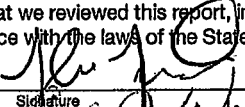
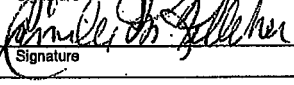


1. General Information		
a. For the fiscal year beginning (mm/dd/yyyy) 07/01/2012 and ending (mm/dd/yyyy) 06/30/2013		
b. Check if applicable for NYS: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization NEW YORK COMMON PANTRY (FORMERLY YORKVILLE COMMON PANTRY, INC.) Number and street (or P.O. box if mail not delivered to street address) Room/suite 8 EAST 109TH STREET City or town, state or country and ZIP + 4 NEW YORK, NY 10029-3402	d. Fed. employer ID no. (EIN) 13-3127972 e. NY State registration no. 03-15-56 f. Telephone number 917 720-9700 g. Email

2. Certification - Two Signatures Required			
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.			
a. President or Authorized Officer	 Signature	STEPHEN D. GRIMALDI Printed Name	EXECUTIVE DIRECTOR Title
			Date 2/26/14
b. Chief Financial Officer or Treas.	 Signature	Camille M. Kelleher Printed Name	Treasurer Title
			Date 2/26/14

3. Annual Report Exemption Information	
a.	Article 7-A annual report exemption (Article 7-A registrants and dual registrants) Check <input type="checkbox"/> if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 <u>and</u> the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year. NOTE: An organization may claim this exemption if no PFR or FRC was used <u>and</u> either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal <u>and</u> contributions from other sources did not exceed \$25,000 <u>or</u> 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.
b.	EPTL annual report exemption (EPTL registrants and dual registrants) Check <input type="checkbox"/> if gross receipts did not exceed \$25,000 <u>and</u> assets (market value) did not exceed \$25,000 at any time during this fiscal year.
For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. <i>Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.</i>	

4. Article 7-A Schedules	
If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year:	
a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? ...	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No * If "Yes", complete Schedule 4a.
b. Did the organization receive government contributions (grants)?	<input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No * If "Yes", complete Schedule 4b.

5. Fee Submitted: See last page for summary of fee requirements.		
Indicate the filing fee(s) you are submitting along with this form:		
a. Article 7-A filing fee	\$	<u>25.</u>
b. EPTL filing fee	\$	<u>250.</u>
c. Total fee	\$	<u>275.</u>
		Submit only one check or money order for the total fee, payable to "NYS Department of Law"

6. Attachments - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments **▶▶▶**

NEW YORK COMMON PANTRY (FORMERLY YORKVILLE COMMON PANTRY, INC.)

Part 4a. Professional Fund Raisers (PFR), Fund Raising Counsels (FRC), Commercial Co-Venturers (CCV)

If you checked the box in question 4.a. on page 1, complete the following schedule for each PFR, FRC or CCV that the organization engaged for fund raising activity in NY State:

1. Type of fund raising professional (FRP):
- | | |
|--------------------------------|-------------------------------------|
| Professional fund raiser | <input checked="" type="checkbox"/> |
| Fund raising counsel | <input type="checkbox"/> |
| Commercial co-venturer | <input type="checkbox"/> |

2. Name of FRP:

SPECIAL EVENT UNLIMITED

Number and street (or P.O. box if mail is not delivered to street address):

230 WEST 36TH STREET

City or town, state or country and ZIP + 4:

NEW YORK, NY 10018

3. FRP telephone number:

212-244-7345

4. Services provided by FRP (provide description):

EVENT MANAGEMENT.

5. Compensation arrangement with FRP (provide description):

CONSULTING FEE OF \$45,000

6. Dates of contract through

(mm/dd/yyyy) (mm/dd/yyyy)

7. Amount paid to FRP \$

8. If services were provided by a CCV, did the CCV provide the charitable organization with the interim report(s) required by §§ 173-a. 3 of the Executive Law?

