

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)

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

A For the 2012 calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013**

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
NEW YORK COMMON PANTRY (FORMERLY 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, town, or post office, state, and ZIP code
NEW YORK, NY 10029-3402

D Employer identification number
13-3127972

E Telephone number
917-720-9701

G Gross receipts \$ **4,733,423.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

F Name and address of principal officer: **STEPHEN D. GRIMALDI**
SAME AS C ABOVE

I Tax-exempt status: 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

J Website: **WWW.NYCOMMONPANTRY.ORG**

K Form of organization: Corporation Trust Association 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.	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a) 3 37
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 37
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 48
	6 Total number of volunteers (estimate if necessary) 6 14582
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
	b Net unrelated business taxable income from Form 990-T, line 34 7b 0.
	8 Contributions and grants (Part VIII, line 1h) 3,414,162. 4,399,042.
9 Program service revenue (Part VIII, line 2g) 0. 0.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 32,980. 53,488.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,708. 2,294.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,449,850. 4,454,824.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0.	
14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,354,555. 1,459,979.	
16a Professional fundraising fees (Part IX, column (A), line 11e) 35,089. 45,000.	
b Total fundraising expenses (Part IX, column (D), line 25) 416,125.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,267,775. 2,755,828.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,657,419. 4,260,807.	
19 Revenue less expenses. Subtract line 18 from line 12 -207,569. 194,017.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 5,254,096. 5,505,031.
	21 Total liabilities (Part X, line 26) 118,122. 156,621.
	22 Net assets or fund balances. Subtract line 21 from line 20 5,135,974. 5,348,410.

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: *[Signature]* Date: **2/26/14**
STEPHEN D. GRIMALDI, EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **MARTIN BERKOWITZ** Preparer's signature: *[Signature]* Date: **2/17/14** Check if self-employed: PTIN: **P00154047**
 Firm's name: **LUTZ AND CARR, CPAS LLP** Firm's EIN: **13-1655065**
 Firm's address: **300 EAST 42ND STREET**
NEW YORK, NY 10017 Phone no. **212-697-2299**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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

13-3127972

Form 990 (2012)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: NEW YORK COMMON PANTRY IS DEDICATED TO REDUCING HUNGER THROUGHOUT NEW YORK CITY WHILE PROMOTING DIGNITY AND SELF-SUFFICIENCY.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [X] Yes [] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,988,677. Including grants of \$) (Revenue \$ 2,294.) CHOICE PANTRY :

IN FY13, NYCP'S CHOICE PANTRY PROGRAM ALLOWED ITS MEMBERS TO SELF-SELECT THEIR FOOD USING AN ELECTRONIC MENU SYSTEM, EITHER ON-SITE WITH THE ASSISTANCE OF VOLUNTEERS USING A TABLET, OR ONLINE THROUGH A NYCP WEBSITE PORTAL. THE NYCP CHOICE PANTRY PROVIDED FOOD ASSISTANCE TO 190,900 PEOPLE, INCLUDING 120,949 ADULTS; 39,426 CHILDREN, AND 30,525 SENIORS ONSITE. NYCP'S CHOICE PANTRY PROVIDED 2,227,992 MEALS TO THOSE PEOPLE, AND ANOTHER 152,328 PANTRY MEALS TO THE SUPER STORM SANDY COMMUNITIES. NYCP RECEIVED \$42,918 IN TOY DONATIONS FOR PANTRY FAMILIES IN FY 13 AS PART OF THE LARRY MORALES TOY DRIVE, PROVIDING 960 CHILDREN WITH TOYS. THE PROGRAM'S TOTAL EXPENSES AFTER DEPRECIATION

4b (Code:) (Expenses \$ 232,785. Including grants of \$) (Revenue \$) MEAL PROGRAMS/HOT MEALS:

IN FY13, NYCP'S KITCHEN SERVED 66,658 HOT MEALS AND 8,489 BROWN BAG MEALS ON SITE. NYCP ALSO SERVED ANOTHER 5,200 HOT MEALS AND 18,981 BROWN BAG MEALS TO THE SUPERSTORM SANDY IMPACTED COMMUNITIES. THE PROGRAM'S EXPENSES AFTER DEPRECIATION WERE \$232,785.

4c (Code:) (Expenses \$ 883,878. Including grants of \$) (Revenue \$) HELP 365:

IN FY13, NYCP PERFORMED INCOME SCREENING USING A RESOURCE CALCULATOR AND CONNECTED PEOPLE TO TAX ASSISTANCE, BENEFITS AND OTHER SERVICES. HELP 365 STAFF SCREENED 100% OF NEW CLIENTS COMING FOR FOOD OR SERVICES. NYCP ACQUIRED \$2,309,203 IN NEW BENEFITS FOR THESE 365 NYCP VISITORS AND FOR EVERY \$1 SPENT ON CASE MANAGER SALARIES AND FRINGE BENEFITS, THE RETURN ON INVESTMENT (ROI) WAS \$4.48. AN ADDITIONAL \$858,977 WAS ACQUIRED THROUGH ON SITE TAX RETURNS, \$191,270 WAS RECOUPED FOR CLIENTS THROUGH NYCP'S ON SITE LEGAL CLINIC, AND \$341,820 WAS ACCESSED IN SUPPLEMENTAL NUTRITION ASSISTANCE AND HEALTH BENEFITS THROUGH AN ONSITE SOCIAL SERVICE PROVIDER. THE LEGAL CLINIC HOURS, TAX

4d Other program services (Describe in Schedule O.) (Expenses \$ 331,816. Including grants of \$) (Revenue \$)

4e Total program service expenses 3,437,156.

