

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013Open to Public
Inspection**A** For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization**NEW YORK COMMON PANTRY**

Doing Business As

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

8 EAST 109TH STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

NEW YORK, NY 10029-3402**F** Name and address of principal officer: **STEPHEN D. GRIMALDI**
SAME AS C ABOVE**D** Employer identification number**13-3127972****E** Telephone number**917-720-9701****G** Gross receipts \$ **4,781,471.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number**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**

Activities & Governance	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.		
	3	Number of voting members of the governing body (Part VI, line 1a)	25	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	25	
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	59	
	6	Total number of volunteers (estimate if necessary)	14195	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
7b	Net unrelated business taxable income from Form 990-T, line 34	0.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	4,399,042.	4,650,252.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	53,488.	32,985.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,294.	115.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,454,824.	4,683,352.
	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)	1,459,979.	1,629,950.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	45,000.	45,000.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	337,621.	
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,755,828.	2,771,223.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,260,807.	4,446,173.
	19	Revenue less expenses. Subtract line 18 from line 12	194,017.	237,179.
	20	Total assets (Part X, line 16)	5,505,031.	5,838,926.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	156,621.	186,297.
	22	Net assets or fund balances. Subtract line 21 from line 20	5,348,410.	5,652,629.

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.

Signature of officer *[Signature]* **Date** **3/9/15**

STEPHEN D. GRIMALDI, EXECUTIVE DIRECTOR

Type or print name and title

Paid Print/Type preparer's name **MARTIN BERKOWITZ** Preparer's signature *[Signature]* **Date** **3/3/15** Check ☐ if self-employed **PTIN** **P00154047**

Preparer Firm's name **LUTZ AND CARR, CPAS LLP** Firm's EIN **13-1655065**

Use Only Firm's address **300 EAST 42ND STREET** Phone no. **212-697-2299**
NEW YORK, NY 10017

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line 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? ☒ Yes ☐ No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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 \$ 2,237,956. including grants of \$) (Revenue \$ 115.)PROGRAM ONE - CHOICE PANTRY

IN FY14, NYCP'S CHOICE PANTRY PROGRAM, WHICH ALLOWS MEMBERS TO SELF-SELECT THEIR FOOD USING AN ELECTRONIC MENU SYSTEM ON-SITE WITH THE ASSISTANCE OF VOLUNTEERS USING A TABLET OR ONLINE THROUGH A NYCP WEBSITE PORTAL, PROVIDED FOOD ASSISTANCE TO 26,039 INDIVIDUALS FOR 233,508 VISITS. VISITORS INCLUDED 147,276 ADULTS, 49,880 CHILDREN AND 36,352 SENIORS. THE TOTAL VISIT COUNT INCREASED 22% COMPARED TO FY13. NYCP'S CHOICE PANTRY PROVIDED 2,773,980 MEALS ON SITE AND ANOTHER 50,184 PANTRY MEALS WERE DELIVERED TO THE SUPER STORM SANDY COMMUNITIES. NYCP RECEIVED \$51,305 IN TOY DONATIONS FOR PANTRY FAMILIES IN FY 14 AS PART OF THE LARRY MORALES TOY DRIVE, PROVIDING 1,294 CHILDREN WITH TOYS. THE PROGRAM'S TOTAL EXPENSES AFTER

4b (Code:) (Expenses \$ 262,931. including grants of \$) (Revenue \$)PROGRAM THREE - MEAL PROGRAM

IN FY14, NYCP'S KITCHEN SERVED 66,217 HOT MEALS (BREAKFAST AND DINNER). BREAKFAST IS SERVED MONDAY THRU FRIDAY AND DINNER IS SERVED ON MONDAYS, WEDNESDAYS AND FRIDAYS (BROWN BAGS ARE PROVIDED THROUGH HELP 365 ON TUESDAYS, THURSDAYS, SATURDAYS AND SUNDAYS TO ENSURE EMERGENCY FOOD IS AVAILABLE 7 DAYS A WEEK, 365 DAYS A YEAR). BREAKFAST CONTINUES TO BE UNIQUE AMONG EMERGENCY FOOD PROVIDERS AND VERY WELL ATTENDED. THE PROGRAM'S EXPENSES AFTER DEPRECIATION WERE \$232,785 AND THE COST PER HOT MEAL WAS \$3.97.

