

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)

2008

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 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization YORKVILLE COMMON PANTRY, INC. Doing Business As Number and street (or P.O. box if mail is 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 F Name and address of principal officer: STEPHEN D. GRIMALDI SAME AS C ABOVE	D Employer identification number 13-3127972 E Telephone number 917-720-9700 G Gross receipts \$ 4,268,436. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.YCP.ORG	
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1982 M State of legal domicile: NY	

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	41
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	41
	5 Total number of employees (Part V, line 2a)	5	32
	6 Total number of volunteers (estimate if necessary)	6	1439
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 4,209,968.	Current Year 3,346,326.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	66,188.	-277,866.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,562.	16,005.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,282,718.	3,084,465.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,085,914.	1,091,649.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		22,133.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 158,857.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,442,124.	2,514,697.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,528,038.	3,628,479.	
19 Revenue less expenses. Subtract line 18 from line 12	754,680.	-544,014.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year 5,657,657.	End of Year 5,168,190.
	21 Total liabilities (Part X, line 26)	119,624.	94,565.
	22 Net assets or fund balances. Subtract line 21 from line 20	5,538,033.	5,073,625.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ Signature of officer: **STEPHEN D. GRIMALDI, EXECUTIVE DIRECTOR** Date: _____
 ▶ Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ 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	Date: _____	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions): _____ EIN: _____ Phone no.: ▶ 212-697-2299
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May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [] No If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [X] Yes [] No If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 2,125,159. including grants of \$) (Revenue \$)

PANTRY:

THE PANTRY PROGRAM, IN OPERATION THURSDAY, FRIDAY AND SATURDAY, PROVIDES HEALTHY AND BALANCED FOOD WEEKLY, AND PROVIDED 1,820,304 MEALS TO 180,433 PEOPLE IN 150 DISTRIBUTION DAYS IN FY 09. THE PROGRAM AVERAGED 1600 FAMILIES A WEEK. THE TOTAL AMOUNT OF FOOD CASH EXPENDITURE WAS \$455,746.70, OR .25 PER MEAL. TOTAL AMOUNT OF IN KIND FOOD DONATION USED IN ADDITION TO CASH EXPENDITURES DURING FY09 WAS \$731,925.35. THUS THE TOTAL AMOUNT OF IN-KIND (DONATED) FOOD FOR THE PANTRY PROGRAM WAS \$.40 PER MEAL. FOOD CASH EXPENDITURES AND IN-KIND EXPENDITURES, ADDED TOGETHER, TOTALED .65 A MEAL IN THE PANTRY PROGRAM. ALL COSTS INCLUDING PS AND OTPS TOTALED \$2,125,159 OR \$1.17 PER MEAL. (SEE SCHEDULE O FOR CONTINUATION)

4b (Code:) (Expenses \$ 533,674. including grants of \$) (Revenue \$)

SOUP KITCHEN/HOT MEALS:

THE HOT MEAL PROGRAM PROVIDED 66,101 MEALS IN FY 09, SERVING 64,723 PEOPLE THROUGH 250 BREAKFASTS AND 150 DINNERS, FOR A TOTAL OF 400 HOT MEALS. THE PROGRAM'S CASE MANAGER ENGAGES THE GUESTS AND HELPS THEM WITH BOTH CONCRETE SERVICES LIKE SHOWERS, LAUDRY, CLOTHING AND HAIRCUTS AS WELL AS HELP WITH JOBS, VOCATIONAL TRAINING, BENEFITS, SHELTER AND LONG-TERM HOUSING.

(SEE SCHEDULE O FOR CONTINUATION)

4c (Code:) (Expenses \$ 352,891. including grants of \$) (Revenue \$)

24\7 YCP:

THE 24\7 YCP PROGRAM IS A UNIQUE PROGRAM THAT PROVIDES EMERGENCY FOOD SEVEN DAYS A WEEK WHILE ALSO HELPING CLIENTS ACCESS EMERGENCY FOOD PROVIDERS CLOSER TO THEIR HOME. THE TYPE OF FOOD PACKAGE DEPENDS ON THE LIVING SITUATION OF THE FAMILY OR INDIVIDUAL. THE 24\7 YCP PROGRAM DISTRIBUTED 102,681 PANTRY MEALS TO 5,086 PEOPLE AND ANOTHER 13,910 BROWN BAG MEALS TO AN ADDITIONAL 13,910 CLIENTS, MAKING THE TOTAL NUMBER OF MEALS SERVED IN THE 24\7 YCP PROGRAM 116,591.

(SEE SCHEDULE O FOR CONTINUATION)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 3,011,724. (Must equal Part IX, Line 25, column (B).)