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

Form 990 (2012)

13-3127972

Part IV 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>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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>		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		<input checked="" type="checkbox"/>
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		<input checked="" type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<input checked="" type="checkbox"/>
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, Parts II and IV</i>		<input checked="" type="checkbox"/>
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, Parts III and IV</i>		<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<input checked="" type="checkbox"/>	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		

Form 990 (2012)

232003
12-10-12

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

Form 990 (2012)

13-3127972

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		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? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

Form 990 (2012)

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

Form 990 (2012)

13-3127972

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		1a	1b	1c	2a	3a	3b	4a	5a	5b	5c	6a	6b	7a	7b	7c	7d	7e	7f	7g	7h	8	9a	9b	10a	10b	11a	11b	12a	12b	13a	13b	13c	14a	14b			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4																																				
b	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		48																																			
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 (see instructions)					X																																
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?																																					
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)?																																					
b	If "Yes," enter the name of the foreign country: See instructions for 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?																																					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?																																					
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?																																					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?																																					
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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?																																					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?																																					
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?																																					
d	If "Yes," indicate the number of Forms 8282 filed during the year																																					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?																																					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?																																					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?																																					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?																																					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?																																					
9	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:																																					
a	Initiation fees and capital contributions included on Part VIII, line 12																																					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities																																					
11	Section 501(c)(12) organizations. Enter:																																					
a	Gross income from members or shareholders																																					
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)																																					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?																																					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year																																					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.																																					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.																																					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans																																					
c	Enter the amount of reserves on hand																																					
14a	Did the organization receive any payments for indoor tanning services during the tax year?																																					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O																																					

Form 990 (2012)

232005
12-10-12

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	37			
b Enter the number of voting members included in line 1a, above, who are independent		37		
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 governing documents since the prior Form 990 was filed?			X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				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	
9 Is there any officer, director, 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 (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did 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 If "Yes" to line 15a or 15b, 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **RALPH DAVIS, STAFF ACCOUNTANT - 917-720-9714**
8 EAST 109TH STREET, 2ND FLOOR, NEW YORK, NY 10029

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

Form 990 (2012)

13-3127972

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
 - 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) ANDREWS, SHERRELL VICE CHAIR	2.00	X		X				0.	0.	0.
(2) ANDRYC, MARY K. TRUSTEE	1.00	X						0.	0.	0.
(3) BERNSTEIN, HARTLEY TRUSTEE	1.00	X						0.	0.	0.
(4) BECKSTROM, BRAD TRUSTEE	1.00	X						0.	0.	0.
(5) CLARK, ELAINE TRUSTEE	1.00	X						0.	0.	0.
(6) FENTON-SCHAFFER, DIDI TRUSTEE	1.00	X						0.	0.	0.
(7) FITZSIMONS, MICHAEL TRUSTEE	1.00	X						0.	0.	0.
(8) FRAWLEY, CANDICE K. DEVELOPMENT CHAIR	8.00	X		X				0.	0.	0.
(9) GALLAGHER, EDWARD PERSONNEL CHAIR	2.00	X		X				0.	0.	0.
(10) GRUNFELD, KATHERINA SECRETARY	2.00	X		X				0.	0.	0.
(11) GRIMALDI, STEPHEN EXECUTIVE DIRECTOR	35.00			X			162,978.	0.	29,104.	
(12) HAGELGANS, ANDREA TRUSTEE	1.00	X						0.	0.	0.
(13) HANDLER, CAROLYN TRUSTEE	1.00	X						0.	0.	0.
(14) HETU, ROBERT TRUSTEE	1.00	X						0.	0.	0.
(15) HIGGINS, LINDSAY TRUSTEE	1.00	X						0.	0.	0.
(16) HIRSH, JAMIE TRUSTEE	1.00	X						0.	0.	0.
(17) HOLT, LINDA E. PROGRAM CHAIR	3.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) HUGHES, PATRICIA TRUSTEE	1.00	X						0.	0.	0.
(19) HUNEKE, ANNIE TRUSTEE	1.00	X						0.	0.	0.
(20) KAUFMAN, PETER S. TRUSTEE	1.00	X						0.	0.	0.
(21) KELLEHER, CAMILLE TREASURER	2.00	X		X				0.	0.	0.
(22) KELLY, PAT TRUSTEE	4.00	X						0.	0.	0.
(23) KESSLER, SUSAN VICE CHAIR	2.00	X		X				0.	0.	0.
(24) KUTCH, MICHAEL TRUSTEE	1.00	X						0.	0.	0.
(25) MACKINNON, ANNE P. TRUSTEE	4.00	X						0.	0.	0.
(26) MEISTRELL, GERARD M. VICE CHAIR	2.00	X		X				0.	0.	0.
1b Sub-total								162,978.	0.	29,104.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								162,978.	0.	29,104.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