--LIVE HEALTHY!LIVE HEALTHY! OPERATED TWO RELATED SERVICES IN FY14. THE FIRST WAS AN4c (Code:) (Expenses \$ 911,897. including grants of \$) (Revenue \$)PROGRAM TWO - HELP 365

IN FY14, NYCP'S HELP 365 PERFORMED INTAKE AND INCOME SCREENING 365 DAYS OF THE YEAR FOR 100% OF NEW CLIENTS USING A RESOURCE CALCULATOR. AFTER SCREENING THE PROGRAM CONNECTED PEOPLE TO TAX ASSISTANCE, HEALTH AND SUPPLEMENTAL NUTRITION ASSISTANCE (SNAP) BENEFITS AND OTHER RELATED SERVICES WHILE ALSO DISTRIBUTING INITIAL EMERGENCY FOOD PACKAGES AND BROWN BAGS ON DAYS THERE WAS NO DINNER PROGRAM OPERATING. HELP 365 ACQUIRED \$2,922,551 IN NEW BENEFITS FOR VISITORS AND FOR EVERY \$1 SPENT ON CASE MANAGER SALARIES AND FRINGE BENEFITS, THE RETURN ON INVESTMENT (ROI) WAS \$14.19, UP A WHOPPING \$9.71 FROM FY13. AN ADDITIONAL \$1,006,580 WAS ACQUIRED THROUGH ON SITE TAX RETURNS, \$149,758 RECOUPED FOR CLIENTS THROUGH NYCP'S ON SITE LEGAL CLINIC, AND \$440,736 WAS

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

(Expenses \$ 329,946. including grants of \$) (Revenue \$)4e Total program service expenses 3,742,730.

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)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
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? If "Yes," complete Schedule C, Part II		X
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? If "Yes," complete Schedule C, Part III		X
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? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
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? If "Yes," complete Schedule D, Part VI	X	
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? If "Yes," complete Schedule D, Part VII		X
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? If "Yes," complete Schedule D, Part VIII		X
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? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
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)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
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? If "Yes," complete Schedule G, Part I	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Form 990 (2013)

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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 25a		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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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 (2013)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	9	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	59	
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?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See 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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to 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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization 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	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
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.	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Form 990 (2013)

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 or note to any line in this Part VI

☒ X**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	25			
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.				
b Enter the number of voting members included in line 1a, above, who are independent		25		
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?			2	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?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	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?			7a	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?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	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			9	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	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
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

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line 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 NOMINATING CHAIR	2.00	X						0.	0.	0.
(2) ANDRYC, MARY K. TRUSTEE	1.00	X						0.	0.	0.
(3) BECKSTROM, BRAD TRUSTEE	1.00	X						0.	0.	0.
(4) TYREE-BROWN, SHANNON DEVELOPMENT CHAIR	1.00	X						0.	0.	0.
(5) CLARK, ELAINE BOARD VICE CHAIR	2.00	X		X				0.	0.	0.
(6) FENTON-SCHAFER, DIDI BOARD VICE CHAIR	2.00	X		X				0.	0.	0.
(7) FITZSIMONS, MICHAEL BOARD CHAIR	3.00	X		X				0.	0.	0.
(8) FRAWLEY, CANDICE K. BOARD VICE CHAIR	8.00	X		X				0.	0.	0.
(9) BERNSTEIN, HARTLEY PERSONNEL COMMITTEE CHAIR	1.00	X		X				0.	0.	0.
(10) GRUNFELD, KATHERINA SECRETARY	1.00	X		X				0.	0.	0.
(11) HETU, ROBERT FINANCE CHAIR	2.00	X						0.	0.	0.
(12) HIGGINS, LINDSAY DEVELOPMENT COMMITTEE CO-CHAIR	4.00	X						0.	0.	0.
(13) HOLT, LINDA E. TRUSTEE	1.00	X						0.	0.	0.
(14) HUNEKE, ANNIE SPONSORING ORG COMMITTEE CHAIR	2.00	X						0.	0.	0.
(15) JURY, STEPHEN TRUSTEE	1.00	X						0.	0.	0.
(16) KAUFMAN, PETER S. TRUSTEE	1.00	X						0.	0.	0.
(17) KELLEHER, CAMILLE TREASURER	2.00	X		X				0.	0.	0.

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) MACKINNON, ANNE P. TRUSTEE	4.00	X						0.	0.	0.
(19) MORALES, DOREEN S. TRUSTEE	3.00	X						0.	0.	0.
(20) MOSS, SARA E. TRUSTEE	1.00	X						0.	0.	0.
(21) NACHMAN, MICHAEL TRUSTEE	1.00	X						0.	0.	0.
(22) NALYWAJKO, KATHY L. TRUSTEE	1.00	X						0.	0.	0.
(23) ROBERTSON, REBECCA TRUSTEE	1.00	X						0.	0.	0.
(24) SABIN, LITE TRUSTEE	1.00	X						0.	0.	0.
(25) SKOBE, ANDREW TRUSTEE	1.00	X						0.	0.	0.
(26) STEIN, WENDY A. BOARD VICE CHAIR / PROGRAM COMMITTEE	4.00	X		X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								185,554.	0.	29,468.
d Total (add lines 1b and 1c)								185,554.	0.	29,468.

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 **3**

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

[illegible]

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c	607,621.		
	d	Related organizations	1d			
	e	Government grants (contributions)	1e	784,546.		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,258,085.		
	g	Noncash contributions included in lines 1a-1f: \$		1,150,794.		
	h	Total. Add lines 1a-1f		4,650,252.		
	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)		28,168.		28,168.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6 a	Gross rents	(i) Real (ii) Personal			
	b	Less: rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	b	Less: cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)		4,817.		4,817.
	8 a	Gross income from fundraising events (not including \$ 607,621. of contributions reported on line 1c). See Part IV, line 18	a	97,993.		
	b	Less: direct expenses	b	97,993.		
	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	115.		115.	
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d		115.			
12	Total revenue. See instructions.		4,683,352.	0.	0.	33,100.