Part V Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	13	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	32	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	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)?		X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions 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?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	12b

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body		
		41	
b	Enter the number of voting members that are independent		
		41	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official?	X	
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NY**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **WENDY OCONITRILLO - 212-410-2264**
8 EAST 109TH STREET, NEW YORK, NY 10029

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ANTONIA ABRAHAM CHAIR, JUNIOR COMMITTEE	1.00	X					0.	0.	0.	
SHERRELL ANDREWS BOARD CHAIR	5.00	X		X			0.	0.	0.	
HARTLEY BERNSTEIN	1.00	X					0.	0.	0.	
MONTY BLANCHARD	1.00	X					0.	0.	0.	
LUCY BORGE	1.00	X					0.	0.	0.	
HILARY HART BROWN	1.00	X					0.	0.	0.	
THOMAS CHIN	1.00	X					0.	0.	0.	
DIDI FENTON-SCHAFFER	1.00	X					0.	0.	0.	
CANDICE K. FRAWLEY CHAIR, DEVELOPMENT COMMI	5.00	X					0.	0.	0.	
EDWARD GALLAGHER	1.00	X					0.	0.	0.	
KATHERINA GRUNFELD	1.00	X					0.	0.	0.	
CAROLYN HANDLER	1.00	X					0.	0.	0.	
JAMIE HIRSH	1.00	X					0.	0.	0.	
LINDA E. HOLT BOARD VICE-CHAIR	1.00	X		X			0.	0.	0.	
PATRICIA HUGHES	1.00	X					0.	0.	0.	
STUART JOHNSON	1.00	X					0.	0.	0.	
SUSAN KESSLER	1.00	X					0.	0.	0.	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SUZANNE KIZIS	1.00	X						0.	0.	0.
ANNE P. MACKINNON	1.00	X						0.	0.	0.
MARY A. MCCAFFREY TREASURER	2.00	X		X				0.	0.	0.
GERARD M. MEISTRELL	1.00	X						0.	0.	0.
DOREEN S. MORALES	1.00	X						0.	0.	0.
DOLORES MORRISSEY	1.00	X						0.	0.	0.
MICHAEL NACHMAN	1.00	X						0.	0.	0.
KATHY L. NALYWAJKO BOARD VICE-CHAIR	1.00	X		X				0.	0.	0.
NEDA NAVAB	1.00	X						0.	0.	0.
PETER PRONT	1.00	X						0.	0.	0.
1b Total								67,507.	0.	0.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 0

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII Statement of Revenue			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	299,172.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	649,925.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2397229.			
	g	Noncash contributions included in lines 1a-1f: \$		1402724.			
	h	Total. Add lines 1a-1f		3,346,326.			
	Program Service Revenue	2 a		Business Code			
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		22,557.		22,557.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real	(ii) Personal			
		b	Less: rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less: cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)				
	8 a	Gross income from fundraising events (not including \$ 299,172. of contributions reported on line 1c). See Part IV, line 18	a	54,353.			
		b	Less: direct expenses	b	54,353.		
		c	Net income or (loss) from fundraising events				
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
b		Less: direct expenses	b				
c		Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a					
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
11 a	MISCELLANEOUS	900099	16,005.	16,005.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		16,005.				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		3,084,465.	16,005.	0.	-277,866.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	273,123.	207,573.	46,431.	19,119.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	610,997.	466,424.	103,869.	40,704.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	140,557.	107,293.	23,826.	9,438.
10 Payroll taxes	66,972.	51,058.	11,385.	4,529.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	69,019.		69,019.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	22,133.			22,133.
f Investment management fees				
g Other	35,927.	3,723.	31,966.	238.
12 Advertising and promotion				
13 Office expenses	160,866.	73,484.	74,874.	12,508.
14 Information technology				
15 Royalties				
16 Occupancy	177,174.	130,891.	34,674.	11,609.
17 Travel	16,690.	3,957.	12,693.	40.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	186,004.	141,806.	31,621.	12,577.
23 Insurance	44,114.	33,632.	7,499.	2,983.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a FOOD	1,749,292.	1,749,292.	0.	0.
b TOYS AND GIFTS CARDS	39,384.	39,384.	0.	0.
c INDIRECT BENEFIT EXPENS	19,870.	0.	0.	19,870.
d MISCELLANEOUS	9,066.	3,199.	5,789.	78.
e BANK CHARGES	7,291.	8.	4,252.	3,031.
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	3,628,479.	3,011,724.	457,898.	158,857.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	123,540.	1	661,843.
	2	Savings and temporary cash investments	602,782.	2	203,696.
	3	Pledges and grants receivable, net	474,051.	3	120,798.
	4	Accounts receivable, net		4	3,871.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	55,042.	9	72,328.
	10a	Land, buildings, and equipment: cost basis	10a 3,960,381.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b 384,908.		
			3,667,368.	10c	3,575,473.
	11	Investments - publicly traded securities	728,654.	11	523,961.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	6,220.	15	6,220.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	5,657,657.	16	5,168,190.	
Liabilities	17	Accounts payable and accrued expenses	119,624.	17	94,565.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	119,624.	26	94,565.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	4,931,331.	27	4,473,964.
	28	Temporarily restricted net assets	606,702.	28	599,661.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	5,538,033.	33	5,073,625.	
34	Total liabilities and net assets/fund balances	5,657,657.	34	5,168,190.	

Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits?	X	

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2649186.	5604569.	3380911.	4209968.	3346326.	19190960.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	2649186.	5604569.	3380911.	4209968.	3346326.	19190960.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						74,713.
6 Public Support. Subtract line 5 from line 4.						19116247.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	2649186.	5604569.	3380911.	4209968.	3346326.	19190960.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	23,910.	35,911.	40,826.	35,941.	22,557.	159,145.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	517.		16,181.	6,562.	16,005.	39,265.
11 Total support. Add lines 7 through 10						19389370.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	98.59	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	99.10	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2008

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Name of the organization

YORKVILLE COMMON PANTRY, INC.

Employer identification number

13-3127972

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of certified historic structure

Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		3,643,043.	269,543.	3,373,500.
d Equipment		317,338.	115,365.	201,973.
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				3,575,473.

Part I Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))	
		SPRING BENEFIT (event type)	THEATER BENEFIT (event type)	3 (total number)		
Revenue	1	Gross receipts	298,005.	18,975.	36,545.	353,525.
	2	Less: Charitable contributions	254,566.	13,890.	30,716.	299,172.
	3	Gross revenue (line 1 minus line 2)	43,439.	5,085.	5,829.	54,353.
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs	10,203.	3,150.	3,000.	16,353.
	7	Other direct expenses	33,236.	1,935.	2,829.	38,000.
	8	Direct expense summary. Add lines 4 through 7 in column (d)				(54,353.)
	9	Net income summary. Combine lines 3 and 8 in column (d)				0.

Part II Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				()
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? _____

b If "No," Explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____

b If "Yes," Explain: _____

11 Does the organization operate gaming activities with nonmembers? _____

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:

a The organization's facility **13a** %

b An outside facility **13b** %

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

	Yes	No
13a		
13b		
14		
15a		
15b		
15c		
16		
17a		
17b		

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2008

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Department of the Treasury
Internal Revenue Service

Name of the organization

YORKVILLE COMMON PANTRY, INC.

Employer identification number

13-3127972

Part III Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

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

Schedule J (Form 990) 2008

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

2008



Name of the Organization

YORKVILLE COMMON PANTRY, INC.

Employer Identification number
13-3127972

Part Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MADELEINE RICE	1.00	X						0.	0.	0.
REBECCA ROBERTSON BOARD VICE CHAIR	2.00	X		X				0.	0.	0.
LITE SABIN CHAIR, NOMINATIONS COMMI	1.00	X						0.	0.	0.
WENDY GARTNER SALLES	1.00	X						0.	0.	0.
MALLORY SPAIN	1.00	X						0.	0.	0.
WENDY STEIN CHAIR, PROGRAM COMMITTEE	2.00	X						0.	0.	0.
VERONICA STUBBS	1.00	X						0.	0.	0.
ELAINE WEISS SECRETARY	1.00	X						0.	0.	0.
LAURA WEISSBERG	1.00	X						0.	0.	0.
DAVID WENGROD	1.00	X						0.	0.	0.
DARYL WILKERSON	1.00	X						0.	0.	0.
ROLAND WOODLAND	1.00	X						0.	0.	0.
JEFF AMBERS INTERIM EXECUTIVE DIRECT	32.00			X				58,239.	0.	0.
STEPHEN GRIMALDI EXECUTIVE DIRECTOR	35.00			X				9,268.	0.	0.

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Schedule J-2 (Form 990) 2008

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No. 1545-0047

2008

Name of the organization

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Employer identification number

13-3127972

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		39,434.	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X		1,241,321.	FOOD BANK VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31		X
32a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

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Schedule M (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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2008

Open to Public Inspection

Name of the organization

YORKVILLE COMMON PANTRY, INC.