- 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
- 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
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(27) MORALES, DOREEN S. TRUSTEE	3.00							0.	0.	0.
(28) MOSS, SARA E. TRUSTEE	1.00	X						0.	0.	0.
(29) NACHMAN, MICHAEL TRUSTEE	1.00	X						0.	0.	0.
(30) NALYWAJKO, KATHY L. TRUSTEE	1.00	X						0.	0.	0.
(31) NAVAB, NEDA TRUSTEE	1.00							0.	0.	0.
(32) RICE, MADELEINE VICE CHAIR	2.00			X				0.	0.	0.
(33) ROBERTSON, REBECCA FINANCE CHAIR	3.00			X				0.	0.	0.
(34) SABIN, LITE NOMINATING CHAIR	2.00			X				0.	0.	0.
(35) SHIPLEY, ALETA A. TRUSTEE	1.00							0.	0.	0.
(36) SKOBE, ANDREW TRUSTEE	1.00							0.	0.	0.
(37) STEIN, WENDY A. BOARD CHAIR	8.00			X				0.	0.	0.
(38) STUBBS, VERONICA TRUSTEE	1.00							0.	0.	0.
(39) WEISS, ELAINE TRUSTEE	1.00							0.	0.	0.
(40) WOODLAND, ROLAND TRUSTEE	1.00							0.	0.	0.
Total to Part VII, Section A, line 1c										

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Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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	523,082.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	692,850.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,183,110.			
	g Noncash contributions included in lines 1a-1f: \$		1,205,635.			
	h Total. Add lines 1a-1f		4,399,042.			
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)		28,138.		28,138.	
	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		225,468.		
		c Gain or (loss)		25,350.		
	d Net gain or (loss)		25,350.		25,350.	
	8 a Gross income from fundraising events (not including \$ 523,082. of contributions reported on line 1c). See Part IV, line 18	a		53,131.		
		b Less: direct expenses	b	53,131.		
c Net income or (loss) from fundraising events			0.			
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	2,294.		2,294.	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d			2,294.			
12 Total revenue. See instructions.			4,454,824.	0.	0.	
					55,782.	

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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).

Check if Schedule O contains a response to any question in this Part IX

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 United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	179,558.	130,848.	22,731.	25,979.
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	1,049,657.	764,910.	132,882.	151,865.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	139,767.	101,851.	17,694.	20,222.
10 Payroll taxes	90,997.	66,312.	11,520.	13,165.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	59,906.	4,070.	55,028.	808.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	45,000.			45,000.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	121,452.	68,238.	51,418.	1,796.
12 Advertising and promotion	6,578.	860.	5,233.	485.
13 Office expenses	267,955.	177,806.	40,667.	49,482.
14 Information technology				
15 Royalties				
16 Occupancy	158,502.	115,505.	20,065.	22,932.
17 Travel	45,790.	34,848.	5,106.	5,836.
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	186,540.	135,936.	23,615.	26,989.
23 Insurance	56,438.	41,126.	7,147.	8,165.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD	1,748,009.	1,747,763.	104.	142.
b INDIRECT BENEFIT EXPENS	43,014.			43,014.
c TOYS AND GIFTS CARDS	42,918.	42,918.		
d UNCOLLECTABLE CAPITAL C	12,229.		12,229.	
e All other expenses	6,497.	4,165.	2,087.	245.
25 Total functional expenses. Add lines 1 through 24e	4,260,807.	3,437,156.	407,526.	416,125.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	728,944.	1 926,240.
	2	Savings and temporary cash investments	351,476.	2 450,325.
	3	Pledges and grants receivable, net	202,468.	3 231,850.
	4	Accounts receivable, net		4
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges	80,164.	9 70,509.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,270,091.	
	b	Less: accumulated depreciation	10b 1,210,814.	10c 3,059,277.
	11	Investments - publicly traded securities	705,349.	11 760,610.
	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)	5,254,096.	16 5,505,031.	
Liabilities	17	Accounts payable and accrued expenses	118,122.	17 156,621.
	18	Grants payable		18
	19	Deferred revenue		19
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21
	22	Loans and other 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 to unrelated third parties		24
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25
	26	Total liabilities. Add lines 17 through 25	118,122.	26 156,621.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	4,640,824.	27 4,843,876.
	28	Temporarily restricted net assets	495,150.	28 504,534.
	29	Permanently restricted net assets		29
	Organizations that do not follow SFAS 117 (ASC 958), 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	5,135,974.	33 5,348,410.	
34	Total liabilities and net assets/fund balances	5,254,096.	34 5,505,031.	

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,454,824.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,260,807.
3	Revenue less expenses. Subtract line 2 from line 1	3	194,017.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,135,974.
5	Net unrealized gains (losses) on investments	5	18,419.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,348,410.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 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? _____
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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? _____
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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Part II 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3346326.	3859018.	3698973.	3414162.	4399062.	18717541.
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 through 3	3346326.	3859018.	3698973.	3414162.	4399062.	18717541.
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)						1290234.
6 Public support. Subtract line 5 from line 4.						17427307.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	3346326.	3859018.	3698973.	3414162.	4399062.	18717541.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	22,557.	20,091.	15,227.	22,589.	28,138.	108,602.
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.)	16,005.	1,331.		2,708.	2,294.	22,338.
11 Total support. Add lines 7 through 10						18848481.
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 2012 (line 6, column (f) divided by line 11, column (f))	14	92.46	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	94.14	%
16a 33 1/3% support test - 2012. 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 - 2011. 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 - 2012. 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 - 2011. 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"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 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

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1546-0047

2012

Open to Public Inspection

Name of the organization **NEW YORK COMMON PANTRY (FORMERLY 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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 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.