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 or note to any line 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	195,541.	150,175.	23,074.	22,292.
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	1,159,352.	890,383.	136,803.	132,166.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	175,354.	134,672.	20,692.	19,990.
10 Payroll taxes	99,703.	76,572.	11,765.	11,366.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	63,812.	4,554.	58,582.	676.
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.)	83,032.	71,085.	10,457.	1,490.
12 Advertising and promotion	5,168.	2,430.	2,381.	357.
13 Office expenses	263,755.	182,424.	44,121.	37,210.
14 Information technology				
15 Royalties				
16 Occupancy	157,196.	120,726.	18,549.	17,921.
17 Travel	43,875.	32,427.	7,405.	4,043.
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	191,715.	147,237.	22,622.	21,856.
23 Insurance	64,975.	49,901.	7,667.	7,407.
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	1,820,124.	1,819,381.	486.	257.
b TOYS AND GIFTS CARDS	55,238.	55,238.		
c INDIRECT BENEFIT EXPENS	15,256.			15,256.
d MISCELLANEOUS	7,077.	5,525.	1,218.	334.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,446,173.	3,742,730.	365,822.	337,621.
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)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	926,240.	1	1,110,638.
	2 Savings and temporary cash investments	450,325.	2	527,731.
	3 Pledges and grants receivable, net	231,850.	3	235,807.
	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	70,509.	9	64,189.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,314,918.		
	b Less: accumulated depreciation	10b 1,402,529.		
		3,059,277.	10c	2,912,389.
	11 Investments - publicly traded securities	760,610.	11	981,952.
	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)	5,505,031.	16	5,838,926.	
Liabilities	17 Accounts payable and accrued expenses	156,621.	17	186,297.
	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	156,621.	26	186,297.
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	4,843,876.	27	5,179,294.
	28 Temporarily restricted net assets	504,534.	28	473,335.
	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	5,348,410.	33	5,652,629.
34 Total liabilities and net assets/fund balances	5,505,031.	34	5,838,926.	

Form 990 (2013)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,683,352.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,446,173.
3	Revenue less expenses. Subtract line 2 from line 1	3	237,179.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,348,410.
5	Net unrealized gains (losses) on investments	5	67,040.
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	5,652,629.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
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.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
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 _____	3b	

Form 990 (2013)

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2013

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

13-3127972

Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.
---------------	--

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____

(ii) A family member of a person described in (i) above? _____

(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3859018.	3698973.	3414162.	4399062.	4650252.	20021467.
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	3859018.	3698973.	3414162.	4399062.	4650252.	20021467.
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)						1422923.
6 Public support. Subtract line 5 from line 4.						18598544.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	3859018.	3698973.	3414162.	4399062.	4650252.	20021467.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..	20,091.	15,227.	22,589.	28,138.	28,168.	114,213.
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.)	1,331.		2,708.	2,294.	115.	6,448.
11 Total support. Add lines 7 through 10						20142128.
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 2013 (line 6, column (f) divided by line 11, column (f))	14	92.34	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	92.46	%
16a 33 1/3% support test - 2013. 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 - 2012. 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 - 2013. 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 - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2013. 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		<input type="checkbox"/>
b 33 1/3% support tests - 2012. 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		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

Part IV

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.
Also complete this part for any additional information. (See instructions).

Lined area for supplemental information.

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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

NEW YORK COMMON PANTRY

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? ☐ Yes ☐ 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? ☐ Yes ☐ No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- | | |
|--|--|
| <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 | |
- 2 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 |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶
- 4 Number of states where property subject to conservation easement is located ▶
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No
- 9 In Part 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.

- 1a 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.
- b 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 | ▶ \$ |
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- | | |
|--|------------|
| a Revenues included in Form 990, Part VIII, line 1 | ▶ \$ |
| b Assets included in Form 990, Part X | ▶ \$ |

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

3 Using the organization's 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 ☐ Yes ☐ No
 3a(i) ☐ ☐
 (ii) related organizations ☐ Yes ☐ No
 3a(ii) ☐ ☐

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No
 3b ☐ ☐

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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				0.
c Leasehold improvements		3,683,222.	912,863.	2,770,359.
d Equipment		631,696.	489,666.	142,030.
e Other				0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,912,389.

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. 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 ☒

Schedule D (Form 990) 2013

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	4,750,392.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	67,040.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	67,040.
3	Subtract line 2e from line 1	3	4,683,352.
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	4,683,352.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	4,446,173.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	4,446,173.
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	4,446,173.

Part XIII Supplemental Information.

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:

EXPLANATION: THE ORGANIZATION HAS EVALUATED ALL INCOME TAX POSITIONS AND CONCLUDED THAT NO DISCLOSURES RELATING TO UNCERTAIN TAX POSITIONS ARE REQUIRED IN THE FINANCIAL STATEMENTS.

