		
(I) NAME OF FUNDRAISER: INTERIM SOLUTIONS INC.		
(I) ADDRESS OF FUNDRAISER: 142 WEST END AVENUE, 3R, NEW YORK, NY 10023		
(I) NAME OF FUNDRAISER: RESOURCE & EVENT MANAGEMENT LTD.		
	dule G (Form	990) 2023
3CHE	adie a (Foi III	JJUJ 2023

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

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

HOT BREAD KITCHEN, LTD. Employer identification number 26-3332972

	·		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		1

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	J-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) LESLIE ABBEY	(i)	219,788.	5,000.	0.	0.	12,869.	237,657.	0.	
CHIEF EXCUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) KRISTINE BOROK	(i)	164,812.	0.	0.	0.	0.	164,812.	0.	
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

SCHEDULE O (Form 990)

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.

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public

Open to Public Inspection

Name of the organization **Employer identification number** HOT BREAD KITCHEN, LTD. 26-3332972 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: IMMIGRANTS, AND PEOPLE OF COLOR THROUGH JOB SKILLS TRAINING HIGH-QUALITY JOB PLACEMENT, FOOD ENTREPRENEURSHIP PROGRAMS, AND AN ECOSYSTEM OF SUPPORT IN NEW YORK CITY. FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: IN 2023, WE PARTNERED WITH THE NEW YORK CITY DEPARTMENT OF SMALL BUSINESS SERVICES TO LAUNCH FIRST COURSE NYC, A CULINARY APPRENTICESHIP PROGRAM THAT TRAINS MEMBERS FOR OPPORTUNITIES IN SOME OF THE CITY'S MOST NOTABLE FINE DINING ESTABLISHMENTS. THE PROGRAM BEGINS WITH EIGHT WEEKS OF KITCHEN-BASED INSTRUCTION AT HOT BREAD KITCHEN'S CHELSEA MARKET HEADQUARTERS, FOLLOWED BY SIX WEEKS OF ON-THE-JOB TRAINING WITH RESTAURANT PARTNERS. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: KITCHEN'S LARGE NETWORK OF EMPLOYER PARTNERS. THE PROGRAM ALSO INCLUDES PROFESSIONAL READINESS, WRAPAROUND SUPPORT, AND ENGLISH FOR SPEAKERS OF OTHER LANGUAGES COURSES. THE FIRST COURSE NYC PROGRAM PROVIDES CULINARY INSTRUCTION AND APPRENTICESHIP OPPORTUNITIES FOR ASPIRING RESTAURANT COOKS. MEMBERS RECEIVE 8 WEEKS OF KITCHEN-BASED INSTRUCTION, HANDS-ON TECHNICAL SKILLS TRAINING, AND PROFESSIONAL SKILLS LESSONS FOLLOWED BY 6 WEEKS OF ON-THE-JOB TRAINING WITH FINE DINING RESTAURANTS ACROSS NYC LIKE LILIA MISI, PIG & KHAO, AND CENTURION.

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page **2**

Name of the organization HOT BREAD KITCHEN, LTD.	Employer identification number 26-3332972
FORM 990, PART VI, SECTION B, LINE 11B:	
A DRAFT OF THE 990 IS REVIEWED BY THE CHIEF EXECUTIVE OFFICER, EXECUTIVE	
DIRECTOR, TREASURER, AUDIT AND FINANCE COMMITTEE OF THE BOARD, AND FINANCE	
DIRECTOR. FOLLOWING THAT REVIEW, IT IS THEN SUBMITTED TO THE BOARD FOR	
REVIEW. IF THE BOARD MEMBERS HAVE COMMENTS, THEY ARE INCORPORATED INTO THE	
FINAL REVISION BEFORE SUBMISSION TO THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE CONFLICT OF INTEREST POLICY IS CONTAINED IN ARTICLE 6 OF THE	
ORGANIZATION'S BY-LAWS. ALL DIRECTORS ARE REQUIRED TO SIGN DISCLOSURE	
STATEMENTS ANNUALLY TO AFFIRM THEY HAVE RECEIVED A COPY OF THE POLICY AND	
AGREE TO COMPLY WITH THE POLICY. NO DIRECTOR MAY VOTE ON ANY MATTER IN	
WHICH HE OR SHE HAS A CONFLICT OF INTEREST. DIRECTORS WHO DISCLOSE A	
CONFLICT OF INTEREST WILL NOT PARTICIPATE IN DISCUSSIONS ON RELATED	
TRANSACTIONS. THE BOARD HAS THE RIGHT TO USE COMPARABILITY DATA ON	
DECISIONS WHERE INTERESTED PARTIES ARE AFFECTED.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE COMMITTEE REVIEWS COMPENSATION IN JANUARY OF EACH YEAR, AND CONSIDERS	
INFORMATION FROM COMPARABLE ORGANIZATIONS IN MAKING COMPENSATION DECISIONS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION DID NOT MAKE THESE DOCUMENTS PUBLICLY AVAILABLE DURING	
2023.	