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 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 Tax 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, and not on a historic structure listed in the National Register	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶
- Number of states where property subject to conservation easement is located ▶
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$
- 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)?
- In Part XIII, 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.

- If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items.
- If the organization elected, as permitted under SFAS 116 (ASC 958), 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	▶ \$	_____
- 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 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$	_____
b Assets included in Form 990, Part X	▶ \$	_____

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule D (Form 990) 2012

232051
12-10-12

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

- 3 Using the organization's acquisition, 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 XIII.
- 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 Escrow and Custodial Arrangements. Complete if the 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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the 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 Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Temporarily restricted endowment %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		3,657,394.	778,750.	2,878,644.
d Equipment		612,697.	432,064.	180,633.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,059,277.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other (A-I), and Total.

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows (1) through (10) and Total.

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (10) and Total.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Rows 1. (1) Federal income taxes, (2) through (11), and Total.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return				
1	Total revenue, gains, and other support per audited financial statements		1	4,476,779.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	18,419.	
b	Donated services and use of facilities	2b	3,536.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	21,955.	
3	Subtract line 2e from line 1	3	4,454,824.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,454,824.	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return				
1	Total expenses and losses per audited financial statements		1	4,264,343.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	3,536.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	3,536.	
3	Subtract line 2e from line 1	3	4,260,807.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,260,807.	

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: THE ORGANIZATION HAS EVALUATED ALL INCOME TAX POSITIONS AND CONCLUDED THAT NO DISCLOSURES RELATING TO UNCERTAIN TAX POSITIONS ARE REQUIRED IN THE FINANCIAL STATEMENTS.

NEW YORK COMMON PANTRY (FORMERLY

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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))	
		ANNUAL BENEFIT (event type)	6TH GRADE DANCE (event type)	2 (total number)		
Revenue	1	Gross receipts	520,980.	18,958.	36,275.	576,213.
	2	Less: Contributions	482,105.	17,326.	23,651.	523,082.
	3	Gross income (line 1 minus line 2)	38,875.	1,632.	12,624.	53,131.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	37,375.	1,125.	7,420.	45,920.
	7	Food and beverages		107.	287.	394.
	8	Entertainment	1,500.	400.	4,917.	6,817.
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(53,131)
	11	Net income summary. Combine line 3, column (d), and line 10				0.

Part III 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	Noncash 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 line 1, column d, and line 7			

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? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

NEW YORK COMMON PANTRY (FORMERLY

Schedule G (Form 990 or 990-EZ) 2012 YORKVILLE COMMON PANTRY, INC.)

13-3127972 Page 3

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 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
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter 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? Yes No

- 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 of the third party:

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? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: SPECIAL EVENT UNLIMITED

(I) ADDRESS OF FUNDRAISER: 230 WEST 36TH STREET, NEW YORK, NY 10018

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2012

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Attach to Form 990. See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization **NEW YORK COMMON PANTRY (FORMERLY YORKVILLE COMMON PANTRY, INC.)**

Employer identification number
13-3127972

Part I 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 any of the boxes on line 1a are 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input 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, with respect to the filing organization or a related organization:
- 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 section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**
- 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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III
- 9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2012

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

Name of the organization **NEW YORK COMMON PANTRY (FORMERLY YORKVILLE COMMON PANTRY, INC.)**

Employer identification number
13-3127972

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
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	312	1,117,697.	FOOD BANK VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>TOYS</u>)	X	0	42,918.	FAIR MARKET VALUE
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 Acknowledgement **29**

	Yes	No
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?		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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2012)

Part I

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Lined area for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

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

Employer identification number
13-3127972

FORM 990, PART I, LINE 1:

**WITH THE HELP OF MCKINSEY AND COMPANY, WE COMPLETED A FIVE-YEAR
STRATEGIC PLAN LAST SUMMER. IT SHOWED THAT THE IMPACT OF OUR WORK IS
FELT BEYOND OUR EAST HARLEM SITE AND THE NAME "YORKVILLE" NO LONGER FIT
OUR SCOPE. WHILE WE BEGAN OVER 34 YEARS AGO AS A LOCAL RESPONSE TO
NEIGHBORHOOD HUNGER, WE HAVE SINCE GROWN TO SERVE PEOPLE FROM ALL FIVE
BOROUGHES, AND LAST YEAR WE SERVED PEOPLE FROM 157 OF THE CITY'S ZIP
CODES. AS PART OF THAT CITYWIDE PRESENCE, AND IN THE AFTERMATH OF
SUPERSTORM SANDY, WE DIRECTLY SERVED BROOKLYN, QUEENS, AND STATEN
ISLAND WITH FOOD AND SUPPLIES. OUR NEW IDENTITY AS NEW YORK COMMON
PANTRY (NYCP) GROWS FROM OUR SUPPORT OF THE NEEDIEST NEW YORKERS NO
MATTER WHERE THEY LIVE, AND NO MATTER THE ROOT OF THEIR POVERTY OR FOOD
INSECURITY.**