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open To Public Inspection

Name of the organization

NEW YORK COMMON PANTRY

Employer identification number

13-3127972

Part I

Fundraising Activities

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations

- b** ☐ Internet and email solicitations

- c** ☐ Phone solicitations

- d ☒ In-person solicitations

- e ☒ Solicitation of non-government grants

- f ☒ Solicitation of government grants

- ☒ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

- ☒
- Yes

- ☐
- No

- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SPECIAL EVENT UNLIMITED - 230 WEST 36TH STREET, NEW YORK,	FUNDRAISING EVENT CONSULTANT		X	679,997.	45,000.	585,551.
Total				679,997.	45,000.	585,551.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

NY

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 ANNUAL BENEFIT (event type)	(b) Event #2 6TH GRADE DANCE (event type)	(c) Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))
	Revenue			
1 Gross receipts	679,994.	21,555.	4,065.	705,614.
2 Less: Contributions	585,551.	18,005.	4,065.	607,621.
3 Gross income (line 1 minus line 2)	94,443.	3,550.		97,993.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	79,145.	2,250.		81,395.
7 Food and beverages	1,240.			1,240.
8 Entertainment	14,058.	1,300.		15,358.
9 Other direct expenses				
10 Direct expense summary. Add lines 4 through 9 in column (d)				97,993.
11 Net income summary. Subtract line 10 from line 3, column (d)				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. Subtract line 7 from line 1, column (d)				

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

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

- 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. 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)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

NEW YORK COMMON PANTRY

Employer identification number

13-3127972

Part I Questions Regarding Compensation

	Yes	No								
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. <table border="0"><tr><td><input type="checkbox"/> First-class or charter travel</td><td><input type="checkbox"/> Housing allowance or residence for personal use</td></tr><tr><td><input type="checkbox"/> Travel for companions</td><td><input type="checkbox"/> Payments for business use of personal residence</td></tr><tr><td><input type="checkbox"/> Tax indemnification and gross-up payments</td><td><input type="checkbox"/> Health or social club dues or initiation fees</td></tr><tr><td><input type="checkbox"/> Discretionary spending account</td><td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td></tr></table>	<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)		
<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	1b									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2									
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. <table border="0"><tr><td><input checked="" type="checkbox"/> Compensation committee</td><td><input type="checkbox"/> Written employment contract</td></tr><tr><td><input type="checkbox"/> Independent compensation consultant</td><td><input checked="" type="checkbox"/> Compensation survey or study</td></tr><tr><td><input type="checkbox"/> Form 990 of other organizations</td><td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td></tr></table>	<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				
<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?	4a	X								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X								
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X								
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?	5a	X								
b Any related organization?	5b	X								
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?	6a	X								
b Any related organization?	6b	X								
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	7	X								
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	8	X								
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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

Schedule J (Form 990) 2013

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Supplemental information area with multiple horizontal lines for text entry.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

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.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

NEW YORK COMMON PANTRY

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	1,135	1,089,555.	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	51,305.	FAIR MARKET VALUE
26 Other ▶ (<u>GIFT CARDS</u>)	X	0	3,933.	FAIR MARKET VALUE
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) (2013)

Part II

Supplemental Information. 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

Name of the organization

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

NEW YORK COMMON PANTRY

Employer identification number
13-3127972

FORM 990, PART I, LINE 1:

EXPLANATION: DURING THE PAST YEAR NEW YORK COMMON PANTRY (NYCP) SERVED 2,909,365 MEALS ACROSS PROGRAMS. IN ADDITION, \$4,311,257 IN RESOURCES WAS ACCESSED FOR NYCP CLIENTS ACROSS ALL PROGRAMS, AND AN ADDITIONAL \$1,597,074 WAS ACQUIRED THROUGH PARTNERSHIPS WITH ORGANIZATIONS THAT ASSISTED MEMBERS WITH TAX FILING/RETURNS, HEALTH BENEFITS, SUPPLEMENTAL NUTRITION ASSISTANCE (SNAP) AND MORE. THE COMBINED TOTAL OF THESE RESOURCES WAS CLOSE TO \$6 MILLION.

THE MAJORITY OF MEALS WERE PROVIDED TO APPROXIMATELY 233,508 VISITORS IN OUR CHOICE PANTRY PROGRAM, AN INCREASE OF 22% FROM FY13. THAT FIGURE COMPRISED 26,039 DISTINCT PANTRY MEMBERS, A 16% INCREASE IN THAT PROGRAM AS COMPARED TO FY13. ANOTHER 66,217 BREAKFASTS AND DINNERS WERE SERVED IN OUR HOT MEALS PROGRAM WHILE 7,768 BROWN BAGS WERE SERVED ON EVENINGS WHEN HOT MEALS WERE NOT AVAILABLE; THOSE NUMBERS REMAINED RELATIVELY FLAT COMPARED TO LAST YEAR. NYCP ALSO OPERATED NUTRITION EDUCATION AND ACTIVE LIVING CLASSES THROUGH ITS LIVE HEALTHY! PROGRAM. THE LIVE HEALTHY! PROGRAM HELD 504 SESSIONS DURING THE YEAR, AN INCREASE OF 288 SESSIONS OR 133% FROM FY13. LIVE HEALTHY! SERVED 927 DISTINCT ADULTS AND CHILDREN, A 70% INCREASE OVER FY13. IN ADDITION THE LEVEL OF COMMITMENT/SESSIONS ATTENDED IN THE LIVE HEALTHY! PROGRAM INCREASED IN FY 14, UP TO 6,384 CLASS VISITS, UP FROM 2,704 IN FY 13, A 153% INCREASE.

