NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

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

2018

Open to Public Inspection

| 1 | .Gen | eral | Inforr | nation |
|---|------|------|--------|--------|

| 1. General Information | 9.0 | | | | | |
|--|-----------------------------------|------------------------------|------------------------------|---|--|--|
| For Fiscal Year Beginning | (mm/dd/yyyy) 07/01/ | 2018 and Ending (| mm/dd/yyyy) 06/30/2 | 2019 | | |
| Check if Applicable: | Name of Organization: | | | Employer Identification Number (EIN): | | |
| Address Change | ¬ | | | | | |
| Name Change | Mailing Address: | | | NY Registration Number: | | |
| Initial Filing | 8 EAST 109TH S | TREET | | 03-15-56 | | |
| Final Filing | City / State / ZIP: | | | Telephone: | | |
| Amended Filing | NEW YORK, NY | 10029-3402 | | 917 720-9700 | | |
| Reg ID Pending | Website: | | | Email: | | |
| | WWW.NYCOMMONPA | NTRY.ORG | | | | |
| Check your organization's | | | | onfirm your Registration Category in the | | |
| registration category: | 7A only EPTL | only X DUAL (7A & | | charities Registry at www.CharitiesNYS.com. | | |
| 2. Certification | | | | | | |
| See instructions for certific | ation requirements. Improper | certification is a violation | of law that may be subject | to penalties. The certification requires | | |
| two signatories. | | | | | | |
| We certify under or | enalties of periury that we revie | ewed this report, including | all attachments, and to the | best of our knowledge and belief, | | |
| | true, correct and complete in | | | | | |
| | / 10 | V | STEPHEN D. | GRIMALDI | | |
| President or Authorized C | Officer: | V | EXECUTIVE I | TRECTOR 6/16/2020 | | |
| | Signature | 1 | Print Name | and Title Date | | |
| | α | 111 | Monus | DIRECTOR 6/14/2020 and Title Date HAMRAK AMADA | | |
| Chief Financial Officer or | Treasurer: (Auto X | Har | C.HICOLYN A | 11/2020 | | |
| | Signature | U | Print Name | and Title Date | | |
| | | | | | | |
| 3. Annual Reporting | Exemption | | | | | |
| Check the exemption(s) th | at apply to your filing. If your | organization is claiming ar | exemption under one cate | gory (7A or EPTL only filers) or both | | |
| 1 ' ' ' | | _ | • | ed Char500. No fee, schedules, or | | |
| | | | | e exemption, you must file applicable | | |
| schedules and attachment | | , | • | | | |
| | | | | | | |
| 3a. 7A filing | exemption: Total contribution | ns from NY State includin | g residents, foundations, go | overnment agencies, etc. did not | | |
| exceed \$25 | 5,000 and the organization did | not engage a profession | al fund raiser (PFR) or fund | raising counsel (FRC) to solicit | | |
| contribution | ns during the fiscal year. | | | | | |
| | | | | | | |
| 3b. EPTL fil | ling exemption: Gross receipt | s did not exceed \$25,000 | and the market value of ass | sets did not exceed \$25,000 at any time | | |
| during the f | | | | • | | |
| | | | | | | |
| 4. Schedules and At | tachments | | | | | |
| See the following page | | | | | | |
| for a checklist of X Yes No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer | | | | | | |
| schedules and for fund raising activity in NY State? If yes, complete Schedule 4a. | | | | | | |
| attachments to | | | | | | |
| complete your filing. X Yes No 4b. Did the organization receive government grants? If yes, complete Schedule 4b. | | | | | | |
| | | | | | | |
| 5. Fee | | | | | | |
| See the checklist on the | 7A filing fee: | EPTL filing fee: | Total fee: | | | |
| next page to calculate you | | | | Make a single check or money order | | |
| fee(s), Indicate fee(s) you | | | | | | |
| THE STATE OF THE S | | | | UP. 4 | | |
| are submitting here: | \$25. | \$250. | \$ 275. | "Department of Law" | | |

