

<b>1. General Information</b>		
a. For the fiscal year beginning (mm/dd/yyyy) <b>07/01/2011</b> and ending (mm/dd/yyyy) <b>06/30/2012</b>		
b. Check if applicable for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization <b>YORKVILLE COMMON PANTRY, INC.</b>  Number and street (or P.O. box if mail not delivered to street address) Room/suite <b>8 EAST 109TH STREET</b>  City or town, state or country and ZIP + 4 <b>NEW YORK, NY 10029-3402</b>	d. Fed. employer ID no. (EIN) <b>13-3127972</b>  e. NY State registration no. <b>03-15-56</b>  f. Telephone number <b>917 720-9700</b>  g. Email

<b>2. Certification - Two Signatures Required</b>			
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.			
a. President or Authorized Officer	 <small>Signature</small>	<b>STEPHEN D. GRIMALDI</b> <small>Printed Name</small>	<b>EXECUTIVE DIRECTOR</b> <small>Title</small>
b. Chief Financial Officer or Treas.	 <small>Signature</small>	<b>Camille M. Kelleher</b> <small>Printed Name</small>	<b>Treasurer</b> <small>Title</small>
			<b>3/4/13</b> <small>Date</small>
			<b>3/5/13</b> <small>Date</small>

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

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

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

<b>6. Attachments - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments</b> ➡ ➡ ➡
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**Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsels (FRC), Commercial Co-Venturers (CCV)**

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

1. Type of fund raising professional (FRP):
- Professional fund raiser .....
- Fund raising counsel .....
- Commercial co-venturer .....

2. Name of FRP:

ELIZABETH ROSE CONSULTING, LLC

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

198 EAST 7TH STREET #5

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

NEW YORK, NY 10009

3. FRP telephone number:

212-684-1110

4. Services provided by FRP (provide description):

FUNDRAISING CONSULTING & EVENT MANAGEMENT.

5. Compensation arrangement with FRP (provide description):

TOTAL CONSULTING FEE OF \$35,089 PAID IN INSTALLMENTS FROM OCTOBER 2011 TO APRIL 2012. ANY ADDITIONAL EXPENSES MUST BE PRE-APPROVED BY EXECUTIVE DIRECTOR AND BILLED SEPARATELY.

6. Dates of contract ..... 10/01/2011 through 04/01/2012

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

7. Amount paid to FRP ..... \$ 35,089.

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



**YORKVILLE COMMON PANTRY, INC.**

**5. Fee Instructions**

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

<u>Organization's Registration Type</u>	<u>Fee Instructions</u>
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- **Article 7-A** Calculate the Article 7-A filing fee using the table in **part a** below. The EPTL filing fee is \$0.
- **EPTL** Calculate the EPTL filing fee using the table in **part b** below. The Article 7-A filing fee is \$0.
- **Dual** Calculate both the Article 7-A and EPTL filing fees using the tables in **parts a and b** below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a single check or money order for the total fee.

a) **Article 7-A filing fee**

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

\* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) **EPTL filing fee**

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

**6. Attachments - Document Attachment Check-List**

Check the boxes for the documents you are attaching.

**For All Filers**

**Filing Fee**

Single check or money order payable to "NYS Department of Law"

**Copies of Internal Revenue Service Forms**

<input checked="" type="checkbox"/> IRS Form 990	<input type="checkbox"/> IRS Form 990-EZ	<input type="checkbox"/> IRS Form 990-PF
<input checked="" type="checkbox"/> All required schedules (including Schedule B)	<input type="checkbox"/> All required schedules (including Schedule B)	<input type="checkbox"/> All required schedules (including Schedule B)
<input type="checkbox"/> IRS Form 990-T	<input type="checkbox"/> IRS Form 990-T	<input type="checkbox"/> IRS Form 990-T

**Additional Article 7-A Document Attachment Requirement**

**Independent Accountant's Report**

Audit Report (total support & revenue more than \$250,000)

Review Report (total support & revenue \$100,001 to \$250,000)

No Accountant's Report Required (total support & revenue not more than \$100,000)

**YORKVILLE COMMON PANTRY, INC.**

**FINANCIAL STATEMENTS**

**JUNE 30, 2012 AND 2011**

# LOUTZ AND CARR

CERTIFIED PUBLIC ACCOUNTANTS, LLP  
300 EAST 42ND STREET NEW YORK, N.Y. 10017  
212-697-2299 FAX: 212-949-1768

## INDEPENDENT AUDITORS' REPORT

To the Board of Directors of  
Yorkville Common Pantry, Inc.

We have audited the accompanying statements of financial position of Yorkville Common Pantry, Inc. (a not-for-profit corporation) as of June 30, 2012 and 2011, and the related statements of activities, functional expenses and cash flows for the years then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Yorkville Common Pantry, Inc. as of June 30, 2012 and 2011, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

*Lutz + Carr, LLP*

New York, New York  
December 4, 2012

**YORKVILLE COMMON PANTRY, INC.**  
**STATEMENTS OF FINANCIAL POSITION**  
**JUNE 30, 2012 AND 2011**

	<u>2012</u>	<u>2011</u>
<b>Assets</b>		
Cash and cash equivalents (Notes 1c and 9)	\$1,079,993	\$ 999,510
Cash and cash equivalents held for investment (Notes 1c and 9)	427	258
Investments (Notes 1d and 3)	705,349	697,353
Unconditional promises to give (Notes 1e and 4)		
Unrestricted	121,489	143,750
Restricted to future programs and periods	68,750	150,000
Restricted for building renovation and maintenance	12,229	12,229
Prepaid expenses and other assets	80,164	104,806
Property and equipment, at cost (net of accumulated depreciation) (Notes 1f and 5)	3,179,475	3,376,203
Security deposit	<u>6,220</u>	<u>6,220</u>
<b>Total Assets</b>	<b><u>\$5,254,096</u></b>	<b><u>\$5,490,329</u></b>
<b>Liabilities and Net Assets</b>		
Liabilities		
Accounts payable and accrued expenses	<u>\$ 118,122</u>	<u>\$ 122,003</u>
Commitments and Contingency (Note 8)		
Net Assets (Note 2)		
Unrestricted		
Board designated and other	1,461,349	1,213,431
Property and equipment	<u>3,179,475</u>	<u>3,420,638</u>
Total Unrestricted	4,640,824	4,634,069
Temporarily restricted	<u>495,150</u>	<u>734,257</u>
Total Net Assets	<u>5,135,974</u>	<u>5,368,326</u>
<b>Total Liabilities and Net Assets</b>	<b><u>\$5,254,096</u></b>	<b><u>\$5,490,329</u></b>

See notes to financial statements.