NYCP COMPLETED FOOD DISTRIBUTION TO COMMUNITIES IMPACTED BY SUPERSTORM SANDY IN SEPTEMBER 2014, ALMOST A YEAR AFTER THE STORM RAVAGED SOME OF THE NEEDIEST COMMUNITIES IN NEW YORK CITY. NYCP SERVED ANOTHER 50,184 MEALS TO THESE COMMUNITIES IN FY14 BEFORE CEASING FOOD DISTRIBUTION.

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

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

Name of the organization

NEW YORK COMMON PANTRY

Employer identification number

13-3127972

TO CONTINUE TO ADDRESS GROWING POVERTY IN THESE ALREADY DISTRESSED NEIGHBORHOODS, NYCP INCREASED NON-FOOD CASE MANAGEMENT SERVICES THROUGH BENEFITS ACCESS TO FAR ROCKAWAYS ACTION CENTER FOR COMMUNITY EDUCATION AND DEVELOPMENT THROUGH A PARTNERSHIP WITH THE FOOD BANK FOR NEW YORK CITY'S COMMUNITY RESPONSE PARTNERS PROGRAM. THIS PROGRAM BEGAN OPERATING IN MARCH, 2014 AND ACCESSED OVER \$300,000 IN RESOURCES FOR PARTICIPANTS BY THE CLOSE OF FY14.

THE TOTAL NUMBER OF PEOPLE SERVED ACROSS ALL PROGRAMS INCREASED BY 15%. NYCP ESTIMATES THAT AN INCREASE IN DEMAND IS LARGELY DUE TO CUTS TO THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) WHICH WENT INTO EFFECT NOVEMBER 1ST, 2013. SURVEYS OF HOT MEAL AND CHOICE PANTRY PARTICIPANTS BORE THIS OUT. 82% OR 175 CHOICE PANTRY PARTICIPANTS INDICATED THAT THEIR SNAP ALLOTMENT HAD BEEN CUT. IN RESPONSE TO CUTS, 41% SAID THEY WERE ATTENDING NYCP OR OTHER PANTRIES, 26% HAD LOWERED THE QUALITY OF FOOD, 16% SAID THEY WERE SKIPPING MEALS, 9% WERE ATTENDING SOUP KITCHENS FOR MEALS AND 8% INDICATED "OTHER" WITHOUT FURTHER EXPLANATION.

FORM 990, PART I, LINE 6:

EXPLANATION: FY14:

14,195 VOLUNTEERS WORKED 46,615 HOURS. THAT WAS AN INCREASE OF 17% MORE VOLUNTEER HOURS THAN THE YEAR BEFORE. ALL TOLD, VOLUNTEERS PERFORMED NEARLY 50% OF THE TOTAL LABOR HOURS OF THE ORGANIZATION.

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

EXPLANATION: RECOGNIZING THE PORTABLE AND NIMBLE NATURE OF THE ORGANIZATION'S PROGRAM MODELS, NYCP CONTINUED TO TRANSPORT FOOD TO

Name of the organization

NEW YORK COMMON PANTRY

Employer identification number
13-3127972

SUPERSTORM SANDY IMPACTED COMMUNITIES THRU SEPTEMBER, 2014, DELIVERING 50, 184 MEALS. UPON COMPLETION OF FOOD DELIVERY, NYCP PARTNERED WITH THE FOOD BANK FOR NEW YORK CITY TO LAUNCH A NEW MOBILE PROGRAM, HELP 365 MOBILE, A CASE MANAGEMENT PROGRAM WITH AN EMPHASIS ON MAXIMIZING INCOME. THE PROGRAM PROVIDED RESOURCE SCREENING AND INCOME ACCESS SERVICES TO THE FAR ROCKAWAY COMMUNITY STARTING IN IN MARCH, 2014 AND ACCESSED \$301, 706 FOR RESIDENTS FROM THAT COMMUNITY. THE RETURN ON INVESTMENT (ROI) FOR THAT PROGRAM WAS \$23.64 FOR EVERY DOLLAR SPENT ON SALARY AND FRINGE.