868451 01-15-19 1019

Page 1

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

NEW YORK COMMON PANTRY

Annual Filing Checklist

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

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

Checklist of Schedules and Attachments

| Check the schedules you must submit with your CHAR500 as described in Part 4: X If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (X If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants | PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV) |
|--|--|
| Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Condisclosure and will not be available for public review. | |
| Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenufiling year. We have included an IRS Form 990-EZ for state purposes only. | e exceeded \$25,000 and/or our assets exceeded \$25,000 in th |
| If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Review Report if you received total revenue and support greater than \$250,000 Audit Report if you received total revenue and support greater than \$750,000 No Review Report or Audit Report is required because total revenue and support We are a DUAL filer and checked box 3a, no Review Report or Audit Report is a | ort is less than \$250,000 |
| Calculate Your Fee | |
| For 7A and DUAL filers, calculate the 7A fee: | Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau: |
| \$0, if you checked the 7A exemption in Part 3a X \$25, if you did not check the 7A exemption in Part 3a | 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A") |
| For EPTL and DUAL filers, calculate the EPTL fee: | EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY. |
| \$0, if you checked the EPTL exemption in Part 3b \$25, if the NET WORTH is less than \$50,000 | DUAL filers are registered under both 7A and EPTL. |
| \$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more | EXEMPT filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u> . These organizations are not required to file annual financial reports but may do so voluntarily. |
| | Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com . |
| Send Your Filing Send your CHAR500, all schedules and attachments, and total fee to: | Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on: |
| NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005 | IRS Form 990 Part I, line 22 IRS Form 990 EZ Part I, line 21 IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)). |

868461 01-15-19 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2019)

Page 2

Visit: www.CharitiesNYS.com

(212) 416-8401 Email: Charities.Bureau@ag.ny.gov

Need Assistance?

Call:

CHAR500

2018

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers www.CharitiesNYS.com

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If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. The PFR or FRC should provide its NY Registration Number to you. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations and use additional pages if necessary.

Definitions

A Professional Fund Raiser (PFR), in addition to other activities, conducts solicitation of contributions and/or handles the donations (Article 7A, 171-a.4). A Fund Raising Counsel (FRC) does not solicit or handle contributions but limits activities to advising or assisting a charitable organization to perform such functions for itself (Article 7A, 171-a.9).

A Commercial Co-Venturer (CCV) is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).

Professional fund raising does not include activities by an organization's development staff, volunteers, or a grantwriter who has been hired solely to draft applications for funding from a government agency or tax exempt organization.

| 1. Organization Informati | on | |
|---|---------------------------------------|-------------------------------|
| Name of Organization: | | NY Registration Number: |
| NEW YORK COMMON | PANTRY | 03-15-56 |
| 2. Professional Fund Rais | ser, Fund Raising Counsel, Comme | rcial Co-Venturer Information |
| Fund Raising Professional type: | Name of FRP: | NY Registration Number: |
| X Professional Fund Raiser | AARON CONSULTING | 32-64-81 |
| Fund Raising Counsel | Mailing Address: | Telephone: |
| Fulld haising counsel | 377 FIFTH STREET | 718-965-3344 |
| Commercial Co-Venturer | | |
| | BROOKLYN, NY 11215 | |
| 3. Contract Information | | |
| Contract Start Date: | Contract End Date: | |
| | | 1 |
| 4. Description of Service: Services provided by FRP: | S | |
| FUNDRAISING EVEN | T CONSULTING | |
| | | |
| | | |
| 5. Description of Compe | nsation | |
| Compensation arrangement with CONSULTING FEE C | Amount Paid to FRP: | |
| COMBOLITING FEE C | , , , , , , , , , , , , , , , , , , , | 65,478. |
| | | |
| 6. Commercial Co-Ventu | rer (CCV) Report | |
| Yes No If services were provided by a CCV, did the CCV provide the charitable organization with the interim or closing report(s) required by Section 173(a) part 3 of the Executive Law Article 7A? | | |
| lv | | |

868471 01-15-19

1019 CHAR500 Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers (Updated January 2019) Page 1

CHAR500

Schedule 4b: Government Grants www.CharitiesNYS.com

2018

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If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities.

Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

| Name of Organization: | NY Registration Number: |
|------------------------|-------------------------|
| NEW YORK COMMON PANTRY | 03-15-56 |

2. Government Grants

| Name of Government Agency | Amount of Grant |
|--|-------------------|
| 1. NEW YORK STATE DEPARTMENT OF HEALTH | 1. 2,040,012. |
| 2. NYS OTDA | 2. 1,461,071. |
| 3. UNITED WAY OF NYC (EFSP) | 3. 32,200. |
| 4. NYC DEPARTMENT OF YOUTH & COMMUNITY DEVELOPMENT | 4. 179,595. |
| 5. FOOD BANK FOR NEW YORK CITY | 5. 20,020. |
| 6. MOUNT SINAI HOSPITAL-COMMUNITY/GOV AFFAIRS | 6. 50,000. |
| 7. | 7. |
| 8. | 8. |
| 9. | 9. |
| 10. | 10. |
| 11. | 11. |
| 12. | 12. |
| 13. | 13. |
| 14. | 14. |
| 15. | 15. |
| Total Government Grants: | Total: 3,782,898. |

1

FOOTNOTES

STATEMENT

THIS 990T FORM IS BEING FILED TO RECEIVE A REFUND OF TAXES PAID FOR DISALLOWED FRINGES. THIS RELATES TO THE REPEAL OF SECTION 512(A) (7).