YORKVILLE COMMON PANTRY, INC.  
STATEMENTS OF ACTIVITIES

YEARS ENDED JUNE 30, 2012 AND 2011

	2012			2011		
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total
<b>Changes From Operations</b>						
Support and Revenue	\$ 413,999	\$ -	\$ 413,999	\$ 298,662	\$ -	\$ 298,662
Government grants	1,570,837	252,422	1,823,259	1,288,663	462,417	1,751,100
Contributions	77,347	8,000	85,347	123,155	-	123,155
Sponsors	421,799	-	421,799	447,718	-	447,718
Fundraising - benefits (Note 11)	(59,924)	-	(59,924)	(46,976)	-	(46,976)
Direct benefit expenses (Note 11)	713,613	-	713,613	961,178	-	961,178
Donated materials (Note 6)	2,708	-	2,708	-	-	-
Miscellaneous	3,140,379	260,422	3,400,801	3,072,420	462,417	3,534,837
Net assets released from restrictions	487,690	(487,690)	-	288,715	(288,715)	-
Satisfaction of time and program restrictions	3,628,089	(227,269)	3,400,801	3,361,135	173,702	3,534,837
Total Support and Revenue						
Expenses						
Program Services	189,634	-	189,634	157,815	-	157,815
Project Dignity	335,941	-	335,941	303,825	-	303,825
Meal Programs	1,596,199	-	1,596,199	1,769,957	-	1,769,957
Party Programs	471,408	-	471,408	374,674	-	374,674
365 Days @ YCP	184,792	-	184,792	142,229	-	142,229
Nutrition Initiative for Children and Families	2,777,974	-	2,777,974	2,748,500	-	2,748,500
Total Program Services	350,508	-	350,508	312,535	-	312,535
Supporting Services	304,300	-	304,300	297,185	-	297,185
Management and general	654,808	-	654,808	609,720	-	609,720
Fundraising	-	-	-	-	-	-
Total Supporting Services	3,432,782	-	3,432,782	3,358,220	-	3,358,220
Total Expenses Before Depreciation	196,287	(227,269)	(31,981)	2,915	173,702	176,617
Increase (Decrease) in Net Assets from Operations	(224,637)	-	(224,637)	(217,316)	-	(217,316)
Before Depreciation	(29,350)	(227,269)	(256,619)	(214,401)	173,702	(40,699)
Depreciation Expense						
Increase (Decrease) in Net Assets from Operations	16,069	-	16,069	14,136	-	14,136
Non-Operating Activities	-	-	-	150,000	-	150,000
Contributions for capital improvements	-	-	-	2,300	-	2,300
Donated computer equipment (Note 6)	11,839	(11,839)	-	59,435	(59,435)	-
Gain on sale of equipment	22,589	-	22,589	15,227	-	15,227
Net assets released from restrictions - capital improvements	(14,392)	-	(14,392)	84,315	-	84,315
Interest and dividends	36,105	(11,839)	24,266	325,413	(59,435)	265,978
Net realized and unrealized gains (losses) (Note 3)	6,755	(239,107)	(232,352)	111,012	114,267	225,279
Increase (Decrease) in Net Assets from Non-Operating Activities	4,634,069	734,257	5,368,326	4,523,057	619,990	5,143,047
Net assets, beginning of year	-	-	-	-	-	-
Net Assets, End of Year	\$ 4,640,824	\$ 495,150	\$ 5,135,974	\$ 4,634,069	\$ 734,257	\$ 5,368,326

See notes to financial statements.



YORKVILLE COMMON PANTRY, INC.

STATEMENT OF FUNCTIONAL EXPENSES

YEAR ENDED JUNE 30, 2012

	Program Services					Supporting Services			Total Expenses
	Project Dignity	Meal Programs	Pantry Programs	365 Days @ YCP	Nutrition Initiative for Children and Families	Management and General	Fundraising	Total	
Food (Note 6)	\$ -	\$ 63,338	\$1,180,166	\$ 69,610	\$ 2,127	\$ -	\$ -	\$ -	\$1,315,241
Toys and gift cards (Note 6)			49,827					49,827	49,827
Salaries	109,268	161,915	203,673	240,034	101,338	146,835	134,054	280,889	1,097,117
Payroll taxes and employee benefits	25,390	37,184	47,969	57,470	23,547	34,554	31,324	65,878	257,438
Rent	8,341	10,992	17,046	22,296	7,734	12,166	10,549	22,815	89,224
Utilities	6,472	9,537	12,120	14,368	6,002	8,733	7,955	16,688	65,187
Postage and delivery	451	644	877	924	415	620	2,988	3,608	6,919
Telephone	3,411	5,046	6,368	7,520	3,164	4,590	4,188	8,778	34,287
Supplies	5,992	16,698	40,957	7,932	2,021	2,906	2,593	5,499	79,099
Insurance	4,618	6,879	8,568	10,040	4,283	13,944	5,655	19,599	53,987
Printing	4,014	6,458	6,919	7,335	3,722	5,036	4,771	9,807	38,255
Travel	4,213	1,197	1,612	1,977	8,148	1,699	1,042	2,741	19,888
Building/equipment rental, repairs	5,276	7,669	10,001	12,030	4,894	7,195	6,520	13,715	53,585
Miscellaneous	479	763	1,898	897	444	2,273	571	2,844	7,325
Professional services	10,035	6,117	6,414	14,746	16,080	85,429	42,365	127,794	181,186
Vehicle expenses	839	1,260	1,545	1,794	778	1,115	1,024	2,139	8,355
Bank charges	-	-	-	-	-	463	9,616	10,079	10,079
Advertising	-	-	25	1,040	-	15,405	70	15,475	16,540
Indirect benefit expenses	-	-	-	-	-	-	-	-	-
Membership dues and subscription	648	132	30	668	13	6,129	37,644	37,644	37,644
Annual report	88	112	184	247	82	131	219	6,348	7,839
Training	99	-	-	480	-	1,285	114	245	958
Total expenses before depreciation	189,634	336,941	1,596,199	471,408	184,792	350,508	304,300	654,808	3,432,782
Depreciation	20,633	26,208	43,263	57,990	19,136	30,783	26,624	57,407	224,637
Total Expenses	\$210,267	\$362,149	\$1,639,462	\$529,398	\$ 203,928	\$ 381,291	\$ 330,924	\$712,215	\$3,657,419

See notes to financial statements.