Employer identification number

13-3127972

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DURING THE PAST YEAR YCP PROVIDED APPROXIMATELY 2 MILLION MEALS TO POOR FAMILIES AND INDIVIDUALS, INCLUDING SENIORS, CHILDREN AND HOMELESS ADULTS. THESE 2 MILLION MEALS WERE PROVIDED TO 6,219 FAMILIES COMPRISING 14,503 INDIVIDUALS, AND ANOTHER 66,101 HOT MEALS WERE SERVED TO APPROXIMATELY 5,500 INDIVIDUALS. THE 24/7 PROGRAM, A UNIQUE CITY-WIDE HUNGER RELIEF PROGRAM THAT OFFERS EMERGENCY FOOD 7 DAYS A WEEK DURING HOURS WHEN OTHER FOOD PROGRAMS ARE CLOSED, PROVIDED FOOD TO 26,880 PEOPLE. THROUGH A PARTNERSHIP WITH FOODCHANGE/FOOD BANK FOR NEW YORK CITY, YCP OPERATES HEALTHY COOKING AND NUTRITION CLASSES. THE PROGRAM CALLED 'COOKSHOP' RAN 45 CLASSES DURING THE YEAR AND AVERAGED OVER 200 PEOPLE A MONTH.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE YORKVILLE COMMON PANTRY (YCP) IS DEDICATED TO REDUCING HUNGER WHILE PROMOTING DIGNITY AND SELF-SUFFICIENCY. YCP CHAMPIONS THE CAUSE OF THE HUNGRY THROUGH FOOD PANTRY AND MEAL DISTRIBUTION PROGRAMS, NUTRITION EDUCATION, BASIC HYGIENE SERVICES, HOMELESS SUPPORT, AND RELATED SERVICES. YCP'S COMMUNITY BASED PROGRAMS FOCUS ON EAST HARLEM AND OTHER UNDERSERVED COMMUNITIES THROUGHOUT NEW YORK CITY.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

THE ORGANIZATION FORMED NEW PARTNERSHIPS WITH A VARIETY OF ORGANIZATIONS THAT PROVIDED PSYCHIATRIC SERVICES FOR HOMELESS ADULTS, TAX PREPARATION SERVICES FOR LOW INCOME INDIVIDUALS, ELECTRONIC APPLICATION FOR MEDICAID AND ONGOING HIV AND STD TESTING AND

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Schedule O (Form 990) 2008

832211
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SCHEDULE O
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Supplemental Information to Form 990

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Name of the organization

YORKVILLE COMMON PANTRY, INC.

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13-3127972

COUNSELING.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

IN ORDER TO MAXIMIZE RESOURCES FOR EACH AND EVERY PANTRY FAMILY, YCP IS NOW UNDERTAKING TO PROVIDE COMPREHENSIVE FOOD STAMP AND BENEFITS SCREENING FOR EACH AND EVERY REGISTRANT THAT COMES TO THE 24\7 PROGRAM AND PANTRY. THIS ALLOWS INDIVIDUALS TO BE REFERRED TO WORKERS THAT CAN FACILITATE THESE PROCESSES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

EACH PANTRY FAMILY IS SCREENED AND GIVEN SUPPORT TO MAXIMIZE SELF-SUFFICIENCY BY ACCESSING VOCATIONAL TRAINING, JOB REFERRALS, BENEFITS AND COOKING AND NUTRITION CLASSES THAT HELP MAXIMIZE FAMILIES' FOOD BUDGETS.

YCP RECEIVED \$39,384.40 IN TOY DONATIONS FOR PANTRY FAMILIES IN FY 09. THE PANTRY PROGRAM HAD 1,151 DISTINCT VOLUNTEERS COME A TOTAL OF 7,510 TIMES, FOR A TOTAL OF 55,142 VOLUNTEER HOURS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS

THE TOTAL AMOUNT OF CASH SPENT ON FOOD IN THE PROGRAM IN FY09 WAS \$45,686.20, OR .69 PER MEAL. TOTAL AMOUNT OF IN-KIND FOOD DONATION USED IN ADDITION TO CASH EXPENDITURES DURING FY09 WAS \$61,376.05 THUS THE TOTAL AMOUNT OF IN-KIND (DONATED)FOOD FOR THE HOT MEAL PROGRAM WAS \$.93 PER MEAL. ALL COSTS INCLUDING PS AND OTPS TOTALED \$345,525 OR \$5.23 PER

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YORKVILLE COMMON PANTRY, INC.