NYCP PILOTED A CULINARY TRAINING PROGRAM IN FY 14, BUT NOT BEFORE PERFORMING A SERIES OF SITE VISITS TO OTHER ORGANIZATIONS IN NEW YORK CITY AND WASHINGTON D.C. TO DEVELOP MANUALS, CURRICULUM, ELIGIBILITY SCREENING, ORIENTATION AND TESTING MATERIALS DERIVED FROM THE BEST FIELD PRACTICES AND MATERIALS. THE PROGRAM WAS LAUNCHED IN JANUARY OF 2014 UNDER THE LEADERSHIP OF A SOCIAL WORK INTERN AND CERTIFIED CHEF. THE PROGRAM DEVELOPED CULINARY DIMENSIONS LIKE KNIFE SKILLS, WORKING WITH STOCKS, SOUPS, POULTRY, MEAT, FISH AND EMULSIFIED SAUCES AS WELL AS DEVELOPING SOFT SKILLS LIKE SELF-AWARENESS, ACTIVE LISTENING, PROFESSIONALISM, INTERVIEWING TRAINING AND RESUME WRITING, COMMUNICATION, ASSERTIVENESS, CONFLICT RESOLUTION TEAMWORK AND TIME MANAGEMENT. STUDENTS WERE ASKED TO COOK WITH SURPRISE INGREDIENTS FOR THE CULINARY PART OF THE FINAL EXAM AND AN EVALUATION FORM WAS COMPLETED BY PARTICIPANTS AND VOLUNTEERS. FEEDBACK WAS VERY POSITIVE AND NYCP WILL BE LOOKING TO EXPLORE BUILDING THIS PROGRAM AS FUNDING ALLOWS IN FUTURE CYCLES.

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

EXPLANATION: 1. IN LIGHT OF INCREASING DEMAND, THE CHOICE PANTRY

332212
09-04-13

Name of the organization

NEW YORK COMMON PANTRY

Employer identification number

13-3127972

UNDERTOOK THREE CHANGES TO INCREASE OUTPUT AND EFFICIENCY:

A) NYCP ADDED A SECOND VAN TO SERVE SANDY IMPACTED COMMUNITIES AND TO GROW FOOD RESCUE ASSISTANCE IN FY13 BUT THE FULL IMPACT OF THAT VAN WAS FELT IN FY14. FOOD RESCUE AND FOOD PICKED UP FROM FOOD DRIVES INCREASED BY VIRTUE OF THIS SECOND VAN. THE TOTAL INCREASE WAS 21% OVER LAST YEAR.

B) NYCP CONTINUED TO ENCOURAGE PANTRY MEMBERS TO USE THE ONLINE ORDERING SYSTEM IN ORDER TO MINIMIZE CONGESTION DURING THE BUSIEST PERIODS. BY YEAR END, ABOUT 10% OF OUR PANTRY MEMBERS ORDERED USING THE ONLINE PORTAL, UP FROM 8% IN FY13 AND 3% IN FY12.

C) DUE TO AN INCREASE OF OVER 400,000 MEALS IN FY14 AS COMPARED TO FY13, THE NUMBER OF STAFF AND VOLUNTEER HOURS NEEDED TO SERVE THOSE MEALS INTENSIFIED. A PLAN WAS LAUNCHED TO ADD A SENIOR FOOD PROGRAMS ASSOCIATE IN FY14, AND THIS WAS ACTUALIZED AT THE START OF FY15. IN ADDITION, MORE WAS ASKED OF VOLUNTEERS, AND APPROXIMATELY 7,000 MORE LABOR HOURS WERE PERFORMED BY VOLUNTEERS IN FY14 THAN IN FY13.

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

DEPRECIATION WERE \$2,237,956 OR APPROXIMATELY .81 PER PANTRY MEAL, DOWN THREE CENTS PER MEAL FROM FY13.

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

INTERACTIVE 10-CLASS HEALTHY-LIVING FOCUSED COURSE FOR CHILDREN AND THEIR PARENTS THAT INCLUDE 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' MARKETS, AND A NEWLY ADDED ACTIVE LIVING COMPONENT AT THE START OF EACH CLASS. THE LIVE HEALTHY! PROGRAM

Name of the organization

NEW YORK COMMON PANTRY

Employer identification number

13-3127972

HELD 504 SESSIONS DURING THE YEAR, AN INCREASE OF 288 SESSIONS OR 133% FROM FY13. LIVE HEALTHY! SERVED 927 DISTINCT ADULTS AND CHILDREN, A 70% INCREASE OVER FY13. IN ADDITION THE LEVEL OF COMMITMENT IN THE LIVE HEALTHY! PROGRAM INCREASED IN FY 14, UP TO 6,384 CLASS VISITS, UP FROM 2,704 IN FY 13, A 153% INCREASE. LIVE HEALTHY! REFINED ITS EVALUATION TOOL IN 2014 TO ALIGN WITH RECENT CURRICULUM CHANGES. AN INDEPENDENT EVALUATOR WAS ATTACHED TO THE CHILDREN'S PROGRAMMING AGAIN IN FY14 AND FOUND THAT LIVE HEALTHY! PARTICIPANTS DEMONSTRATED THE FOLLOWING:

1. GROWTH AND IMPROVEMENTS IN HEALTHY EATING BEHAVIORS
2. STRONG POST-TEST OUTCOMES ON ITEMS AND SCALES RELATED TO WELL-BEING AND SELF-CARE REGARDING STRESS MANAGEMENT AND RECUPERATIVE BEHAVIOR
3. POSITIVE CHANGES IN KNOWLEDGE OF HEALTHY EATING.

