

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2007 calendar year, or tax year beginning JUL 1, 2007 and ending JUN 30, 2008**

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Termination
  - Amended return
  - Application pending

**C Name of organization**  
**YORKVILLE COMMON PANTRY, INC.**

**D Employer identification number**  
**13-3127972**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**8 EAST 109TH STREET**

**E Telephone number**  
**(212) 410-2264**

City or town, state or country, and ZIP + 4  
**NEW YORK, NY 10029**

**F Accounting method:**  Cash  Accrual  
 Other (specify) \_\_\_\_\_

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

*Hand I are not applicable to section 527 organizations.*

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates **N/A**

**H(c)** Are all affiliates included? **N/A**  Yes  No  
(If "No," attach a list.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I Group Exemption Number** **N/A**

**G Website:** WWW.YCP.ORG

**J Organization type** (check only one)  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 **5,482,728.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Contributions to donor advised funds	1a			
	<b>b</b> Direct public support (not included on line 1a)	1b	3,909,361.		
	<b>c</b> Indirect public support (not included on line 1a)	1c			
	<b>d</b> Government contributions (grants) (not included on line 1a)	1d	300,607.		
	<b>e Total</b> (add lines 1a through 1d) (cash \$ 3,086,362. noncash \$ 1,123,606. )	1e			4,209,968.
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	<b>3</b> Membership dues and assessments	3			
	<b>4</b> Interest on savings and temporary cash investments	4			12,532.
	<b>5</b> Dividends and interest from securities	5			23,409.
	<b>6 a</b> Gross rents	6a			
	<b>b</b> Less: rental expenses	6b			
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	6c				
<b>7</b> Other investment income (describe _____ )	7				
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	8a			
	1,176,453.	8a			
	<b>b</b> Less: cost or other basis and sales expenses	8b			
	1,146,206.	8b			
<b>c</b> Gain or (loss) (attach schedule)	8c				
		30,247.			
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			30,247.	
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ 159,406. of contributions reported on line 1b)	9a			
	53,804.	9a			
	<b>b</b> Less: direct expenses other than fundraising expenses	9b			
		53,804.			
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	9c			0.	
		SEE STATEMENT 2			
<b>10 a</b> Gross sales of inventory, less returns and allowances	10a				
	<b>b</b> Less: cost of goods sold	10b			
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c				
<b>11</b> Other revenue (from Part VII, line 103)	11			6,562.	
<b>12 Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			4,282,718.	
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))	13			2,723,040.
	<b>14</b> Management and general (from line 44, column (C))	14			446,047.
	<b>15</b> Fundraising (from line 44, column (D))	15			358,951.
	<b>16</b> Payments to affiliates (attach schedule)	16			
	<b>17 Total expenses.</b> Add lines 16 and 44, column (A)	17			3,528,038.
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	18			754,680.
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	19			4,879,885.
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	20			SEE STATEMENT 3
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			5,538,033.

**Part I Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	124,409.	49,764.	37,323.	37,322.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	825,733.	542,328.	132,380.	151,025.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c				
<b>28</b> Employee benefits not included on lines 25a - 27	135,772.	76,373.	34,514.	24,885.
<b>29</b> Payroll taxes	87,634.	48,739.	22,434.	16,461.
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees	63,721.		63,721.	
<b>32</b> Legal fees				
<b>33</b> Supplies	81,724.	59,166.	18,802.	3,756.
<b>34</b> Telephone	25,882.	11,397.	12,094.	2,391.
<b>35</b> Postage and shipping	11,894.	3,658.	4,430.	3,806.
<b>36</b> Occupancy	79,728.	48,199.	16,296.	15,233.
<b>37</b> Equipment rental and maintenance	40,523.	24,467.	8,324.	7,732.
<b>38</b> Printing and publications	29,529.	6,677.	18,341.	4,511.
<b>39</b> Travel	10,060.	8,337.	1,487.	236.
<b>40</b> Conferences, conventions, and meetings				
<b>41</b> Interest				
<b>42</b> Depreciation, depletion, etc. (attach schedule)	171,555.	107,185.	30,523.	33,847.
<b>43</b> Other expenses not covered above (itemize):				
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>f</b>				
<b>g</b> SEE STATEMENT 4	1,839,874.	1,736,750.	45,378.	57,746.
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	3,528,038.	2,723,040.	446,047.	358,951.