**DURING THE PAST YEAR NYCP SERVED 2,485,054 MEALS TO FAMILIES AND
INDIVIDUALS, INCLUDING ADULTS, SENIORS, CHILDREN IN OUR PANTRY,
HOMELESS ADULTS AND VICTIMS OF SUPERSTORM SANDY. IN ADDITION,
\$3,151,453 IN NEW BENEFITS WERE ACCESSED FOR NYCP CLIENTS ACROSS ALL
PROGRAMS, AND AN ADDITIONAL \$1,392,067 WERE ACQUIRED FOR CLIENTS
THROUGH PARTNERSHIPS WITH ORGANIZATIONS THAT ASSISTED MEMBERS WITH TAX
RETURNS, HEALTH BENEFITS, SUPPLEMENTAL NUTRITION ASSISTANCE (SNAP) AND
OTHER BENEFITS. THE MAJORITY OF MEALS WERE PROVIDED TO APPROXIMATELY
190,900 PEOPLE IN OUR PANTRY PROGRAM, COMPRISING 21,763 DISTINCT PANTRY
MEMBERS. ANOTHER 66,658 HOT MEALS AND 8,489 BROWN BAGS WERE SERVED TO
17,003 DISTINCT INDIVIDUALS. NYCP OPERATED HEALTHY COOKING WORKSHOPS
AND NUTRITION EDUCATION AND ACTIVE LIVING CLASSES THROUGH ITS LIVE**

HEALTHY! PROGRAM. THE PROGRAM HELD 216 CLASSES AND WORKSHOPS DURING THE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2012)

232211
01-04-13

Name of the organization **NEW YORK COMMON PANTRY (FORMERLY
YORKVILLE COMMON PANTRY, INC.)**

Employer identification number
13-3127972

**YEAR AND SERVED 544 DISTINCT ADULTS AND CHILDREN WHO PARTICIPATED A
TOTAL OF 3,637 TIMES.**

**NYCP RESPONDED TO SUPERSTORM SANDY THROUGH A MOBILE DELIVERY SYSTEM TO
THE IMPACTED COMMUNITIES. IN FY13 NYCP SERVED 5,200 HOT MEALS, 18,981
BROWN BAG MEALS AND 152,328 PANTRY MEALS FOR A TOTAL OF 176,509 MEALS
DELIVERED TO THE IMPACTED COMMUNITIES.**

**THE TOTAL NUMBER OF PEOPLE SERVED WAS APPROXIMATELY 295,634 ACROSS ALL
PROGRAMS, AND INCREASE OF 46,932 PEOPLE SERVED FROM THE PREVIOUS YEAR.**

FORM 990, PART I, LINE 6:

**14,582 VOLUNTEERS WORKED 39,690 HOURS. THAT WAS AN INCREASE OF 23% MORE
VOLUNTEERS THAN THE YEAR BEFORE. ALL TOLD, VOLUNTEERS PERFORMED 45% OF
THE TOTAL LABOR HOURS OF THE ORGANIZATION. THE ADDITIONAL VOLUNTEERS
MEANT THE AVERAGE SHIFT WAS REDUCED TO 2 HOURS AND FORTY THREE MINUTES,
DOWN 53 MINUTES FROM THE YEAR PREVIOUS DESPITE SERVING MORE PEOPLE AND
MEALS.**

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

**RECOGNIZING THE PORTABLE AND NIMBLE NATURE OF THE ORGANIZATION'S
PROGRAM MODELS, EMERGENCY RELIEF AND RECOVERY BECAME PART OF THE
PORTFOLIO OF NYCP THROUGH ITS RECENTLY COMPLETED STRATEGIC PLAN. NO
SOONER HAD THAT PLAN BEEN COMPLETED THAN THE METROPOLITAN AREA WAS HIT
BY SUPERSTORM SANDY. NEW YORK COMMON PANTRY RESPONDED THE FIRST WEEK
AFTER THE STORM, RECRUITING VOLUNTEERS, PREPARING BROWN BAG MEALS,
ACCEPTING DONATIONS, DELIVERING PANTRY AND HOT MEALS, CLOTHING,
FLASHLIGHTS AND OTHER SUPPLIES TO THE IMPACTED COMMUNITIES, INCLUDING**

Name of the organization **NEW YORK COMMON PANTRY (FORMERLY YORKVILLE COMMON PANTRY, INC.)**

Employer identification number
13-3127972

THE LOWER EAST SIDE AND RED HOOK, BROOKLYN (RIGHT AFTER THE STORM), CONEY ISLAND, FAR ROCKAWAY AND STATEN ISLAND. NYCP CONTINUED TO TRANSPORT MATERIALS TO SUNSET PARK AND BAY RIDGE BROOKLYN "RELIEF HUBS", AND DIRECTLY TO CONEY ISLAND, FAR ROCKAWAY AND STATEN ISLAND COMMUNITY PARTNERS. NYCP DELIVERED 5, 200 HOT MEALS, 18,981 BROWN BAGS, AND 152, 328 PANTRY MEALS TO SUPERSTORM SANDY VICTIMS IN THE FISCAL YEAR, AND CONTINUED THE OPERATION INTO THE NEXT FISCAL YEAR. NYCP PARTNERED WITH COMMUNITY-BASED ORGANIZATIONS AND CIVIC GROUPS IN THE IMPACTED AREAS TO SUPPORT THEIR OPERATIONS.