MEAL. THE HOT MEAL PROGRAM HAD 216 DISTINCT VOLUNTEERS COME A TOTAL OF 1,408 TIMES, FOR A TOTAL OF 10,338 VOLUNTEER HOURS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS

THE TOTAL AMOUNT OF CASH SPENT ON FOOD IN FY 09 WAS \$ 18,623.65, OR .16 PER MEAL. TOTAL AMOUNT OF IN-KIND FOOD DONATION USED IN ADDITION TO CASH EXPENDITURES DURING FY09 WAS \$61,376.05 THUS THE TOTAL AMOUNT OF IN-KIND (DONATED)FOOD FOR THE HOT MEAL PROGRAM WAS \$.53 PER MEAL. ALL COSTS INCLUDING PS AND OTPS TOTALED \$352,891 OR \$3.02 PER MEAL. THERE WERE 2,069 FAMILIES, OR 40% OF FAMILIES THAT CAME TO THE 24\7 PROGRAM THAT WERE SUBSEQUENTLY ENROLLED INTO THE PANTRY PROGRAM. THE 24\7 YCP PROGRAM HAD 72 DISTINCT VOLUNTEERS COME A TOTAL OF 469 TIMES, FOR A TOTAL OF 3,446 VOLUNTEER HOURS.

FORM 990, PART VI, SECTION A, LINE 4: AMENDMENT TO THE ARTICLES OF INCORPORATION FILED AUGUST 24, 2009.

FORM 990, PART VI, SECTION A, LINE 10: THE 990 IS REVIEWED BY THE FINANCE COMMITTEE PRIOR TO SUBMISSION TO THE EXECUTIVE COMMITTEE FOR APPROVAL AND FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE POLICY COVERS ALL BOARD MEMBERS, OFFICERS AND SENIOR STAFF, EACH OF WHOM IS TO COMPLETE A SIGNED CONFLICT OF INTEREST FORM ANNUALLY WHICH DISCLOSES ALL ACTUAL OR POTENTIAL CONFLICTING INTERESTS AS OF THAT DATE AND COMMITS TO PROMPTLY DISCLOSE ANY

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Department of the Treasury
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CONFLICT THAT MAY ARISE DURING THE YEAR TO THE BOARD CHAIR OR THE EXECUTIVE COMMITTEE. INTERESTED PARTIES WHO MAY HAVE AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST WILL NOT PARTICIPATE IN DECISIONS AFFECTING THAT INTEREST AND THE ORGANIZATION AS FOLLOWS: SUCH A DIRECTOR SHALL NOT VOTE ON A MATTER IN WHICH HE/SHE HAS AN INTEREST AND SHALL NOT ATTEMPT TO INFLUENCE OTHER DIRECTORS REGARDING SUCH A MATTER WITHOUT FIRST DISCLOSING THAT INTEREST. A MAJORITY OF THE BOARD OR COMMITTEE MAY PROHIBIT AN INTERESTED DIRECTOR FROM PARTICIPATING IN THE DISCUSSION ABOUT THE MATTER. IN ADDITION, ALL TRANSACTIONS WITH INTERESTED PARTIES ARE REVIEWED BY THE EXECUTIVE COMMITTEE TO DETERMINE THAT THEY ARE FAIR AND WILL BENEFIT YCP AND NOT THE INTERESTED PARTY.

FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE DIRECTOR (2008), DEVELOPMENT DIRECTOR (2009) - COMPENSATION SURVEYS WERE OBTAINED FROM SEARCH FIRM. ALSO CONSIDERED COMPENSATION PROFILES OF NYS CHARITABLE NONPROFITS.

FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE FOR REVIEW ON WEBSITE AND PRINTED COPY UPON REQUEST.

FORM 990, PART XI, LINE 2C

FINANCIAL STATEMENTS AND REPORTING

THE PROCESS FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.

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FORM 990, PART VI, LINE 14

RECORD AND DOCUMENTATION RETENTION POLICY

THE ORGANIZATION HAS AN INFORMAL WRITTEN SCHEDULE WHICH IT FOLLOWS IN CONNECTION WITH RETAINING ITS RECORDS AND DOCUMENTS. A FORMAL POLICY IS CURRENTLY BEING FORMULATED.

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
	MACHINERY & EQUIPMENT											
	REQUIRE PAGE 10 TOTAL			5.00	16	317,338			317,338	56,748		58,617
	* 990 PAGE 10 TOTAL					317,338		0.	317,338	56,748	0.	58,617
	MACHINERY & EQUIPMENT											
	OTHER											
	LEASEHOLD IMPROVEMENT											
	REQUIRE PAGE 10 TOTAL			27.50	16	3643043			3643043	142,718		126,825
	* 990 PAGE 10 TOTAL					3643043		0.	3643043	142,718	0.	126,825
	* GRAND TOTAL 990 PAGE 10 DEPR					3960381		0.	3960381	199,466	0.	185,442