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;  
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <b>SEE STATEMENT 6</b>	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a SEE STATEMENT 5</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>2,723,040.</b>
<b>b</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►</b>	<b>2,723,040.</b>

Form 990 (2007)

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing .....	200.	45 123,540.
	46 Savings and temporary cash investments .....	433,461.	46 602,782.
	47 a Accounts receivable .....	47a	47c
	b Less: allowance for doubtful accounts .....	47b	47c
	48 a Pledges receivable .....	48a 474,051.	48c
	b Less: allowance for doubtful accounts .....	48b	48c 474,051.
	49 Grants receivable .....		49
	50 a Receivables from current and former officers, directors, trustees, and key employees .....		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....		50b
	51 a Other notes and loans receivable .....	51a	51c
	b Less: allowance for doubtful accounts .....	51b	51c
	52 Inventories for sale or use .....		52
	53 Prepaid expenses and deferred charges .....	85,152.	53 55,042.
	54 a Investments - publicly-traded securities <b>STMT 9</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV .....	236,185.	54a 211,898.
	b Investments - other securities <b>STMT 8</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV .....	526,474.	54b 516,756.
	55 a Investments - land, buildings, and equipment: basis .....	55a	55c
	b Less: accumulated depreciation .....	55b	55c
	56 Investments - other .....	0.	56 0.
	57 a Land, buildings, and equipment: basis .....	57a 3,866,834.	57c
b Less: accumulated depreciation <b>STMT 7</b> .....	57b 199,466.	57c 3,667,368.	
58 Other assets, including program-related investments (describe <b>SECURITY DEPOSIT</b> ) .....	2,500.	58 6,220.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....	5,179,562.	59 5,657,657.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	299,677.	60 119,624.
	61 Grants payable .....		61
	62 Deferred revenue .....		62
	63 Loans from officers, directors, trustees, and key employees .....		63
	64 a Tax-exempt bond liabilities .....		64a
	b Mortgages and other notes payable .....		64b
	65 Other liabilities (describe) .....		65
66 <b>Total liabilities.</b> Add lines 60 through 65 .....	299,677.	66 119,624.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74.</b>		
	67 Unrestricted .....	4,650,547.	67 4,931,331.
	68 Temporarily restricted .....	229,338.	68 606,702.
	69 Permanently restricted .....		69
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74.</b>		
	70 Capital stock, trust principal, or current funds .....		70
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71
	72 Retained earnings, endowment, accumulated income, or other funds .....		72
73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) <b>must</b> equal line 19 and column (B) <b>must</b> equal line 21) .....	4,879,885.	73 5,538,033.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	5,179,562.	74 5,657,657.	



Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

- 75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 38
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."
If "Yes," attach a statement that includes the information described in the instructions.
d Does the organization have a written conflict of interest policy?

Table with 2 columns: Yes, No. Rows 75b, 75c, 75d. Values: 75b (No), 75c (No), 75d (Yes).

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1: NONE.

Part V-C Other Information (See the instructions.)

- 76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?
b If "Yes," enter the name of the organization N/A and check whether it is exempt or nonexempt
81 a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0.
b Did the organization file Form 1120-POL for this year?

Table with 2 columns: Yes, No. Rows 76, 77, 78a, 78b, 79, 80a, 80b, 81a, 81b. Values: 76 (No), 77 (No), 78a (No), 78b (No), 79 (No), 80a (No), 80b (No), 81a (No), 81b (No).

Part VII Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82b			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
83b			
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b	N/A		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
85a	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85b	N/A		
c	Dues, assessments, and similar amounts from members		
85c	N/A		
d	Section 162(e) lobbying and political expenditures		
85d	N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85e	N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85f	N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85g	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
85h	N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
86a	N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
86b	N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
87a	N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
87b	N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88a			
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
88b			
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
89c	0.		
89d	0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			
90 a	List the states with which a copy of this return is filed		
90b	NY		
b	Number of employees employed in the pay period that includes March 12, 2007	24	
90b			
91 a	The books are in care of YORKVILLE COMMON PANTRY Telephone no. 212-410-2264		
91a	Located at 8 EAST 109TH STREET, NEW YORK, NY ZIP + 4 10029		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country		X
91b	N/A		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

**Part VI Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c

If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here  and enter the amount of tax-exempt interest received or accrued during the tax year 92  N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments .....					
g Fees and contracts from government agencies ...					
94 Membership dues and assessments .....					
95 Interest on savings and temporary cash investments ...			14	12,532.	
96 Dividends and interest from securities .....			14	23,409.	
97 Net rental income or (loss) from real estate:					
a debt-financed property .....					
b not debt-financed property .....					
98 Net rental income or (loss) from personal property					
99 Other investment income .....					
100 Gain or (loss) from sales of assets other than inventory .....			18	30,247.	
101 Net income or (loss) from special events .....					
102 Gross profit or (loss) from sales of inventory .....					
103 Other revenue:					
a MISCELLANEOUS					6,562.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) .....		0.		66,188.	6,562.
105 Total (add line 104, columns (B), (D), and (E)) .....					72,750.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

103A INCOME GENERATED FROM VARIOUS ACTIVITIES IN ACCORDANCE WITH THE ORGANIZATION EXEMPT PURPOSE

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).