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

NYCP MADE CHANGES DURING THE YEAR WHICH INCLUDED PROGRAM REDESIGN AND PROGRAM EXPANSION.

1. IN LIGHT OF INCREASING DEMAND, THE CHOICE PANTRY UNDERTOOK THREE CHANGES TO INCREASE EFFICIENCY:

A) NYCP PARTNERED WITH THE FOOD BANK FOR NEW YORK CITY AND TOYOTA IN ADOPTING PRINCIPLES OF KAIZEN JAPANESE FOR "IMPROVEMENT", OR "CHANGE FOR THE BETTER" WHICH HELPED TO REORGANIZE THE PANTRY ROOM TO REDUCE CRISSCROSSING OF PEOPLE IN THE PROCESS OF PACKING BAGS/FULFILLING ORDERS. SHORTLY AFTER THESE CHANGES WERE ADOPTED, IN MAY OF 2013, NYCP ANALYZED "PANTRY FLOW" AND PANTRY TIMING, ISOLATING THE PROCESS OF MEMBER ORDERING AND ORDER FULFILLMENT INTO DISCREET STEPS. THESE INCLUDE ENTRY, PRESENTING YOUR CHOICE PANTRY MEMBERSHIP CARD, SITTING/WAITING TO BE CALLED TO PLACE YOUR ORDER, PLACING YOUR ORDER, GOING UPSTAIRS TO THE PANTRY FLOOR, AND RECEIVING THE PACKAGE/EXITING. RESULTS SHOWED THAT KAIZEN INSPIRED CHANGES QUICKENED THE PROCESS AND INCREASED CLIENT SATISFACTION. OF THE 374 RESPONDENTS IN OUR PANTRY

Name of the organization **NEW YORK COMMON PANTRY (FORMERLY YORKVILLE COMMON PANTRY, INC.)**

Employer identification number
13-3127972

MEMBER SATISFACTION SURVEY, 93% SAID THE CHOICE PANTRY SELECTION PROCESS WAS 'GREAT' OR 'GOOD' AND 97% SAID THE SERVICE WAS 'GREAT' OR 'GOOD'. OF THE LATTER, 64% OF THE 97% SAID IT WAS 'GREAT', AN INCREASE FROM 54% THE YEAR BEFORE. IN FY14 WE EXPECT TO ADOPT AT LEAST ONE OTHER OPERATIONAL ELEMENT THROUGH THE PRINCIPLES OF KAIZEN.

B) NYCP PLACED A GREATER EMPHASIS ON THE ONLINE ORDERING SYSTEM BY DISSEMINATING MATERIALS TO PANTRY MEMBERS ABOUT THE EASE OF ITS USE, AS WELL AS SUPPORTS AVAILABLE BY STAFF ON HOW TO ORDER USING A PORTAL AVAILABLE THROUGH OUR WEBSITE. BY YEAR END, ABOUT 8% OF OUR PANTRY MEMBERS ORDERED USING THE ONLINE PORTAL, UP FROM 3% THE PREVIOUS YEAR.

C) DESPITE SERVING 350,000 MORE MEALS IN THE CHOICE PANTRY PROGRAM THAN THE YEAR BEFORE, THE AVERAGE VOLUNTEER 'SHIFT' WAS REDUCED FROM 3 HOURS AND 36 MINUTES TO 2 HOURS AND 43 MINUTES. THIS WAS FACILITATED BY THE INCREASED NUMBER OF VOLUNTEERS, UP 23% FROM THE YEAR PREVIOUS.

2. FOOD RESCUE BECAME A GREATER FOCUS IN FY13, AS NYCP INCREASED THE NETWORK OF FOOD VENDORS DONATING FOOD AND ALSO INCREASED THE NUMBER OF FOOD DRIVES FROM COMMUNITY BASED ORGANIZATIONS, SCHOOLS AND RELIGIOUS CONGREGATIONS. WE RECEIVED GRANTS TO PURCHASE A SECOND FOOD RESCUE VAN, AND LATE IN THE YEAR NYCP DOUBLED THE NUMBER OF FOOD RESCUE ROUTES.

DESPITE INITIATING THIS PROJECT TOWARD THE END OF THE FISCAL YEAR, NYCP STILL MANAGED TO INCREASE THE OVERALL DONATED FOOD FROM FOOD DRIVES AND RESCUE OPERATIONS BY \$58,017 AS COMPARED TO FY12.

3) IN ADDITION TO ORGANIZATIONAL NAME CHANGE, THE NUTRITION INITIATIVE FOR CHILDREN AND FAMILIES (NICF) BECAME LIVE HEALTHY!, BUILDING ON ITS CORE NUTRITION-BASED PROGRAMMING TO FURTHER DEVELOP A HOLISTIC CURRICULUM THAT INCLUDED ACTIVE LIVING, SOCIAL SUPPORTS AND SELF-ESTEEM ELEMENTS. THE NUTRITION EDUCATION MANAGER, A REGISTERED DIETICIAN, WAS

Name of the organization **NEW YORK COMMON PANTRY (FORMERLY
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**HIRED TO FACILITATE THIS CHANGE AND THE PROGRAM EXPANDED INTO UPPER
MANHATTAN AND THE SOUTH BRONX DURING THE FISCAL YEAR, IN ADDITION TO
EXISTING EAST HARLEM AND NYCP SITES.**

4) FINALLY, 365 YCP CHANGED ITS NAME TO HELP 365.