YORKVILLE COMMON PANTRY, INC.

STATEMENT OF FUNCTIONAL EXPENSES

YEAR ENDED JUNE 30, 2011

	Program Services					Supporting Services				Total * Expenses
	Project Dignity	Meal Programs	Pantry Programs	365 Days @ YCP	Nutrition Initiative for Children and Families	Total	Management and General	Fundraising	Total	
Food (Note 6)	\$ 16	\$ 53,062	\$1,329,495	\$ 75,696	\$ 2,888	\$1,461,157	\$ -	\$ -	\$ -	\$1,461,157
Toys and gift cards (Note 6)	-	-	40,829	-	-	40,829	-	-	-	40,829
Salaries	91,486	145,351	230,339	176,481	82,921	726,578	135,477	130,027	265,504	992,082
Payroll taxes and employee benefits	21,178	33,553	53,300	40,870	19,195	168,096	31,360	30,098	61,458	228,554
Rent	8,057	12,803	20,286	15,542	7,303	63,991	11,931	11,452	23,383	87,374
Utilities	6,622	10,603	16,689	12,758	6,001	52,673	9,806	9,412	19,218	71,891
Postage and delivery	717	1,116	1,717	1,344	506	5,400	680	4,581	5,261	10,661
Telephone	2,427	3,883	6,115	4,676	2,199	19,300	3,594	3,449	7,043	26,343
Supplies	4,981	16,029	27,691	4,380	1,297	54,378	10,632	1,860	12,512	66,890
Insurance	4,253	6,719	10,700	8,212	3,855	33,739	13,448	6,045	19,493	53,232
Printing	1,627	3,099	4,094	2,456	1,087	12,363	3,369	21,226	24,595	36,958
Travel	4,913	629	1,038	806	377	7,763	1,578	589	2,167	9,930
Building/equipment rental, repairs	6,261	9,880	15,750	12,089	5,675	49,655	9,326	8,898	18,224	67,879
Miscellaneous	957	1,699	2,445	1,810	868	7,779	1,418	1,360	2,778	10,557
Professional services	2,311	3,609	6,307	14,480	6,905	33,622	70,320	30,909	101,229	134,851
Vehicle expenses	896	1,337	2,236	1,745	812	7,026	1,326	1,274	2,600	9,626
Bank charges	-	-	-	-	-	-	1,339	7,518	8,857	8,857
Indirect benefit expenses	-	-	-	-	-	-	-	-	-	-
Membership dues and subscription	936	299	657	503	154	2,549	5,382	28,086	28,086	28,086
Training	80	-	25	629	99	833	1,406	243	5,625	8,174
Advertising	97	154	244	187	87	769	143	138	1,406	2,239
Total expenses before depreciation	157,815	303,825	1,789,957	374,674	142,229	2,748,500	312,535	297,185	609,720	3,356,220
Depreciation	20,428	28,291	50,592	40,247	18,515	158,033	30,250	29,033	59,283	217,316
Total Expenses	\$178,243	\$332,076	\$1,820,549	\$414,921	\$ 160,744	\$2,906,533	\$ 342,785	\$ 326,218	\$669,003	\$3,573,536

\* Certain amounts have been reclassified for comparative purposes.

See notes to financial statements.

## YORKVILLE COMMON PANTRY, INC.

## STATEMENTS OF CASH FLOWS

YEARS ENDED JUNE 30, 2012 AND 2011

	<u>2012</u>	<u>2011</u>
<b>Cash Flows From Operating Activities</b>		
Increase (decrease) in net assets	\$ (232,352)	\$ 225,279
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities:		
Depreciation	224,637	217,316
Donated stock	(46,374)	(141,239)
Gain on sale of equipment	-	(2,300)
Net realized and unrealized (gains) and losses	14,392	(84,315)
Contribution for capital improvements	(16,069)	(14,136)
Donated equipment	-	(150,000)
(Increase) decrease in:		
Unconditional promises to give	103,511	(178,309)
Prepaid expenses and other assets	24,642	(14,578)
Increase (decrease) in accounts payable and accrued expenses	(3,881)	18,458
Net Cash Provided (Used) By Operating Activities	<u>68,506</u>	<u>(123,824)</u>
<b>Cash Flows From Investing Activities</b>		
Acquisition of property and equipment	(27,909)	(58,840)
Cash received for capital improvements	16,069	61,247
Purchases of investments	(219,465)	(400,537)
Proceeds from sale of investments	243,451	510,097
Proceeds from sale of equipment	-	2,300
Net Cash Provided By Investing Activities	<u>12,146</u>	<u>114,267</u>
Net increase (decrease) in cash and cash equivalents	80,652	(9,557)
Cash and cash equivalents, beginning of year	<u>999,768</u>	<u>1,009,325</u>
<b>Cash and Cash Equivalents, End of Year</b>	<u><u>\$1,080,420</u></u>	<u><u>\$ 999,768</u></u>

See notes to financial statements.

## YORKVILLE COMMON PANTRY, INC.

## NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2012 AND 2011

**Note 1 - Organization and Summary of Significant Accounting Policies****a - Organization**

Yorkville Common Pantry, Inc. provides programs and services to feed low income New Yorkers, bringing dignity into their lives, and assisting them in achieving more independent living. A substantial portion of the Organization's support is derived from contributions, foundation grants, government contracts, benefit income and donated goods and services.

**b - Financial Statement Presentation**

The Organization reports information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets and permanently restricted net assets.

**c - Cash and Cash Equivalents**

For purposes of the statement of cash flows, the Organization considers all short-term highly liquid investments, such as money market funds, to be cash equivalents.

**d - Investments**

The Organization reflects investments at fair value in the statement of financial position. Unrealized gains and losses on investments are reflected in the statement of activities as increases and decreases in unrestricted net assets unless their use is temporarily or permanently restricted by explicit donor stipulations or by law.