**Part III Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

<b>Yes</b>	<b>No</b>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

<b>Yes</b>	<b>No</b>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

<b>Yes</b>	<b>No</b>

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.

**Please Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Preparer's SSN or PTIN (See Gen. Inst. X) \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: **LUTZ AND CARR, CPAS LLP**  
**300 EAST 42ND STREET**  
**NEW YORK, NY 10017**

EIN \_\_\_\_\_ Phone no. **212-697-2299**

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under Section 501(c)(3)**

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**2007**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization <b>YORKVILLE COMMON PANTRY, INC.</b>	Employer identification number <b>13 3127972</b>
--	---

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>DARRYL INGRAM</b> 8 EAST 109TH STREET, NEW YORK, NY 100	<b>DIR. OF FINANCE</b> 35.00	<b>85,000.</b>	<b>0.</b>	
<b>SUSAN HANCHETT</b> 8 EAST 109TH STREET, NEW YORK, NY 100	<b>DIR. OF DEVELOPMENT</b> 35.00	<b>83,200.</b>	<b>6,891.</b>	
<b>DANIEL REYES</b> 8 EAST 109TH STREET, NEW YORK, NY 100	<b>DIR. OF PROGRAMS</b> 35.00	<b>62,100.</b>	<b>6,755.</b>	
<b>SHONDA SIMPKINS</b> 8 EAST 108TH STREET, NEW YORK, NY 100	<b>FISCAL MANAGER</b> 35.00	<b>56,000.</b>	<b>11,902.</b>	
Total number of other employees paid over \$50,000 ▶		<b>0</b>		

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>KEL-MAR INTERIORS, INC.</b> 111 JOHN STREET, NEW YORK, NY 10038	<b>RENOVATION CONTRACTOR</b>	<b>181,644.</b>
Total number of others receiving over \$50,000 for professional services ▶		<b>0</b>

**Part III Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>NONE</b>		
Total number of other contractors receiving over \$50,000 for other services ▶		<b>0</b>

**Part III** **Statements About Activities** (See page 2 of the instructions.)

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property? .....		X
<b>b</b> Lending of money or other extension of credit? .....		X
<b>c</b> Furnishing of goods, services, or facilities? .....		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE STATEMENT 11</b> .....	X	
<b>e</b> Transfer of any part of its income or assets? .....		X
<b>3 a</b> Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) .....		X
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees? .....	X	
<b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement .....		X
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .....		X
<b>4 a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g .....		X
<b>b</b> Did the organization make any taxable distributions under section 4966? .....		N/A
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person? .....		N/A
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year .....		N/A
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year .....		N/A
<b>f</b> Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts .....		0.
<b>g</b> Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year .....		0.

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III-Functionally Integrated       Type III-Other

**Provide the following information about the supported organizations.** (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					▶

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

**Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	6,634,668.	2,900,015.	2,419,629.	2,918,332.	14,872,644.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	40,826.	35,911.	23,910.	15,081.	115,728.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	16,181.		SEE STATEMENT 12 1,523.	1,568.	19,272.
23 Total of lines 15 through 22	6,691,675.	2,935,926.	2,445,062.	2,934,981.	15,007,644.
24 Line 23 minus line 17	6,691,675.	2,935,926.	2,445,062.	2,934,981.	15,007,644.
25 Enter 1% of line 23	66,917.	29,359.	24,451.	29,350.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 300,153.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 15,007,644.
d Add: Amounts from column (e) for lines: 18 115,728. 19 _____ 22 19,272. 26b _____					26d 135,000.
e Public support (line 26c minus line 26d total)					26e 14,872,644.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.1005%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE



**Private School Questionnaire** (See page 9 of the instructions.)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
_____			
_____			
_____			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
_____			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? .....	33a	
b	Admissions policies? .....	33b	
c	Employment of faculty or administrative staff? .....	33c	
d	Scholarships or other financial assistance? .....	33d	
e	Educational policies? .....	33e	
f	Use of facilities? .....	33f	
g	Athletic programs? .....	33g	
h	Other extracurricular activities? .....	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
_____			
_____			
34 a	Does the organization receive any financial aid or assistance from a governmental agency? .....	34a	
b	Has the organization's right to such aid ever been revoked or suspended? .....	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)  
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check  **a** if the organization belongs to an affiliated group. Check  **b** if you checked "a" and "limited control" provisions apply.