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

**WERE \$1,989,177.00 OR APPROXIMATELY .84 PER PANTRY MEAL, INCLUDING
SUPERSTORM SANDY PANTRY MEALS.**

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

**ASSISTANCE AND THE ON-SITE SOCIAL SERVICES WERE PROVIDED AT NO-COST TO
NYCP. THE PROGRAM'S EXPENSES AFTER DEPRECIATION WERE \$883,878.**

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PROJECT DIGNITY:

**PROJECT DIGNITY PROGRAM FOR THE HOMELESS SERVED 235 DISTINCT CLIENTS
AND ACCESSED \$842,250 IN BENEFITS FOR CLIENTS, A RETURN ON INVESTMENT
(ROI) OF \$11.07 FOR EVERY DOLLAR SPENT ON CASE MANAGEMENT SALARY AND
FRINGE COSTS. IN PARTICULAR, 38 UNDUPLICATED CLIENTS WERE ASSISTED WITH
HOUSING THROUGH SUBMISSION OF HRA 2010 E HOUSING APPLICATIONS; 110
UNDUPLICATED CLIENTS RECEIVED THEIR MAIL AT NYCP (317 VISITS); 697
UNDUPLICATED CLIENTS TOOK SHOWERS AT OUR FACILITY (6,482 VISITS); 459
CLIENTS DID THEIR LAUNDRY (2,225 VISITS); 537 UNDUPLICATED CLIENTS
RECEIVED HAIRCUTS (1,506 TOTAL VISITS); AND 62 CLIENTS WERE HELPED TO
ACQUIRE BIRTH CERTIFICATES AND STATE IDENTIFICATION CARDS. THE PROJECT
DIGNITY CASE MANAGER REFERRED 45 UNDUPLICATED CLIENTS TO A PSYCHIATRIST**

Name of the organization **NEW YORK COMMON PANTRY (FORMERLY YORKVILLE COMMON PANTRY, INC.)**

Employer identification number
13-3127972

THROUGH NYCP'S COLLABORATION WITH AN ONSITE PROVIDER. THE PROGRAM'S EXPENSES AFTER DEPRECIATION WERE \$115,069.

EXPENSES \$ 115,069. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

LIVE HEALTHY:

LIVE HEALTHY!, FORMERLY KNOWN AS THE NUTRITION INITIATIVE FOR CHILDREN AND FAMILIES (NICF), OPERATES TWO RELATED SERVICES. THE FIRST IS A 10-CLASS CURRICULUM OF INTERACTIVE HEALTHY-LIVING CLASSES FOR CHILDREN AND THEIR PARENTS THAT INCLUDES TRIPS TO LOCAL FARMERS' MARKETS AND A FARM IN NEW YORK'S COLUMBIA COUNTY. THE SECOND SERVICE IS A SERIES OF COOKING AND FOOD PREPARATION WORKSHOPS FOR PANTRY ADULTS, WHICH INCLUDES WALKING TRIPS TO FARMERS' MARKET. LIVE HEALTHY! PROVIDED HANDS ON FOOD PREPARATION AND NUTRITION CLASSES FOR 2,670 CHILDREN AND 378 PARENTS AND CONDUCTED COOKING WORKSHOPS FOR 589 ADULTS. ALL TOLD, 180 NUTRITION EDUCATION SESSIONS AND 36 COOKING WORKSHOPS WERE HELD. AN INDEPENDENT EVALUATOR IS ATTACHED TO THE PROGRAM; DURING FY13 THE LIVE HEALTHY PILOT PROGRAM EVALUATED THE IMPACT OF THE PROGRAM ON 72 YOUNG PEOPLE ACROSS TWO COHORTS. ONE PARTICULARLY STRONG FINDING WAS THAT THE PARTICIPANTS DECREASED CONSUMPTION OF FAST FOOD: AT PRE-TEST LIVE HEALTHY! PARTICIPANTS FROM BOTH COHORTS REPORTED EATING FAST FOOD AN AVERAGE OF OVER 3 TIMES A WEEK, WHILE AT POST-TEST THE AVERAGE HAD DROPPED ENOUGH TO ACHIEVE STATISTICAL SIGNIFICANCE. ADDITIONALLY, LIVE HEALTHY! PARTICIPANTS EMBRACED THE REVISED CURRICULUM'S EMPHASIS ON HEALTHY LIVING, AS OPPOSED TO THINNESS, AS A PRIMARY GOAL. SPECIFICALLY, THE ITEM "I DON'T NEED TO WORRY ABOUT WHAT I EAT IF I MAINTAIN MY WEIGHT" HAD A STATISTICALLY-SIGNIFICANT DECREASE AT COHORT

1, AND A DECREASE NEARING STATISTICAL SIGNIFICANCE AT COHORT 2. THE

Name of the organization **NEW YORK COMMON PANTRY (FORMERLY
YORKVILLE COMMON PANTRY, INC.)**

Employer identification number
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PROGRAM'S EXPENSES AFTER DEPRECIATION WERE \$216,747.