Fair value is an estimate of the exit price, representing the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants (i.e., the exit price at the measurement date). Fair value measurements are not adjusted for transaction costs. A fair value hierarchy is used that prioritizes inputs to valuation techniques used to measure fair value into three levels.

Unadjusted quoted prices in active markets for identical assets or liabilities are referred to as Level 1 inputs. Inputs other than quoted market prices that are observable, either directly or indirectly, and reasonably available are referred to as Level 2 inputs. Observable inputs reflect the assumptions market participants would use in pricing the asset or liability and are developed based on market data obtained from sources independent of the Organization. Unobservable inputs reflect the assumptions developed by the Organization based on available information about what market participants would use in valuing the asset or liability and are referred to as Level 3.

## YORKVILLE COMMON PANTRY, INC.

## NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2012 AND 2011

**Note 1 - Organization and Summary of Significant Accounting Policies (continued)****d - Investments (continued)**

An asset or liability's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Availability of observable inputs can vary and is affected by a variety of factors. Level 3 assets and liabilities involve greater judgment than Level 1 or Level 2 assets or liabilities.

The Organization's investments in cash and mutual funds are classified within Level 1 of the fair value hierarchy. Fair value is determined using quoted market values.

**e - Contributions and Unconditional Promises to Give**

Contributions are recognized when the donor makes a promise to give to the Organization, that is, in substance, unconditional. Contributions that are restricted by the donor are reported as increases in unrestricted net assets if the restrictions expire in the fiscal year in which the contributions are recognized. All other donor-restricted contributions are reported as increases in temporarily or permanently restricted net assets depending on the nature of the restrictions. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets.

The Organization uses the allowance method to determine uncollectible promises to give. The allowance is based on prior years' experience and management's analysis of specific promises made.

**f - Property and Equipment**

Property and equipment are recorded at cost and are being depreciated using the straight-line method over the estimated useful life of the asset. Donations of property and equipment are recorded as support at their estimated fair value on the date of receipt. Leasehold improvements are depreciated over the term of the lease and options to renew.

**g - Donated Services**

Contributions of donated services that create or enhance nonfinancial assets or that require specialized skills are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation, are recorded at their fair values in the period received. No amounts have been reflected for services received from individuals who volunteer their time and perform numerous tasks that assist the Organization with its programs, solicitations and committee assignments.

**YORKVILLE COMMON PANTRY, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2012 AND 2011**

**Note 1 - Organization and Summary of Significant Accounting Policies (continued)**

**h - Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

**i - Tax Status**

Yorkville Common Pantry, Inc. is recognized as a not-for-profit organization exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code and has been designated as an organization which is not a private foundation. The Organization has evaluated all income tax positions and concluded that no disclosures relating to uncertain tax positions are required in the financial statements. Generally, the Organization's tax returns for years prior to 2009 are no longer subjected to examination by taxing authorities.

**j - Subsequent Events**

The Organization has evaluated subsequent events through December 4, 2012, the date that the financial statements are considered available to be issued.

**Note 2 - Net Assets**

Net assets consist of the following:

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>2012 Total</u>	<u>2011 Total</u>
Board designated cash reserve for operations	\$ 540,997	\$ -	\$ 540,997	\$ 540,997
Other	920,352	-	920,352	672,434
Property and equipment	3,179,475	234,228	3,413,703	3,692,478
Future programs and periods	<u>-</u>	<u>260,922</u>	<u>260,922</u>	<u>462,417</u>
2012 Total	<u>\$4,640,824</u>	<u>\$495,150</u>	<u>\$5,135,974</u>	
2011 Total	<u>\$4,634,069</u>	<u>\$734,257</u>		<u>\$5,368,326</u>

## YORKVILLE COMMON PANTRY, INC.

## NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2012 AND 2011

**Note 3 - Investments**

Investments consist of the following:

	<u>2012</u>		<u>2011</u>	
	<u>Fair Market Value</u>	<u>Cost</u>	<u>Fair Market Value</u>	<u>Cost</u>
Equity mutual funds	\$483,856	\$455,772	\$444,533	\$396,548
Bond mutual funds	221,493	218,977	217,890	210,422
Certificates of deposit	-	-	34,930	35,000
	<u>\$705,349</u>	<u>\$674,749</u>	<u>\$697,353</u>	<u>\$641,970</u>

Net realized and unrealized gains (losses) consist of the following:

	<u>2012</u>	<u>2011</u>
Net realized gains	\$ 10,391	\$77,060
Net unrealized gains (losses)	<u>(24,783)</u>	<u>7,255</u>
	<u>\$(14,392)</u>	<u>\$84,315</u>

**Note 4 - Unconditional Promises to Give**

Unconditional promises to give are due within one year. Uncollectible promises to give are expected to be insignificant.

**Note 5 - Property and Equipment**

Property and equipment consist of the following:

	<u>Life</u>	<u>2012</u>	<u>2011</u>
Leasehold improvements	Life of lease	\$3,650,942	\$3,650,942
Equipment	and options 5 years	<u>552,807</u>	<u>524,898</u>
		4,203,749	4,175,840
Less: Accumulated depreciation		<u>(1,024,274)</u>	<u>(799,637)</u>
Total		<u>\$3,179,475</u>	<u>\$3,376,203</u>

## YORKVILLE COMMON PANTRY, INC.

## NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2012 AND 2011

**Note 5 - Property and Equipment (continued)**

Depreciation expense for the years ended June 30, 2012 and 2011 was \$224,637 and \$217,316, respectively.

**Note 6 - Donated Materials**

The Organization received donated materials in connection with its programs that it valued using the estimated or known market prices at the time of the donations. The total contribution per category is as follows:

	<u>2012</u>	<u>2011</u>
Food	\$659,835	\$918,732
Toys	49,827	40,754
Other	<u>3,951</u>	<u>1,692</u>
	<u>\$713,613</u>	<u>\$961,178</u>

During the year ended June 30, 2011, the Organization received donated computer equipment in the amount of \$150,000, which was reflected in property and equipment.

During the years ended June 30, 2012 and 2011, non-professional volunteers worked for the Organization. In accordance with generally accepted accounting principles, the value of these services is not included in the accompanying financial statements.