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

(a)  
Affiliated group  
totals

(b)  
To be completed for all  
electing organizations

N/A

- 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) .....
- 37 Total lobbying expenditures to influence a legislative body (direct lobbying) .....
- 38 Total lobbying expenditures (add lines 36 and 37) .....
- 39 Other exempt purpose expenditures .....
- 40 Total exempt purpose expenditures (add lines 38 and 39) .....
- 41 Lobbying nontaxable amount. Enter the amount from the following table -  

<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>
Not over \$500,000 .....	20% of the amount on line 40 .....
Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....
Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....
Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....
Over \$17,000,000 .....	\$1,000,000 .....
- 42 Grassroots nontaxable amount (enter 25% of line 41) .....
- 43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....
- 44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....

36		
37		
38		
39		
40		
41		
42		
43		
44		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount .....					0.
46 Lobbying ceiling amount (150% of line 45(e)) .....					0.
47 Total lobbying expenditures .....					0.
48 Grassroots nontaxable amount .....					0.
49 Grassroots ceiling amount (150% of line 48(e)) .....					0.
50 Grassroots lobbying expenditures .....					0.

**Part VII-A Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers .....
- b Paid staff or management (Include compensation in expenses reported on lines c through h.) .....
- c Media advertisements .....
- d Mailings to members, legislators, or the public .....
- e Publications, or published or broadcast statements .....
- f Grants to other organizations for lobbying purposes .....
- g Direct contact with legislators, their staffs, government officials, or a legislative body .....
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....
- i Total lobbying expenditures (Add lines c through h.) .....

Yes	No	Amount
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 14 of the instructions.)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a** Transfers from the reporting organization to a noncharitable exempt organization of:
  - (i) Cash .....
  - (ii) Other assets .....
- b** Other transactions:
  - (i) Sales or exchanges of assets with a noncharitable exempt organization .....
  - (ii) Purchases of assets from a noncharitable exempt organization .....
  - (iii) Rental of facilities, equipment, or other assets .....
  - (iv) Reimbursement arrangements .....
  - (v) Loans or loan guarantees .....
  - (vi) Performance of services or membership or fundraising solicitations .....
- c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees .....

	Yes	No
<b>51a(i)</b>		X
<b>a(ii)</b>		X
<b>b(i)</b>		X
<b>b(ii)</b>		X
<b>b(iii)</b>		X
<b>b(iv)</b>		X
<b>b(v)</b>		X
<b>b(vi)</b>		X
<b>c</b>		X

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3) or in section 527)?  Yes  No

**b** If "Yes," complete the following schedule: N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship



Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	EQUIPMENT	VARIABLES		5.00	16	249,050.			249,050.	7,961.		48,787.
	LEASEHOLD IMPROVEMENT	VARIABLES		27.50	16	361,784.			361,784.	19,950.		122,768.
	* TOTAL 990 PAGE 2					3866834.		0.	3866834.	27,911.	0.	171,555.
	DEPR											

728102  
04-27-07  
(D) - Asset disposed  
\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone  
21

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
VARIOUS SECURITIES	1,176,453.	1,146,206.	0.	30,247.
TO FORM 990, PART I, LINE 8	1,176,453.	1,146,206.	0.	30,247.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
8TH GRADE DANCE	11,260.	9,514.	1,746.	1,746.	0.
7TH GRADE DANCE	7,005.	5,270.	1,735.	1,735.	0.
THEATRE BENEFIT 1	51,551.	29,325.	22,226.	22,226.	0.
6TH GRADE DANCE	25,530.	23,018.	2,512.	2,512.	0.
FALL BENEFIT	92,943.	77,628.	15,315.	15,315.	0.
JUNIOR EVENT	17,971.	14,651.	3,320.	3,320.	0.
THEATRICAL BENEFIT 2	6,950.	0.	6,950.	6,950.	0.
TO FM 990, PART I, LINE 9	213,210.	159,406.	53,804.	53,804.	0.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
UNREALIZED LOSS	-96,532.
TOTAL TO FORM 990, PART I, LINE 20	-96,532.