Form	990-T	E	xempt Orga	nization Bus	siness Inco	ome Tax Retu	rn	OMB	No. 1545-0047
				nd proxy tax und				_	000
		For ca	endar year 2023 or other tax ye	ear beginning	, and e	nding			023
	nent of the Treasury Revenue Service			gov/Form990T for ins s on this form as it may l		latest information. ur organization is a 501(c)(3	3).	Open to F 501(c)(3)	Public Inspection for Organizations Only
Α	Check box if address changed.		Name of organization (Check box if name o	hanged and see instr	uctions.)	D En	nployer idei	ntification number
B Exe	empt under section	Print	HOT BREAD KITCHE	N, LTD.			2	6-3332	972
=	501(c)(3)	or Type	Number, street, and roor	n or suite no. If a P.O. bo	x, see instructions.			oup exemp	tion number ons)
	408(e) 220(e)	турс	CHELSEA MARKET,						
=	408A530(a)		City or town, state or pro	* **	r foreign postal code				
	529(a)529A		NEW YORK, NY 10			12 010 041	F		k box if
	h 1		ok value of all assets at x 501(c) corporation		401(a) trust	13,018,041.	Ctata		nended return. /university
G C	heck organization	туре	6417(d)(1)(A) App		401(a) trust	Other trust		college	runiversity
H C	heck if filing only to	claim	Credit from Fo		nd shown on Form	2439 Elective payn	nent am	ount from	 n Form 3800
						poration			
			ed Schedules A (Form					1	
K D	uring the tax year,	was th	e corporation a subsidi	ary in an affiliated grou	up or a parent-subs	sidiary controlled group?		Yes	X No
If	"Yes," enter the na	ame an	d identifying number of	the parent corporatio	n				
	ne books are in car		THE ORGANIZATION			Telephone number	212-5	40-907)
			d Business Taxab				-	_	
1				•		esses (see instructions) .	·· —		0.
2									
3 4	Add lines 1 and 2							+	0.
5						m line 3			
6							. —		0.
7			ess taxable income bef				··		
	Subtract line 6 fro	om line	5				. 7		
8	Specific deduction	n (gen	erally \$1,000, but see in	nstructions for excepti	ons)		8		1,000.
9	9 Trusts. Section 199A deduction. See instructions								
10									1,000.
11 Dor			able income. Subtract	t line 10 from line 7. If	line 10 is greater th	an line 7, enter zero	11		0.
	t II Tax Com			ah Dark Libra 44 ho Os	10/ (0.04)		1	1	0.
1 2			rates. See instructions			amount on	·· ├-		
							2		
3	Proxy tax. See in								
4	-								
5									
6	Tax on noncomp	oliant f	acility income. See ins	tructions			. 6		
7	Total. Add lines	3 throu	gh 6 to line 1 or 2, whic	hever applies			7		0.
	t III Tax and							_	
1a	Other credits (see		orations attach Form 11			1a	\dashv		
b	,		Attach Form 3800 (see	instructions)		1b 1c	\dashv		
d			mum tax (attach Form			1d	-		
e	Total credits. Ad						1e		
2			•				··		0.
За	Amount due from	Form	4255			3a			
b	Amount due from	Form	8611			3b			
С	Amount due from	Form	8697			3c			
d	Amount due from					3d			
e	Other amounts d	•	,			3e			•
f 4	Total tax Add !::	ie. Add	lines 3a through 3e nd 3f (see instructions).	Chook if include	oo toy proviously d	oforrad under	3f	1	0.
4							4		0.
section 1294. Enter tax amount here 5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)									0.
			on Act Notice, see ins	•				Form	990-T (2023)
					43				

Form 990-T (2023) Page 2 Tax and Payments (continued) Part III Payments: Preceding year's overpayment credited to the current year **b** Current year's estimated tax payments. Check if section 643(g) election 6b applies Tax deposited with Form 8868 С 6с Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) 6e Credit for small employer health insurance premiums (attach Form 8941) Elective payment election amount from Form 3800 6g Payment from Form 2439 Credit from Form 4136 6i Other (see instructions) 7 7 Total payments. Add lines 6a through 6j Estimated tax penalty (see instructions). Check if Form 2220 is attached 8 8 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9 9 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 10 Enter the amount of line 10 you want: Credited to 2024 estimated tax 11 11 Part IV Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority Yes | No over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country Х During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a 2 Х If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year 3 4 Enter available pre-2018 NOL carryovers here \$ 89,938. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. 5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. **Business Activity Code** Available post-2017 NOL carryover 531190 \$ 157,159. \$ \$ Reserved for future use Reserved for future use Supplemental Information Provide any additional information. See instructions. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return with