EXPENSES \$ 216,747. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

**FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION CHANGED ITS NAME
FROM YORKVILLE COMMON PANTRY, INC. TO NEW YORK COMMON PANTRY, INC. CHANGES
WERE MADE TO THE ORGANIZATION'S BY-LAWS.**

**FORM 990, PART VI, SECTION A, LINE 7A: SPONSORING ORGANIZATIONS, WHICH ARE
AFFILIATED RELIGIOUS ORGANIZATIONS, CAN APPOINT MEMBERS TO THE YCP BOARD OF
DIRECTORS. THESE MEMBERS ARE LIMITED IN NUMBER BY THE BY-LAWS OF THE
ORGANIZATION.**

**FORM 990, PART VI, SECTION B, LINE 11: 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
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**

Name of the organization NEW YORK COMMON PANTRY (FORMERLY YORKVILLE COMMON PANTRY, INC.)	Employer identification number 13-3127972
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TRANSACTIONS WITH INTERESTED PARTIES ARE REVIEWED BY THE EXECUTIVE COMMITTEE TO DETERMINE THAT THEY ARE FAIR AND WILL BENEFIT NEW YORK COMMON PANTRY AND NOT THE INTERESTED PARTY.

FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE DIRECTOR (2012), DEVELOPMENT DIRECTOR (2012) AND DIRECTOR OF PROGRAMS (2012)- COMPENSATION RESEARCH RESULTS, PROFILES AND ARTICLES WERE OBTAINED FROM A VARIETY OF SOURCES, INCLUDING NONPROFIT COORDINATING COMMITTEE OF NEW YORK, PROFESSIONALS FOR NONPROFITS, CHRONICLE OF PHILANTHROPY, AND CHARITY NAVIGATOR. EXECUTIVE DIRECTOR PRESENTED SALARY INCREASES FOR THE DEVELOPMENT DIRECTOR AND DIRECTOR OF PROGRAMS TO THE BOARD OF DIRECTORS FOR DISCUSSION AND VOTE. NEW YORK COMMON PANTRY'S BOARD OF DIRECTORS ESTABLISHED COMPENSATION FOR THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19: FORM 990 IS AVAILABLE FOR REVIEW ON OUR WEBSITE (WWW.NYCOMMONPANTRY.ORG) AND A COPY OF CONFLICT OF INTEREST POLICY AND OTHER GOVERNING DOCUMENTS ARE AVAILABLE 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.

Depreciation and Amortization 990
 (Including Information on Listed Property)

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

NEW YORK COMMON PANTRY (FORMERLY YORKVILLE COMMON PANTRY, INC.) Business or activity to which this form relates
FORM 990 PAGE 10 Identifying number
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 instructions)	1	500,000.
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	2,000,000.
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 2011 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 2013. 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	186,540.

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 2012	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 2012 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 2012 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	186,540.
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	

NEW YORK COMMON PANTRY (FORMERLY

YORKVILLE COMMON PANTRY, INC.)

Form 4562 (2012)

13-3127972 Page 2

Part V Listed Property (Include automobiles, certain other vehicles, 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? <input type="checkbox"/> Yes <input type="checkbox"/> No					24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(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:									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use:									
		%				S/L			
		%				S/L			
		%				S/L			
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.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available 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.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(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 2012 tax year:					
43 Amortization of costs that began before your 2012 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).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions NEW YORK COMMON PANTRY (FORMERLY YORKVILLE COMMON PANTRY, INC.)	Employer identification number (EIN) or 13-3127972
	Number, street, and room or suite no. If a P.O. box, see instructions. 8 EAST 109TH STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10029-3402	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

RALPH DAVIS, STAFF ACCOUNTANT

- The books are in the care of **8 EAST 109TH STREET, 2ND FLOOR - NEW YORK, NY 10029**
Telephone No. **917-720-9714** 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, 2014**.
- 5 For calendar year _____, or other tax year beginning **JUL 1, 2012**, and ending **JUN 30, 2013**.
- 6 If the tax year entered in line 5 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.

8a 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.	8a	\$	0.
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.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

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 **EXECUTIVE DIRECTOR** Date **2/26/14**

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. NEW YORK COMMON PANTRY (FORMERLY YORKVILLE COMMON PANTRY, INC.)	Employer identification number (EIN) or 13-3127972
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 8 EAST 109TH STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10029-3402	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

RALPH DAVIS, STAFF ACCOUNTANT

- The books are in the care of ▶ **8 EAST 109TH STREET, 2ND FLOOR - NEW YORK, NY 10029**
Telephone No. ▶ **917-720-9714** 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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2014**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2012**, and ending **JUN 30, 2013**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a 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.	3a	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2013)

Product: Exempt Extension

Category:

Name: NEW YORK COMMON PANTRY
(FORMERLY

IRS Center: Ogden

e-Postmark: 10/24/2013 3:29:13
PM

FEIN: 13-3127972

Notification:

Fiscal Year Begin Date: 7/1/2012

Fiscal Year End Date: 6/30/2013

Return History					
DCN	DATE	TYPE OF ACTIVITY	SUBMISSION ID	UPDATED BY	REFUND/ (DUE)
	10/24/2013	Upload Started			
	10/24/2013	Ready to Release by Customer			
	10/24/2013	Released for Transmisson - Validation In Progress		759420	
	10/24/2013	Ready to transmit - Validation Complete			
	10/24/2013	Transmitted to FD	133321201329707e5e27		
	10/24/2013	Accepted by FD on 10/24/2013			