FORM 990

OTHER EXPENSES

STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
FOOD	1,558,464.	1,558,367.		97.
UTILITIES	90,387.	56,462.	16,082.	17,843.
INSURANCE	49,407.	28,478.	11,930.	8,999.
PROFESSIONAL SERVICES	29,613.	13,357.	11,501.	4,755.
VEHICLE EXPENSES	6,757.	5,351.	1,039.	367.
BANK CHARGES	6,525.	78.	359.	6,088.
ANNUAL REPORT	94.	94.		
INDIRECT BENEFIT EXPENSES	18,606.			18,606.
TRAINING	280.	280.		
MISCELLANEOUS	2,106.	35.	2,016.	55.
MEMBERSHIP DUES AND SUBSCRIPTION	8,506.	5,119.	2,451.	936.
TOYS AND GIFTS CARDS	69,129.	69,129.		
TOTAL TO FM 990, LN 43	1,839,874.	1,736,750.	45,378.	57,746.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 5

DESCRIPTION OF PROGRAM SERVICE ONE

YORKVILLE COMMON PANTRY, INC. (YCP) PROVIDED 1,724,287 MEALS, SPECIFICALLY:

A TOTAL OF 1,627,554 MEALS IN OUR PANTRY PROGRAM AND 2417 YCP

80,083 MEALS IN OUR MEAL PROGRAM

13,647 BROWN BAGS DISTRIBUTED THROUGH 2417 YCP BETWEEN THE HOURS OF 7P.M. AND MIDNIGHT

PANTRY PROGRAM:

IN AN EFFORT TO BRING MORE DIGNITY TO OUR PANTRY DISTRIBUTION PROCESS, YCP HAS BEEN ABLE TO VIRTUALLY ELIMINATE THE "BREAD-LINE", BY IMPLEMENTING A STAGGERED DISTRIBUTION SCHEDULE. FAMILIES ARE GIVEN THEIR PACKAGES ON A SCHEDULE BASED ON FAMILY SIZE I.E. FAMILIES OF 1-2 ARE INVITED TO COME 10:00 AM TO 11:30 AM AND FAMILIES OF 3-4 ARE INVITED TO COME 11:30 AM TO 12:30PM. THIS SCHEDULE IN CONJUNCTION WITH OUR BAR-CODED PANTRY MEMBERSHIP CARD HAS REDUCED THE WAITING TIME FROM 1.5 HOURS TO 10 MINUTES. IN FY08, YCP'S PANTRY PROGRAM PROVIDED ONGOING SUPPLEMENTAL FOOD ASSISTANCE TO 3,827 FAMILIES, COMPRISING 9,867 INDIVIDUALS FOR A TOTAL OF 62,513 VISITS.

24/7 @ YCP:

24/7 YCP PROVIDED EMERGENCY PANTRY PACKAGES TO 4,396 FAMILIES.

THROUGH OUR PROJECT DIGNITY PROGRAM, WE PROVIDED CLIENTS WITH 5,442 SHOWERS; AND LAUNDRY SERVICES WERE PROVIDED TO 2,202 CLIENTS.

THE PROJECT DIGNITY CASE WORKER PROVIDED A VARIETY OF SOCIAL SERVICES TO 1,594 CLIENTS INCLUDING EMPLOYMENT ASSISTANCE, DRUG COUNSELING, DETOXIFICATION REFERRALS, PSYCHIATRIC REFERRALS, AND COUNSELING.

155 CLIENTS WERE PLACED IN SHELTERS.

220 CLIENTS WERE PROVIDED WITH HOUSING ASSISTANCE INCLUDING SECTION 8 APPLICATIONS, HOUSING SEARCHES, AND REFERRALS FOR RENTAL ASSISTANCE.

15 FORMERLY HOMELESS CLIENTS WERE SUCCESSFULLY PLACED IN PERMANENT HOUSING. 116 CLIENTS RECEIVED THEIR MAIL AT YCP.

120 CLIENTS RECEIVED ASSISTANCE WITH ACQUIRING DOCUMENTATION NECESSARY TO APPLY FOR ENTITLEMENTS INCLUDING BIRTH CERTIFICATES, STATE IDENTIFICATION CARDS, AND CERTIFICATES OF DOMESTIC PARTNERSHIP.

804 CLIENTS RECEIVED ASSISTANCE WITH APPLYING FOR ENTITLEMENTS INCLUDING PUBLIC ASSISTANCE, FOOD STAMPS, AND SOCIAL SECURITY.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		2,723,040.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 6  
PART III

EXPLANATION

THE ORGANIZATION PROVIDES PROGRAMS AND SERVICES TO FEED THE HOMELESS AND LESS FORTUNATE AND ASSIST THEM IN ACHIEVING INDEPENDENT LIVING.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 7

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
EQUIPMENT	249,050.	56,748.	192,302.
LEASEHOLD IMPROVEMENT	3,617,784.	142,718.	3,475,066.
TOTAL TO FORM 990, PART IV, LN 57	3,866,834.	199,466.	3,667,368.