**Note 7 - Functional Allocation of Expenses**

The cost of providing the various program and supporting services has been summarized on a functional basis in the statements of activities and functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited.



## YORKVILLE COMMON PANTRY, INC.

## NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2012 AND 2011

**Note 8 - Commitments and Contingency**

a - The Organization's lease agreement provides for minimum annual rental payments as follows:

<u>Year Ending June 30,</u>	
2013	\$85,000
2014	85,000
2015	85,000
Two months ending August 31, 2015	14,167

The Organization has options to renew this lease through August 31, 2035. Rent expense the years ended June 30, 2012 and 2011 was \$89,224 and \$87,374, respectively.

b - Government grants are subject to audit by the respective granting agencies. Management believes that no significant adjustments, if any, would result from such audits.

**Note 9 - Concentration of Credit Risk**

The Organization maintains cash accounts in financial institutions in New York City. Certain balances are insured by the Federal Deposit Insurance Corporation up to \$250,000. The Organization also maintains a balance in a money market account backed by U.S. Government securities.

**Note 10 - Line of Credit**

During 2010, the Organization obtained a line of credit in the amount of \$395,000. The interest rate is the three-month LIBOR plus 3.0%. The line is secured by the Organization's investments. There were no borrowings during the year ended June 30, 2011. The line was closed during the year ended June 30, 2012.

## YORKVILLE COMMON PANTRY, INC.

## NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2012 AND 2011

**Note 11 - Benefit Income**

The Organization's net benefit income consists of the following:

	<u>2012</u>	<u>2011</u>
Gross benefit income	\$421,799	\$447,718
Less: Direct expenses	<u>(59,924)</u>	<u>(46,976)</u>
Net Benefit Income Before Indirect Expenses	361,875	400,742
Indirect expenses	<u>(37,644)</u>	<u>(28,086)</u>
Net Benefit Income	<u>\$324,231</u>	<u>\$372,656</u>

Indirect expenses are included with fundraising expenses on the statements of activities and functional expenses.

**Note 12 - Retirement Plan**

The Organization maintains a tax deferred annuity 403(b) plan and another pension plan for its employees. The participating employees may contribute up to the statutory maximum. The amount of the employer's contribution is equal to a discretionary amount to be determined by the Organization each year. The Organization did not make a contribution to the plan for the years ended June 30, 2012 and 2011.

## Elliot Warman

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**From:** Iris M. Bonilla <Iris.Bonilla@ag.ny.gov> on behalf of Charities Extensions  
<Charities.Extensions@ag.ny.gov>  
**Sent:** Friday, January 25, 2013 5:04 PM  
**To:** Elliot Warman  
**Subject:** RE: Yorkville Common Pantry EIN: 13-3127972 NYS Reg No. 03-15-56

We have received and are granting your request for an extension of time to file an annual financial report. If upon further review your organization is found to be delinquent in filing an annual report for any year prior to that for which the extension is requested, you will be contacted under separate cover.

Please make sure your organization is properly registered and up to date with filings by using our searchable registry at [www.charitiesnys.com](http://www.charitiesnys.com). Allow time for your extension request to be posted.

File Online: Visit [Form990.org](http://Form990.org) to learn how to file your IRS Form 990 and New York Form CHAR500 together electronically.

Hurricane Sandy Relief: Upon request, the Charities Bureau is extending filing deadlines in accordance with IRS guidance. To learn more, go to our website at [www.charitiesnys.com/hurricanesandy](http://www.charitiesnys.com/hurricanesandy).

Thank you,

Charities Bureau  
Registration Section

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**From:** Elliot Warman [<mailto:ewarman@lutzandcarr.com>]  
**Sent:** Friday, January 25, 2013 11:54 AM  
**To:** Charities Extensions  
**Cc:** [cbo@cityhall.nyc.gov](mailto:cbo@cityhall.nyc.gov)  
**Subject:** Yorkville Common Pantry EIN: 13-3127972 NYS Reg No. 03-15-56

Dear Sir/Madam,

We hereby request an extension of the time until May 15, 2013 in which to file Form Char500 for the following organization for the year ending June 30, 2012:

Yorkville Common Pantry EIN:13-3127972 NYS Reg No. 03-15-56  
Form 8868 has been filed with the Internal Revenue Service requesting an extension of time until May 15, 2013. We will send you a copy of the approved extension with the annual report.

The additional time is needed to compile information necessary for the return.  
The organization has requested that the response be mailed to:

LUTZ AND CARR, CPAS LLP  
300 East 42nd Street  
New York, NY 10017

Sincerely,  
Lutz and Carr CPAS LLP

## Elliot Warman

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**From:** Iris M. Bonilla <Iris.Bonilla@ag.ny.gov> on behalf of Charities Extensions <Charities.Extensions@ag.ny.gov>  
**Sent:** Thursday, November 08, 2012 12:14 PM  
**To:** Elliot Warman  
**Subject:** RE: Yorkville Common Pantry EIN: 13-3127972 NYS Reg No. 03-15-56

We have received and are granting your request for an extension of time to file an annual financial report. If upon further review your organization is found to be delinquent in filing an annual report for any year prior to that for which the extension is requested, you will be contacted under separate cover.

Please make sure your organization is properly registered and up to date with filings by using our searchable registry at [www.charitiesnys.com](http://www.charitiesnys.com). Allow time for your extension request to be posted.

Thank you,

Charities Bureau  
Registration Section

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**From:** Elliot Warman [<mailto:ewarman@lutzandcarr.com>]  
**Sent:** Monday, November 05, 2012 3:27 PM  
**To:** Charities Extensions  
**Cc:** [cbo@cityhall.nyc.gov](mailto:cbo@cityhall.nyc.gov)  
**Subject:** Yorkville Common Pantry EIN: 13-3127972 NYS Reg No. 03-15-56

Dear Sir/Madam,

We hereby request an extension of the time until February 15, 2013 in which to file Form Char500 for the following organization for the year ending June 30, 2012:

Yorkville Common Pantry EIN:13-3127972 NYS Reg No. 03-15-56

The additional time is needed to compile information necessary for the return. The year-end accounting and closing is in progress.