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

ACCESSED IN BENEFITS THROUGH THE NEW YORK CITY COALITION AGAINST HUNGER (NYCCAH). THE TOTAL AMOUNT ACCESSED THROUGH OUR ON-SITE PARTNERS WAS \$1,597, 074 AND LIKE NYCP'S SERVICES THESE SERVICES WERE PROVIDED AT NO COST TO CLIENTS. HELP 365 HANDED OUT 7,768 BROWN BAG MEALS. THE PANTRY PACKAGES HANDED OUT BY THE HELP 365 TEAM WHEN A NEW PARTICIPANT COMES FOR SCREENING ARE TALLIED IN THE COST PER MEAL FIGURE FOR CHOICE PANTRY. THE PROGRAM'S EXPENSES AFTER DEPRECIATION WERE \$911,897.

HELP 365 MOBILE WAS LAUNCHED IN FY14. THIS SINGLE STAFF PROGRAM WAS CREATED IN THE IMAGE OF 365 MOBILE TO SCREEN CLIENTS FOR RESOURCES AND ACCESS HEALTH BENEFITS, SNAP AND OTHER RESOURCES. THIS PROGRAM RETURNED \$301,706 FOR RESIDENTS OF FAR ROCKAWAY, WHERE THE PROGRAM WAS LAUNCHED. THE RETURN ON INVESTMENT WAS \$23.64 FOR EVERY \$1 SPENT ON THE COORDINATOR'S SALARY AND FRINGE. WHILE THIS PROGRAM IS PART OF HELP

365'S ON THE FINANCIAL STATEMENT, SEPARATE OUTCOMES AND DATA ARE

332212
09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization

NEW YORK COMMON PANTRY

Employer identification number
13-3127972

TRACKED TO GAUGE IMPACT.

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

--LIVE HEALTHY!

LIVE HEALTHY! OPERATED TWO RELATED SERVICES IN FY14. THE FIRST WAS AN INTERACTIVE 10-CLASS HEALTHY-LIVING FOCUSED COURSE FOR CHILDREN AND THEIR PARENTS THAT INCLUDE TRIPS TO LOCAL FARMERS' MARKETS AND A FARM IN NEW YORK'S COLUMBIA COUNTY. THE SECOND SERVICE WAS A SERIES OF COOKING AND FOOD PREPARATION WORKSHOPS FOR PANTRY ADULTS, WHICH INCLUDES WALKING TRIPS TO FARMERS' MARKETS, AND A NEWLY ADDED ACTIVE LIVING COMPONENT AT THE START OF EACH CLASS. THE LIVE HEALTHY! PROGRAM HELD 504 SESSIONS DURING THE YEAR, AN INCREASE OF 288 SESSIONS OR 133% FROM FY13. LIVE HEALTHY! SERVED 927 DISTINCT ADULTS AND CHILDREN, A 70% INCREASE OVER FY13. IN ADDITION THE LEVEL OF COMMITMENT IN THE LIVE HEALTHY! PROGRAM INCREASED IN FY 14, UP TO 6,384 CLASS VISITS, UP FROM 2,704 IN FY 13, A 153% INCREASE. LIVE HEALTHY! REFINED ITS EVALUATION TOOL IN 2014 TO ALIGN WITH RECENT CURRICULUM CHANGES. AN INDEPENDENT EVALUATOR WAS ATTACHED TO THE CHILDREN'S PROGRAMMING AGAIN IN FY14 AND FOUND THAT LIVE HEALTHY! PARTICIPANTS DEMONSTRATED THE FOLLOWING:

1. GROWTH AND IMPROVEMENTS IN HEALTHY EATING BEHAVIORS
2. STRONG POST-TEST OUTCOMES ON ITEMS AND SCALES RELATED TO WELL-BEING AND SELF-CARE REGARDING STRESS MANAGEMENT AND RECUPERATIVE BEHAVIOR
3. POSITIVE CHANGES IN KNOWLEDGE OF HEALTHY EATING.