FORM 990 OTHER SECURITIES STATEMENT 8

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
EQUITIES	FMV	516,756.
TO FORM 990, LINE 54B, COL B		516,756.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 9

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE BONDS	FMV		211,898.		211,898.
TO FORM 990, LINE 54A, COL B			211,898.		211,898.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 10

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ANTONIA ABRAHAM 8 EAST 109TH STREET NEW YORK, NY 10029	CHAIR, JUNIOR COMMITTEE 1.00	0.	0.	0.
SHERRELL ANDREWS 8 EAST 109TH STREET NEW YORK, NY 10029	BOARD CHAIR 4.00	0.	0.	0.
HARTLEY BERNSTEIN 8 EAST 109TH STREET NEW YORK, NY 10029	MEMBER 1.00	0.	0.	0.
MONTY BLANCHARD 8 EAST 109TH STREET NEW YORK, NY 10029	MEMBER 1.00	0.	0.	0.
HILARY HART BROWN 8 EAST 109TH STREET NEW YORK, NY 10029	CHAIR DEV. COMMITTEE (UNTIL DEC) 1.00	0.	0.	0.
LUCY BORGE 8 EAST 109TH STREET NEW YORK, NY 10029	MEMBER 1.00	0.	0.	0.
THOMAS CHIN 8 EAST 109TH STREET NEW YORK, NY 10029	MEMBER 1.00	0.	0.	0.
HELEN CHAPMAN 8 EAST 109TH STREET NEW YORK, NY 10029	CHAIR, SO COMMITTEE 1.50	0.	0.	0.
CAROLYN HANDLER 8 EAST 109TH STREET NEW YORK, NY 10029	MEMBER 1.00	0.	0.	0.
PATRICIA HUGHES 8 EAST 109TH STREET NEW YORK, NY 10029	MEMBER 1.00	0.	0.	0.
DIDI FENTON-SCHAFFER 8 EAST 109TH STREET NEW YORK, NY 10029	MEMBER 1.00	0.	0.	0.

EDWARD GALLAGHER 8 EAST 109TH STREET NEW YORK, NY 10029	MEMBER 1.00	0.	0.	0.
DOREEN S. MORALES 8 EAST 109TH STREET NEW YORK, NY 10029	MEMBER 1.00	0.	0.	0.
NEDA NAVAB 8 EAST 109TH STREET NEW YORK, NY 10029	MEMBER 1.00	0.	0.	0.
KATHERINA GRUNFELD 8 EAST 109TH STREET NEW YORK, NY 10029	MEMBER 1.00	0.	0.	0.
REBECCA ROBERTSON 8 EAST 109TH STREET NEW YORK, NY 10029	BOARD VICE CHAIR, FINANCE COMMITTEE 2.00	0.	0.	0.
LINDA E. HOLT 8 EAST 109TH STREET NEW YORK, NY 10029	BOARD VICE CHAIR 1.50	0.	0.	0.
STUART JOHNSON 8 EAST 109TH STREET NEW YORK, NY 10029	MEMBER 1.00	0.	0.	0.
PATRICIA KELLY 8 EAST 109TH STREET NEW YORK, NY 10029	MEMBER 1.00	0.	0.	0.
SUSAN KESSLER 8 EAST 109TH STREET NEW YORK, NY 10029	MEMBER 1.00	0.	0.	0.
SUZANNE KIZIS 8 EAST 109TH STREET NEW YORK, NY 10029	MEMBER 1.00	0.	0.	0.
DARYL WILKERSON 8 EAST 109TH STREET NEW YORK, NY 10029	MEMBER 1.00	0.	0.	0.
ANNE P. MACKINNON 8 EAST 109TH STREET NEW YORK, NY 10029	SECRETARY 2.00	0.	0.	0.
DOLORES MORRISSEY 8 EAST 109TH STREET NEW YORK, NY 10029	MEMBER 1.00	0.	0.	0.