The taxpayer has requested that the response be mailed to:

LUTZ AND CARR, CPA'S LLP  
300 East 42nd Street  
New York, NY 10017

Sincerely,  
Lutz and Carr CPAS LLP

**Return of Organization Exempt From Income Tax**

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

**2011**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012**

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

**C Name of organization**  
**YORKVILLE COMMON PANTRY, INC.**  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**8 EAST 109TH STREET**  
 City or town, state or country, and ZIP + 4  
**NEW YORK, NY 10029-3402**

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

**E Telephone number**  
**917-720-9700**

**G Gross receipts \$** **3,742,834.**

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

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

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

**J Website:** ▶ **WWW.YCP.ORG**

**K Form of organization:**  Corporation  Trust  Association  Other ▶

**L Year of formation:** **1982** **M State of legal domicile:** **NY**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>43</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>43</b>
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	<b>48</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>11809</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>3,698,973.</b>	<b>3,414,162.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>94,587.</b>	<b>32,980.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>0.</b>	<b>2,708.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>3,793,560.</b>	<b>3,449,850.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,221,636.</b>	<b>1,354,555.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>27,115.</b>	<b>35,089.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>330,924.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,326,785.</b>	<b>2,267,775.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>3,575,536.</b>	<b>3,657,419.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>218,024.</b>	<b>-207,569.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>5,490,329.</b>	<b>5,254,096.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>122,003.</b>	<b>118,122.</b>
		<b>5,368,326.</b>	<b>5,135,974.</b>

**Part II Signature Block**

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

**Sign Here** ▶ Signature of officer *[Signature]* Date **3/4/13**  
 ▶ **STEPHEN D. GRIMALDI, EXECUTIVE DIRECTOR**  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name **MARTIN BERKOWITZ** Preparer's signature *[Signature]* Date **02/19/13** Check  if self-employed PTIN **P00154047**

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

Firm's address ▶ **300 EAST 42ND STREET** 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 Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

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

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

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

4 Describe the 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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,639,462. including grants of \$ ) (Revenue \$ )

CHOICE PANTRY :

IN FY12, YCP'S PANTRY PROGRAM PROVIDED FOOD ASSISTANCE TO 7,997 UNDUPLICATED FAMILIES COMPRISING 19,432 INDIVIDUALS FOR A TOTAL OF 154,096 DUPLICATED INDIVIDUALS. YCP'S PANTRY PROVIDED 1,877,136 MEALS. YCP RECEIVED \$49,827 IN TOY DONATIONS FOR PANTRY FAMILIES IN FY 12 AS PART OF THE LARRY MORALES TOY DRIVE.

THE CHOICE PANTRY PROGRAM HAD 8,044 VOLUNTEERS WORK A TOTAL OF 30,988 VOLUNTEER HOURS IN FY12.

4b (Code: ) (Expenses \$ 362,149. including grants of \$ ) (Revenue \$ )

MEAL PROGRAMS/HOT MEALS:

IN FY12, YCP'S KITCHEN SERVED 78,578 HOT MEALS TO 10,034 UNDUPLICATED INDIVIDUALS.

THE MEAL PROGRAM HAD 3,721 VOLUNTEERS WORK A TOTAL OF 9,880 VOLUNTEER HOURS.

4c (Code: ) (Expenses \$ 529,398. including grants of \$ ) (Revenue \$ )

365 YCP :

FROM JULY 1, 2011 THROUGH JUNE 30, 2012, 365 YCP STAFF SCREENED 100% OF NEW CLIENTS COMING FOR FOOD OR SERVICES AND ACQUIRED \$2,650,037 IN NEW BENEFITS FOR THESE 365 YCP VISITORS. THE RETURN ON INVESTMENT (ROI) FOR THE PROGRAM WAS \$12.93 FOR EVERY DOLLAR SPENT ON CASE MANAGEMENT SALARY AND FRINGE. AN ADDITIONAL \$932,432 WAS ACQUIRED THROUGH TAX RETURN PREPARATION, \$186,000 WAS RECOUPED FOR CLIENTS THROUGH YCP'S ON SITE LEGAL CLINIC, AND \$539,807 WAS ACCESSED IN SUPPLEMENTAL NUTRITION ASSISTANCE AND HEALTH BENEFITS THROUGH AN ONSITE SOCIAL SERVICE PROVIDER. THE LEGAL CLINIC, TAX ASSISTANCE AND THE SOCIAL SERVICES WERE PROVIDED AT NO-COST TO YCP OR ITS MEMBERS. 365 YCP ALSO

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

(Expenses \$ 414,195. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,945,204.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		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? <i>If "Yes," complete Schedule C, Part III</i> .....		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? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		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? <i>If "Yes," complete Schedule D, Part VI</i> .....	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? <i>If "Yes," complete Schedule D, Part VII</i> .....		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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		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? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		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)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> .....		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a Did the organization maintain an office, employees, or agents outside of the 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i> .....		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II .....		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III .....		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J .....	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 .....		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I .....		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I .....		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II .....		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III .....		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .....		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .....		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV .....		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .....	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M .....		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .....		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II .....		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I .....		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 .....		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
b 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 .....		X
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 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	



**Part V** Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> 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
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	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
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
7a	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	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10 Section 501(c)(7) organizations. Enter:</b>			
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11 Section 501(c)(12) organizations. Enter:</b>			
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
13a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year ..... 1a 43		
	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 ..... 1b 43		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .....		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
6	Did the organization have members or stockholders? .....		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body? .....	X	
b	Each committee with authority to act on behalf of the governing body? .....	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a		X
b		
11a	X	
b		
12a	X	
b	X	
c	X	
13	X	
14	X	
15		
a	X	
b	X	
16a		X
b		
16b		

**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
- 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 Contractors**

