CHAR500 Online

For new annual filings, and amendments

Annual Filing for Charitable Organizations

New York State Office of the Attorney General Charities Bureau - Registration Section 28 Liberty Street New York, NY 10005 <u>charitiesnys.com</u> Open to Public Inspection

Filing Type:	New Fill	ing O Am	endment	Filing Year: 202	0	_
General Info	ormation					
Current Organization Name: New York Common Pantry, Inc.			Updated Nam	ie:	N/A	
NY Registration Number: 03-15-56			Registration C	ategory:	DUAL	
Organization Ty	ype:	Corporation		EIN: Updated Fiscal Year End		133127972
Current Fiscal Y	ear End:	06/30				: <u>N/A</u>
		nycommonpantry.org	Organization's Phone:		917-720-9700	
Tax Exempt Status: 501(c)(3)			Website:		www.nycommonpantry.org	
Organization A	Address					
	ailing Addres	S	Principal Address			NY State Address
8 East 109th Street New York NY 10029-3402 UNITED STATES		8 East 109th Stree New York NY 10029-3402 UNITED STATES	et	NA 		
Primary Contact Information						
First Name: Stephen D.		Last Name: <u>Grimaldi</u> Title: <u>E</u>		Executive Director		
Phone: 917-720-9700			Email: sgrin	naldi@nycommo	npantry.o	<u>rg</u>
Third Party Preparer Information						
First Name: Michael		Last Name: Walla	ace	Title:	Partner	
Firm Name: Lutz and Carr, CPA's LLP		Phone: <u>212</u> -	697-2299	Email:	mwallace@lutzandcarr.com	
Third Party Address						
Street: 551 Fifth Avenue, Suite 400						
City: New York State: N			NY			
Zip: 10176	<u> </u>		Country:	United States		

Registration Category				
 Does the organization conduct activity in New York State (other than soliciting)? This may include, but is not limited to, maintaining an office, having employees or running a program. Yes ONo 				
. Does the organization have assets in New York State?				
 Yes ONo Is the organization incorporated or formed in New York State? OYes ONo N/A 				
4. Does the organization solicit or receive more than \$25,000 annually in total contributions from New York State residents, foundations, corporations, or government agencies?				
• Yes ONo . Does the organization use a professional fundraiser or fundraising counsel?				
●Yes ○No				
Based on your responses to the above questions, this organization's registration category remains as DUAL				
Annual Exemptions				
 Were the total contributions from New York State, including residents, foundations, government agencies, etc. under \$25,000 during the fiscal year? ○ Yes				
2. Did the organization use a professional fundraiser or fundraising counsel during the fiscal year?				
● Yes O No				
 Were the organization's gross receipts under \$25,000 and the market value of its assets under \$25,000 during the fiscal year? ○Yes No 				
Based on your responses to annual exemption questions, this organization is required to file under DUAL during this				
fiscal year.				
Financial Information				
Which IRS form does your organization use? IRS990 Organization's total revenue: 20,295,221				
Organization's total contributions: 20,256,461 Organization's total assets: N/A				
Organization's net assets: 14,254,457 Organization's total revenue N/A				
rganization's total liabilities: N/A and contributions:				
Organization's total assets/ N/A worth:				
Is the organization required to file form Schedule B - Schedule of contributors - with the IRS? \bigcirc Yes \bigcirc No \bigcirc N/A				
For the current filing year, does your organization plan to do any of the following with its Charities Bureau Registration?				
☐ Closing ☐ Withdrawing ☐ Dissolving ☑ None				
Is this your final filing with New York State? OYes ONo N/A				

Filing Information

Did the organization use a professional fundraiser or fundraising counsel to solicit contributions in New York State?

General Information	Description of Services	Description of Compensation
Name of Firm: AARON CONSULTING COMPANY LLC Type: Profession Registration ID: 32-64-81 Contract Start: 5/1/2020 Contract End: 4/30/2021 Amount Paid: \$51,547.00 Phone: 718-965-3344 Mailing Address: 377 FIFTH STREET null BROOKLYN NY-11215 United States	FUNDRAISING EVENT CONSULTANT	CONSULTING FEE OF \$51,547
Name of Firm: N/A Type: N/A Contract Start: N/A Amount Paid: N/A Mailing Address: N/A	N/A	N/A
Name of Firm: N/A Type: N/A Contract Start: N/A Amount Paid: N/A Mailing Address: N/A	N/A	N/A

Did the organization receive government grants during this fiscal year?

Yes ONo

Government Grant Agency	Grant Amount
NEW YORK STATE DEPARTMENT OF HEALTH	\$2,198,713.00
NYC DEPARTMENT OF YOUTH AND COMMUNITY DE	\$208,280.00
NYS OFFICE OF TEMPORARY & DISABILITY ASS	\$1,027,637.00
FOOD BANK FOR NEW YORK CITY	\$565,684.00
	To be continued in Appendix page 2

Documents					
Attache	Attached organization's required documents:				
X	IRS document				
X	Certified Public Accountant's Audit Report				
	Certified Public Accountant's Review Report				
	Complete Certificate of Amendment or other document amending the name				
	Schedule B				

Signatures

□ Other documents

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

Role	First Name	Last Name	Email
Executive Director	STEPHEN	GRIMALDI	sgrimaldi@nycommonpantry.org
Director of Finance	GREG	ONAIFO	gonaifo@nycommonpantry.org
Signature of	— Docusigned by: Stephen Grimaldi —68435B87FF414E0		Date: 4/26/2022

Signature of Director of Finance

| Columbia | Columbia

Date:

4/26/2022

Filing Information

General Information	Description of Services	Description of Compensation
Name of Firm: N/A	N/A	N/A
Type: N/A Registration ID: N/A		
Contract Start: N/A Contract End: N/A		
Amount Paid: N/A Phone : N/A		
Mailing Address: N/A		
Name of Firm: N/A	N/A	N/A
Type: N/A Registration ID: N/A		
Contract Start: N/A Contract End: N/A		
Amount Paid: N/A Phone : N/A		
Mailing Address: N/A		
Name of Firm: N/A	N/A	N/A
Type: N/A Registration ID: N/A		
Contract Start: N/A Contract End: N/A		
Amount Paid: N/A Phone : N/A		
Mailing Address: N/A		
Name of Firm: N/A	N/A	N/A
Type: N/A Registration ID: N/A		
Contract Start: N/A Contract End: N/A		
Amount Paid: N/A Phone : N/A		
Mailing Address: N/A		

Government Grant Agency	Grant Amount
NYS DEPARTMENT OF SANITATION	\$200,000.00
DEPARTMENT OF SOCIAL SECURITY	\$74,475.00
EMERGENCY FOOD & SHELTER UNITED WAY	\$145,513.00
NYS DEPARTMENT OF ENVIORNMENTAL CONSERVATION	\$15,000.00
N/A	N/A