MICHAEL NACHMAN 8 EAST 109TH STREET NEW YORK, NY 10029	MEMBER 1.00	0.	0.	0.
KATHY NALYWAJKO 8 EAST 109TH STREET NEW YORK, NY 10029	MEMBER 1.00	0.	0.	0.
PETER PRONT 8 EAST 109TH STREET NEW YORK, NY 10029	TREASURER 2.00	0.	0.	0.
LITE SABIN 8 EAST 109TH STREET NEW YORK, NY 10029	CHAIR, NOMINATING COMMITTEE 1.50	0.	0.	0.
WENDY GARTNER SALLES 8 EAST 109TH STREET NEW YORK, NY 10029	MEMBER 1.00	0.	0.	0.
MALLORY SPAIN 8 EAST 109TH STREET NEW YORK, NY 10029	MEMBER 1.00	0.	0.	0.
WENDY STEIN 8 EAST 109TH STREET NEW YORK, NY 10029	CHAIR, PROGRAM COMMITTEE 2.00	0.	0.	0.
VERONICA STUBBS 8 EAST 109TH STREET NEW YORK, NY 10029	MEMBER 1.00	0.	0.	0.
ELAINE WEISS 8 EAST 109TH STREET NEW YORK, NY 10029	MEMBER 1.00	0.	0.	0.
LAURA WEISSBERG 8 EAST 109TH STREET NEW YORK, NY 10029	MEMBER 1.00	0.	0.	0.
DAVID WENGROD 8 EAST 109TH STREET NEW YORK, NY 10029	MEMBER 1.00	0.	0.	0.
ROLAND WOODLAND 8 EAST 109TH STREET NEW YORK, NY 10029	MEMBER 1.00	0.	0.	0.
JAMIE HIRSCH 8 EAST 109TH STREET NEW YORK, NY 10029	MEMBER 1.00	0.	0.	0.

MARY A. MCCAFFREY 8 EAST 109TH STREET NEW YORK, NY 10029	VICE-CHAIR 1.00	0.	0.	0.
CHERYL BUNDY 8 EAST 109TH STREET NEW YORK, NY 10029	MEMBER 1.00	0.	0.	0.
CANDICE FRAWLEY 8 EAST 109TH STREET NEW YORK, NY 10029	CHAIR DEV. COMMITTEE (STARTING JAN.) 1.00	0.	0.	0.
JEFFERY AMBERS 8 EAST 109TH STREET NEW YORK, NY 10029	EXECUTIVE DIRECTOR, INTERIM 35.00	26,008.	0.	0.
CAROLANN JOHNS 8 EAST 109TH STREET NEW YORK, NY 10029	EXECUTIVE DIRECTOR, (FORMER) 35.00	92,885.	5,516.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>118,893.</u>	<u>5,516.</u>	<u>0.</u>

---

SCHEDULE A

EXPLANATION OF TRANSACTIONS  
PART III, LINE 2D

STATEMENT 11

---

JEFFREY AMBERS, INTERIM EXECUTIVE DIRECTOR, AND CAROLANN JOHNS, FORMER EXECUTIVE DIRECTOR, EACH RECEIVED COMPENSATION AND BENEFITS OF \$26,008 AND \$98,401 RESPECTIVELY. THEIR SALARIES AND BENEFITS WERE DETERMINED BY THE BOARD AND DEEMED TO BE COMMENSURATE WITH THEIR DUTIES AND RESPONSIBILITIES.

SCHEDULE A	OTHER INCOME			STATEMENT 12
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
MISCELLANEOUS	16,181.	0.	1,523.	1,568.
TOTAL TO SCHEDULE A, LINE 22	16,181.	0.	1,523.	1,568.

**Depreciation and Amortization 990**  
(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**YORKVILLE COMMON PANTRY, INC.**

**FORM 990 PAGE 2**

**13-3127972**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses .....	1	125,000.
2	Total cost of section 179 property placed in service (see instructions) .....	2	
3	Threshold cost of section 179 property before reduction in limitation .....	3	500,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29 .....	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8 .....	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562 .....	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 .....	12	
13	Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12 .....	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year .....	14	
15	Property subject to section 168(f)(1) election .....	15	
16	Other depreciation (including ACRS) .....	16	171,555.

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2007 .....	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here .....		<input type="checkbox"/>

**Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property. Enter amount from line 28 .....	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. ....	22	171,555.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	23	

Part IV Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with columns (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with columns for percentage and other details.

27 Property used 50% or less in a qualified business use: Table with columns for percentage and S/L status.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns (a) through (f) Vehicle and rows 30-36 regarding miles driven and availability for personal use.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

Table for Section C with rows 37-41 regarding policy statements and requirements for vehicle use.