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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) SHERRELL ANDREWS VICE CHAIR	2.00	X		X			0.	0.	0.	
(2) HARTLEY BERNSTEIN TRUSTEE	1.00	X					0.	0.	0.	
(3) DIDI FENTON-SCHAFFER TRUSTEE	1.00	X					0.	0.	0.	
(4) CANDICE K. FRAWLEY DEVELOPMENT CHAIR	5.00	X		X			0.	0.	0.	
(5) EDWARD GALLAGHER TRUSTEE	1.00	X					0.	0.	0.	
(6) KATHERINA GRUNFELD SECRETARY	1.00	X		X			0.	0.	0.	
(7) ANDREA HAGELGANS TRUSTEE	2.00	X					0.	0.	0.	
(8) JAMIE HIRSH TRUSTEE	1.00	X					0.	0.	0.	
(9) LINDA E. HOLT PROGRAM CHAIR	2.00	X		X			0.	0.	0.	
(10) LINDSAY HIGGINS TRUSTEE	1.00	X					0.	0.	0.	
(11) PATRICIA HUGHES TRUSTEE	1.00	X					0.	0.	0.	
(12) CAMILLE KELLEHER TRUSTEE	1.00	X					0.	0.	0.	
(13) PAT KELLY TRUSTEE	4.00	X					0.	0.	0.	
(14) SUSAN KESSLER TRUSTEE	1.00	X					0.	0.	0.	
(15) ANNA P. MACKINNON TRUSTEE	4.00	X					0.	0.	0.	
(16) GERARD M. MEISTRELL VICE CHAIR	2.00	X		X			0.	0.	0.	
(17) DOREEN S. MORALES TRUSTEE	1.00	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 (describe hours for related organizations in Schedule O)	(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) MICHAEL NACHMAN TRUSTEE	1.00	X						0.	0.	0.
(19) KATHY L. NALYWAJKO TRUSTEE	2.00	X						0.	0.	0.
(20) NEDA NAVAB TRUSTEE	1.00	X						0.	0.	0.
(21) MADELEINE RICE VICE CHAIR	1.00	X		X				0.	0.	0.
(22) REBECCA ROBERTSON FINANCE CHAIR	3.00	X		X				0.	0.	0.
(23) LITE SABIN CHAIR, NOMINATING COMMITTEE	2.00	X		X				0.	0.	0.
(24) MICHAEL FITZSIMONS TRUSTEE	1.00	X						0.	0.	0.
(25) WENDY STEIN BOARD CHAIR	8.00	X		X				0.	0.	0.
(26) VERONICA STUBBS TRUSTEE	1.00	X						0.	0.	0.
<b>1b Sub-total</b> .....								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								147,481.	0.	19,409.
<b>d Total (add lines 1b and 1c)</b> .....								147,481.	0.	19,409.

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

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ELAINE WEISS TRUSTEE	2.00	X						0.	0.	0.
(28) ROBERT HETU TRUSTEE	1.00	X						0.	0.	0.
(29) MICHAEL KUTCH TRUSTEE	1.00	X						0.	0.	0.
(30) SARA E. MOSS TRUSTEE	1.00	X						0.	0.	0.
(31) ALETA A. SHIPLEY TRUSTEE	1.00	X						0.	0.	0.
(32) ANTONIA ABRAHAM TRUSTEE	1.00	X						0.	0.	0.
(33) HILARY HART BROWN TRUSTEE	1.00	X						0.	0.	0.
(34) ELAINE CLARK TRUSTEE	1.00	X						0.	0.	0.
(35) CAROLYN HANDLER TRUSTEE	1.00	X						0.	0.	0.
(36) CAROL M. HESS TRUSTEE	1.00	X						0.	0.	0.
(37) STUART JOHNSON TRUSTEE	1.00	X						0.	0.	0.
(38) KATHY A. LEO TRUSTEE	1.00	X						0.	0.	0.
(39) MARY A. MCCAFFREY TREASURER	1.00	X		X				0.	0.	0.
(40) WENDY GARTNER SALLES TRUSTEE	1.00	X						0.	0.	0.
(41) DARYL WILKERSON TRUSTEE	1.00	X						0.	0.	0.
(42) ROLAND WOODLAND TRUSTEE	1.00	X						0.	0.	0.
(43) STEPHEN GRIMALDI EXECUTIVE DIRECTOR	35.00			X				147,481.	0.	19,409.
Total to Part VII, Section A, line 1c								147,481.		19,409.

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b> 361,875.				
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1e</b> 502,346.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 2,549,941.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....	759,987.				
	<b>h Total.</b> Add lines 1a-1f .....		3,414,162.			
<b>Program Service Revenue</b>	<b>2 a</b> .....	Business Code				
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> .....					
	<b>e</b> .....					
	<b>f</b> All other program service revenue .....					
	<b>g Total.</b> Add lines 2a-2f .....					
	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		22,589.			22,589.
<b>4</b> Income from investment of tax-exempt bond proceeds .....						
<b>5</b> Royalties .....						
<b>Other Revenue</b>	<b>6 a</b> Gross rents .....	(i) Real				
		(ii) Personal				
	<b>b</b> Less: rental expenses .....					
	<b>c</b> Rental income or (loss) .....					
	<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities				
		(ii) Other	243,451.			
	<b>b</b> Less: cost or other basis and sales expenses .....		233,060.			
	<b>c</b> Gain or (loss) .....		10,391.			
	<b>d</b> Net gain or (loss) .....		10,391.			10,391.
	<b>8 a</b> Gross income from fundraising events (not including \$ 361,875. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b> 59,924.				
		<b>b</b> Less: direct expenses .....	<b>b</b> 59,924.			
	<b>c</b> Net income or (loss) from fundraising events .....		0.			
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>				
		<b>b</b> Less: direct expenses .....	<b>b</b>			
	<b>c</b> Net income or (loss) from gaming activities .....					
	<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>				
<b>b</b> Less: cost of goods sold .....		<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		Business Code				
<b>11 a</b> MISCELLANEOUS .....	900000	2,708.			2,708.	
<b>b</b> .....						
<b>c</b> .....						
<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....		2,708.				
<b>12 Total revenue.</b> See instructions .....		3,449,850.	0.	0.	35,688.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	169,335.	125,985.	22,676.	20,674.
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	947,617.	705,000.	126,815.	115,802.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	25.	19.	3.	3.
9 Other employee benefits	156,243.	116,271.	21,003.	18,969.
10 Payroll taxes	81,335.	60,513.	10,892.	9,930.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	73,180.		73,180.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	35,089.			35,089.
f Investment management fees				
g Other	72,917.	53,392.	12,249.	7,276.
12 Advertising and promotion	16,540.	1,065.	15,405.	70.
13 Office expenses	222,786.	172,808.	27,761.	22,217.
14 Information technology				
15 Royalties				
16 Occupancy	154,411.	114,908.	20,899.	18,604.
17 Travel	28,243.	23,363.	2,814.	2,066.
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	224,637.	167,230.	30,783.	26,624.
23 Insurance	53,987.	34,388.	13,944.	5,655.
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 <b>FOOD</b>	1,315,241.	1,315,241.	0.	0.
b <b>TOYS AND GIFTS CARDS</b>	49,827.	49,827.	0.	0.
c <b>INDIRECT BENEFIT EXPENS</b>	37,644.	0.	0.	37,644.
d <b>BANK CHARGES</b>	10,079.	0.	463.	9,616.
e All other expenses	8,283.	5,194.	2,404.	685.
25 Total functional expenses. Add lines 1 through 24e	3,657,419.	2,945,204.	381,291.	330,924.
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 Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	694,288.	<b>1</b>	728,944.
	<b>2</b> Savings and temporary cash investments .....	305,480.	<b>2</b>	351,476.
	<b>3</b> Pledges and grants receivable, net .....	305,979.	<b>3</b>	202,468.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 instructions) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	104,806.	<b>9</b>	80,164.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 4,203,749.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,024,274.	<b>3,376,203.</b>	<b>10c</b> 3,179,475.
	<b>11</b> Investments - publicly traded securities .....	697,353.	<b>11</b>	705,349.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	6,220.	<b>15</b>	6,220.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	5,490,329.	<b>16</b>	5,254,096.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	122,003.	<b>17</b>	118,122.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	122,003.	<b>26</b>	118,122.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	4,634,069.	<b>27</b>	4,640,824.
	<b>28</b> Temporarily restricted net assets .....	734,257.	<b>28</b>	495,150.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	5,368,326.	<b>33</b>	5,135,974.	
<b>34</b> Total liabilities and net assets/fund balances .....	5,490,329.	<b>34</b>	5,254,096.	