--PROJECT DIGNITY:

PROJECT DIGNITY PROGRAM FOR THE HOMELESS SERVED 265 DISTINCT PEOPLE (A 13% INCREASE) AND ACCESSED \$1,087,000 IN INCOME FOR CLIENTS, A RETURN ON INVESTMENT (ROI) OF \$17.84 FOR EVERY DOLLAR SPENT ON CASE MANAGEMENT

Name of the organization

NEW YORK COMMON PANTRY

Employer identification number
13-3127972

SALARY AND FRINGE COSTS. SPECIFICALLY 34 UNDUPLICATED CLIENTS WERE ASSISTED WITH HOUSING THROUGH SUBMISSION OF HRA 2010 E HOUSING APPLICATIONS; 120 UNDUPLICATED CLIENTS RECEIVED THEIR MAIL AT NYCP (426 VISITS), 802 UNDUPLICATED CLIENTS TOOK SHOWERS AT OUR FACILITY (6,730 VISITS), 521 CLIENTS DID THEIR LAUNDRY (2,361 VISITS), 518 UNDUPLICATED CLIENTS RECEIVED HAIRCUTS FOR 1,488 TOTAL VISITS; AND 25 CLIENTS WERE HELPED TO ACQUIRE BIRTH CERTIFICATES AND STATE IDENTIFICATION CARDS (69 VISITS). THE PROJECT DIGNITY CASE MANAGER REFERRED 44 UNDUPLICATED CLIENTS TO A PSYCHIATRIST THROUGH NYCP'S COLLABORATION WITH AN ONSITE PROVIDER. THE PROGRAM'S EXPENSES AFTER DEPRECIATION WERE \$115,000. EXPENSES \$ 329,946. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

EXPLANATION: 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:

EXPLANATION: 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

Name of the organization

NEW YORK COMMON PANTRY

Employer identification number

13-3127972

DISCUSSION ABOUT THE MATTER. IN ADDITION, ALL TRANSACTIONS WITH INTERESTED PARTIES ARE REVIEWED BY THE EXECUTIVE COMMITTEE TO DETERMINE THAT THEY ARE FAIR AND WILL BENEFIT NEW YORK COMMON PANTRY AND NOT THE INTERESTED PARTY.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: EXECUTIVE DIRECTOR (2014), DEVELOPMENT DIRECTOR (2014) AND DIRECTOR OF PROGRAMS (2014)- COMPENSATION RESEARCH RESULTS, PROFILES AND ARTICLES WERE ATTAINED 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. NYCP'S BOARD OF DIRECTORS ESTABLISHED COMPENSATION FOR THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: 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

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

Form 4562

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return**Depreciation and Amortization** 990
(Including Information on Listed Property)

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

OMB No. 1545-0172

2013Attachment
Sequence No. 179

NEW YORK COMMON PANTRY

FORM 990 PAGE 10

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 2012 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 2014. 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	191,715.

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 2013	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 2013 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 2013 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	191,715.
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	

316251
12-19-13 LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2013)

11010209 759420 1078

2013.05060 NEW YORK COMMON PANTRY

1078__1

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? ☐ Yes ☐ No 24b If "Yes," is the evidence written? ☐ Yes ☐ 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

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

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

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
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?	Yes	No	Yes	No	Yes	No
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.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
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 2013 tax year:					
	:	:			
43 Amortization of costs that began before your 2013 tax year					
44 Total. Add amounts in column (f). See the instructions for where to report					

• 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 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-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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, 2015**.

5 For calendar year , or other tax year beginning **JUL 1, 2013**, and ending **JUN 30, 2014**.

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 Forms 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 Forms 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

Form 8868 (Rev. 1-2014)

Product: Exempt Extension Category: Additional Extension

IRS Center: Ogden

Name: NEW YORK COMMON PANTRY
(FORMERLY YORKVILLE COMMON
PANTRY, INC.)e-Postmark: 1/20/2015 3:49:54
PM

FEIN: *****7972

Notification:

Fiscal Year Begin Date: 7/1/2013 Fiscal Year End Date: 6/30/2014

Return History				
DATE	TYPE OF ACTIVITY	SUBMISSION ID	UPDATED BY	REFUND/(DUE)
1/20/2015	Upload Started			
1/20/2015	Ready to Release by Customer			
1/20/2015	Released for Transmission - Validation in Progress		759420	
1/20/2015	Ready to transmit - Validation Complete			
1/20/2015	Transmitted to FD - Additional Extension	1333212015020033fe19		
1/20/2015	Accepted by FD - Additional Extension on 1/20/2015			

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- 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.	Enter filer's identifying number
	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.	Social security number (SSN)
	8 EAST 109TH STREET	
	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)

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 (other than individual)	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, 2015**, 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, 2013**, and ending **JUN 30, 2014**.

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 Forms 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 Forms 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 funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Product: Exempt Extension

Category:

Name: NEW YORK COMMON PANTRY
(FORMERLY

IRS Center: Ogden

e-Postmark: 10/24/2014 8:21:42
AM

FEIN:13-3127972

Notification:

Fiscal Year Begin Date: 7/1/2013

Fiscal Year End Date: 6/30/2014

Return History					
DCN	DATE	TYPE OF ACTIVITY	SUBMISSION ID	UPDATED BY	REFUND/(DUE)
	10/23/2014	Upload Started			
	10/23/2014	Ready to Release by Customer			
	10/24/2014	Released for Transmission - Validation in Progress		759420	
	10/24/2014	Ready to transmit - Validation Complete			
	10/24/2014	Transmitted to FD	13332120142970328e25		
	10/24/2014	Accepted by FD on 10/24/2014			