Part IV Amortization

Table with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2007 tax year: 43

43 Amortization of costs that began before your 2007 tax year 43 44 Total. Add amounts in column (f). See the instructions for where to report 44

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II</b>		<b>Additional (Not Automatic) 3-Month Extension of Time.</b> You must file original and one copy.	
Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	<b>YORKVILLE COMMON PANTRY, INC.</b>	Employer identification number <b>13-3127972</b>
	Number, street, and room or suite no. If a P.O. box, see instructions.	<b>8 EAST 109TH STREET</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	<b>NEW YORK, NY 10029</b>	

**Check type of return to be filed** (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **YORKVILLE COMMON PANTRY**  
Telephone No. **212-410-2264** FAX No. \_\_\_\_\_
  - If the organization does not have an office or place of business in the United States, check this box
  - If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until **MAY 15, 2009**.
- 5 For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**.
- 6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension  
**ADDITIONAL TIME IS NEEDED TO COMPILE THE INFORMATION NECESSARY TO COMPLETE THE RETURN.**

<b>8a</b>	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$
<b>b</b>	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$
<b>c</b>	<b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$ <b>N/A</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

# TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500, ANNUAL FILING REPORT

FOR THE YEAR ENDING

JUNE 30, 2008

<b>Prepared for</b>	YORKVILLE COMMON PANTRY, INC. 8 EAST 109TH STREET NEW YORK, NY 10029
<b>Prepared by</b>	LUTZ AND CARR, CPAS LLP 300 EAST 42ND STREET NEW YORK, NY 10017
<b>Mail tax return to</b>	NEW YORK STATE DEPARTMENT OF LAW CHARITIES BUREAU - REGISTRATION SECTION 120 BROADWAY NEW YORK, NY 10271
<b>Return must be mailed on or before</b>	MAY 15, 2009
<b>Special Instructions</b>	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).  ENCLOSE A CHECK FOR \$275 MADE PAYABLE TO NYS DEPARTMENT OF LAW. INCLUDE THE ORGANIZATION'S STATE REGISTRATION NUMBER(S) ON THE REMITTANCE.



Form <b>CHAR500</b>	<b>Annual Filing for Charitable Organizations</b> New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 www.oag.state.ny.us/charities/charities.html	<b>2007</b>	
<small>This form is used for Article 7-A, EPTL and dual registrants (registrants of CHAR 407, 408, 409 and 410-413)</small>		<small>Open to Public Inspection</small>	
1. General Information			
a. For the fiscal year beginning (mm/dd/yyyy) <b>07/01/2007</b> and ending (mm/dd/yyyy) <b>06/30/2008</b>			
b. Check if applicable for NYS: <input type="checkbox"/> Address change <input 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 <b>YORKVILLE COMMON PANTRY, INC.</b>		d. Fed. employer ID no. (EIN) <b>13-3127972</b>
	Number and street (or P.O. box if mail not delivered to street address) Room/suite <b>8 EAST 109TH STREET</b>		e. NY State registration no. <b>03-15-56</b>
	City or town, state or country and ZIP + 4 <b>NEW YORK, NY 10029</b>		f. Telephone number <b>212 410-2264</b>
			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.

<b>a. President or Authorized Officer</b>	Signature	Printed Name	Title	Date
<b>b. Chief Financial Officer or Treasurer</b>	Signature	Printed Name	Title	Date

**3. Annual Report Exemption Information**

a. **Article 7-A** annual report exemption (Article 7-A registrants and dual registrants)  
Check  if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 **and** the organization did not use the services of a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.

**NOTE:** An organization may also check the box to claim this exemption if no PFR or FRC was used **and** either: 1) the organization received an allocation from a federated fund, United Way or incorporated community appeal **and** contributions from all other sources did not exceed \$25,000 or 2) it received all or substantially all of its contributions from a single government agency to which it submitted an annual financial report similar to that required by Article 7-A).

b. **EPTL** annual report exemption (EPTL registrants and dual registrants)  
Check  if total gross receipts for this fiscal year did not exceed \$25,000 **and** the assets (market value) of the organization 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. Dual registrants also to complete the following schedules and to submit any attachments to this form.

**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? ...  Yes\*  No  
\* If "Yes", complete Schedule 4a.

b. Did the organization receive government contributions (grants)? .....  Yes\*  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	\$	<b>25.</b>	<small>Submit only one check or money order for the entire payment to IRS Department of Treasury</small>
b. EPTL filing fee	\$	<b>250.</b>	
c. Total fee	\$	<b>275.</b>	

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

- Mail completed form with required schedules, fee and attachments to the address at the top of this page -