Sign Here CHIEF OPERATING OFFICER the preparer shown below (see Signature of officer Date instructions)? X Yes Date Print/Type preparer's name Preparer's signature Check if PTIN self-employed 10/2/24 Paid JENNIFER COATES P02247728 **Preparer** LUTZ AND CARR, CPAS LLP Firm's name Firm's EIN 13-1655065 **Use Only** 551 FIFTH AVENUE, SUITE 400

Form 990-T (2023)

Firm's address

NEW YORK, NY 10176

FORM 990-T	PRE-2018	NET OPERATING	LOSS DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/11	1,261.	1,261.	0.	0.
12/31/12	17,919.	869.	17,050.	17,050.
12/31/13	298.	0.	298.	298.
12/31/15	12,686.	0.	12,686.	12,686.
12/31/16	43,768.	0.	43,768.	43,768.
12/31/17	16,136.	0.	16,136.	16,136.
NOL CARRYOV	ER AVAILABLE THIS	/EAR	89,938.	89,938.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

501(c)(3) Organizations Only

Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

					,	,, , <u>,</u>		•
A	Name of the organization HOT BREAD KITCHEN, LTD.	В	Employer identification 26-3332972	cation	number			
С	Unrelated business activity code (see instructions)	531190	D	Sequence:	1	of	1	

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances c Balance	1c			
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6	14,154.	18,575.	-4,421.
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	14,154.	18,575.	-4,421.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	1		
2	Salaries and wages			
3	Repairs and maintenance	3		
4	Bad debts			
5	Interest (attach statement). See instructions			
6	Taxes and licenses			
7	Depreciation (attach Form 4562). See instructions			
8	Less depreciation claimed in Part III and elsewhere on return		8b	
9	Depletion		9	
10	Contributions to deferred compensation plans			
11	Employee benefit programs			
12	Excess exempt expenses (Part VIII)			
13	Excess readership costs (Part IX)			
14	Other deductions (attach statement)			
15	Total deductions. Add lines 1 through 14		0.	
16	Unrelated business income before net operating loss deduction. Subtract line 15 f			
	column (C)		16	-4,421.
17	Deduction for net operating loss. See instructions		0.	
18	Unrelated business taxable income. Subtract line 17 from line 16			-4,421.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

11121024 759420 6971

	A (Form 990-1) 2023				Page 2
Part III		nod of inventory valuat			
	ventory at beginning of year				
	urchases				
3 C	ost of labor			3	
	dditional section 263A costs (attach statement)				
	ther costs (attach statement)				
	otal. Add lines 1 through 5				
	ventory at end of year				
	ost of goods sold. Subtract line 7 from line 6. Enter h				T N T N
	o the rules of section 263A (with respect to property				Yes No
Part IV	, , ,	•	-		
	escription of property (property street address, city, s			tructions.	
Α		90 PARK AVENUE, I	1EW YORK, NY		
В					
С					
D		1			
		Α	В	С	D
2 R	ent received or accrued				
a Fi	rom personal property (if the percentage of				
re	nt for personal property is more than 10%				
bı	ut not more than 50%)	0.			
b Fr	rom real and personal property (if the				
pe	ercentage of rent for personal property exceeds				
50	0% or if the rent is based on profit or income)	14,154.			
c To	otal rents received or accrued by property.				
A	dd lines 2a and 2b, columns A through D	14,154.			
Part V	Unrelated Debt-Financed Income (seescription of debt-financed property (street address,	ee instructions)			18,575
В					
C					
D					
		Α	В	С	D
2 G	ross income from or allocable to debt-financed				
рі	roperty				
	eductions directly connected with or allocable				
	debt-financed property				
	traight line depreciation (attach statement)				
	ther deductions (attach statement)				
	otal deductions (add lines 3a and 3b,				
	olumns A through D)				
	mount of average acquisition debt on or allocable				
	debt-financed property (attach statement)				
	verage adjusted basis of or allocable to debt-				
	nanced property (attach statement)				
	ivide line 4 by line 5	%	%	%	%
	ross income reportable. Multiply line 2 by line 6	70	70	70	
	otal gross income (add line 7, columns A through D)	Enter here and on Pa	I rt L line 7 column (A)	L	0.
J 10	otal gross moonie (add into 1, columns A through b)	. Littor here and on Pa	c i, iii c 7, colullii (A)		•
	Un calaba da du stiana Multiplu lina Calabu lina C				
9 A	ilocable deductions. Millitipiv line 3c by line b		, i		
	llocable deductions. Multiply line 3c by line 6 otal allocable deductions. Add line 9, columns A thr	ough D. Enter here and	on Part I, line 7, colu	mn (B)	0.

1

Part	art VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)											
	Exempt Controlled Organization								ganization	ıs		
	Name of controlled organization		2. Employer identification number			al of specified nents made something that is included controlling org tion's gross in		included olling orga	ed in the ganiza-		Deductions directly connected with come in column 5	
(1)												
(2)												
(3)												
(4)												
	+				Controlled Or		1			- 44		
7.	. Taxable Income	in	Net unrelated come (loss) e instructions)		otal of specifi yments mad		that is inc	luded organiz	in the zation's		cor	ductions directly nnected with ne in column 10
(1)		(,				gross	incom	ie			
(1) (2)												
(2) (3)												
(4)												
	Add columns 5 and 10. Enter here and on Part I, line 8, column (A).				ı Part I, (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).						
Totals					(0) (4=)		L		0.			0.
Part			of a Section 50)1(c)(7),							_	F T-1-1 d- d
	1. Desc	cription of	income		2. Amour incom		3. Deduction directly connected (attach states	ected	4. Set-a (attach st		' [5. Total deductions and set-asides (add cols 3 and 4)
(1)												
(2)												
(3)												
(4)												
Totals					Add amou column 2. here and or line 9, colu	Enter Part I,						Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Part	VIII Exploited E	xempt /	Activity Income	. Other	Than Adv	ertisir	na Income (see ins	structions)			
1	Description of exploite			,			<u> </u>					
2	Gross unrelated busin	٠.		ness. Ente	er here and o	n Part I,	, line 10, colum	nn (A)		2		
3	Expenses directly con	nected wit	th production of unr	elated bus	siness incom	e. Enter	here and on P	Part I,				
	line 10, column (B)									3		
4	Net income (loss) from	unrelated	I trade or business.	Subtract li	ne 3 from lin	e 2. If a	gain, complete	Э	ſ			
										4		
5	Gross income from ac	tivity that i	s not unrelated bus	iness inco	me					5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4. Enter here and on F	Part II, line	12	<u></u>						7		(Farra 000 T) 0000

Schedule A (Form 990-T) 2023

Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if repor	ting two or m	ore periodicals on a	a consolidated bas	sis.	
	A					
	В					
	c 🗆					
	D					
Enter :	amounts for each periodical listed above in th	ne correspond	ding column			
LITTOI	amounts for each periodical listed above in th	Г	A	В	С	D
•	Over an advantision of income	_	Α	<u> В</u>		<u> </u>
2	Gross advertising income		44 1 (A)			0.
	Add columns A through D. Enter here and o	on Part I, line	11, column (A)			
а	2			1		
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and o	on Part I, line	11, column (B)			0.
		_		1		1
4	Advertising gain (loss). Subtract line 3 from	line				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column					
	line 4 showing a loss or zero, do not comple	ete				
	lines 5 through 7, and enter -0- on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less that	an				
	line 5, subtract line 6 from line 5. If line 5 is	less				
	than line 6, enter -0-					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gair	n on				
	line 4, enter the lesser of line 4 or line 7	L				
а	Add line 8, columns A through D. Enter the	greater of the	e line 8a columns to	tal or -0- here and	on	
	Part II, line 13	-				0.
Part	X Compensation of Officers, D	Directors,	and Trustees (see instructions)		
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
(- /					,,	
Total	. Enter here and on Part II, line 1					0.
Part						
ı uıt		see manucho	113)			

FORM 990-T DESCRIPTION OF ORGANIZATION'S UNRELATED BUSINESS ACTIVITY STATEMENT

RENTAL OF PERSONAL PROPERTY IN CONNECTION WITH RENTAL OF REAL PROPERTY TO FORM 990-T, SCHEDULE A, LINE E

990-T SCH	A POST-201	POST-2017 NET OPERATING		STATEMENT 3	
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/18	6,287.	0.	6,287.	6,287.	
12/31/19	4,322.	0.	4,322.	4,322.	
12/31/20	125,518.	0.	125,518.	125,518.	
12/31/21	15,011.	0.	15,011.	15,011.	
12/31/22	6,021.	0.	6,021.	6,021.	
NOL CARRYO	VER AVAILABLE THIS	YEAR	157,159.	157,159.	

FORM 990-T (A)	DEDUCTIONS	CONNECTED	WITH RENTAL	INCOME	STATEMENT	4
DESCRIPTION			ACTIVITY NUMBER	AMOUNT	TOTAL	
SALARIES PAYROLL TAXES AN FACILITIES AND O		7 C		12,162. 2,432. 3,981.		
FACIBILIES AND O	THE EATHER	- SUBTOTA	L - 1	3,901.		575.
TOTAL TO FORM 99	0-т, schedui	LE A, PART	IV, LINE 4		18,	575.