**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,449,850.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,657,419.
3	Revenue less expenses. Subtract line 2 from line 1	3	-207,569.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,368,326.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-24,783.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,135,974.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question 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?		X
b Were the organization's financial statements audited by an independent accountant?	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.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? 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.		

Form 990 (2011)

**Public Charity Status and Public Support**

**2011**

Open to Public Inspection

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. ▶ See separate instructions.

Name of the organization **YORKVILLE COMMON PANTRY, INC.** Employer identification number **13-3127972**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 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 - Other
- 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? 

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		
  - (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).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4209968.	3346326.	3859018.	3698973.	3414162.	18528447.
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 <b>Total.</b> Add lines 1 through 3 .....	4209968.	3346326.	3859018.	3698973.	3414162.	18528447.
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) .....						951,846.
6 <b>Public support.</b> Subtract line 5 from line 4.						17576601.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4 .....	4209968.	3346326.	3859018.	3698973.	3414162.	18528447.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	35,941.	22,557.	20,091.	15,227.	22,589.	116,405.
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.) .....	6,562.	16,005.	1,331.		2,708.	26,606.
11 <b>Total support.</b> Add lines 7 through 10						18671458.
12 Gross receipts from related activities, etc. (see instructions) .....					12	
13 <b>First five years.</b> 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 2011 (line 6, column (f) divided by line 11, column (f)) .....	14	94.14 %
15 Public support percentage from 2010 Schedule A, Part II, line 14 .....	15	98.59 %
16a <b>33 1/3% support test - 2011.</b> 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 <b>33 1/3% support test - 2010.</b> 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 <b>10% -facts-and-circumstances test - 2011.</b> 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 <b>10% -facts-and-circumstances test - 2010.</b> 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 <b>Private foundation.</b> 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) 2011

**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2011**

Name of the organization

Employer identification number

**YORKVILLE COMMON PANTRY, INC.**

**13-3127972**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)**

Name of organization

Employer identification number

YORKVILLE COMMON PANTRY, INC.

13-3127972

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	OSCAR S. SCHAFER 150 CENTRAL PARK SOUTH NEW YORK, NY 10019	\$ 120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	SINGLE STOP USA 1825 PARK AVENUE, SUITE 503 NEW YORK, NY 10035	\$ 225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	ROBIN HOOD FOUNDATION 826 BROADWAY, 9TH FLOOR NEW YORK, NY 10013	\$ 275,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	CITY HARVEST 575 8TH AVE, 4TH FL NEW YORK, NY 10018	\$ 320,612.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	NEW YORK STATE DEPARTMENT OF HEALTH 90 CHURCH STREET NEW YORK, NY 10007	\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	THE HECKSCHER FOUNDATION FOR CHILDREN 123 EAST 70TH STREET NEW YORK, NY 10021	\$ 377,712.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

**YORKVILLE COMMON PANTRY, INC.**

**13-3127972**

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

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

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee



**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization

**YORKVILLE COMMON PANTRY, INC.**

Employer identification number

**13-3127972**

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

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

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

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

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

Protection of natural habitat  Preservation of a certified historic structure

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

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

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

1a If the organization elected, as permitted under SFAS 116 (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 XIV, 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 XIV.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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?
b If "Yes," explain the arrangement in Part XIV and complete the following table:
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21?
b If "Yes," explain the arrangement in Part XIV.

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 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:

Table with 3 columns: Description, Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

**Part VII Investments - Other Securities.** 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)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** 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)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

FIN 48 (ASC 740) Footnote. In Part XIV, 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).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,449,850.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,657,419.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-207,569.
4	Net unrealized gains (losses) on investments	4	-24,783.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	-24,783.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-232,352.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	3,425,067.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-24,783.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	-24,783.
3	Subtract line 2e from line 1	3	3,449,850.
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 XIV.)	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	3,449,850.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	3,657,419.
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 XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	3,657,419.
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 XIV.)	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	3,657,419.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2: THE ORGANIZATION HAS EVALUATED ALL INCOME TAX**

**POSITIONS AND CONCLUDED THAT NO DISCLOSURES RELATING TO UNCERTAIN TAX**

**POSITIONS ARE REQUIRED IN THE FINANCIAL STATEMENTS.**

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

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. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

**Open To Public  
Inspection**

Name of the organization **YORKVILLE COMMON PANTRY, INC.** Employer identification number **13-3127972**

**Part I 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
- g  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			
ELIZABETH ROSE CONSULTING - 198 EAST 7TH STREET #5, NEW	FUNDRAISING EVENT CONSULTANT		X	386,794.	35,089.	351,705.
<b>Total</b>				<b>386,794.</b>	<b>35,089.</b>	<b>351,705.</b>

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

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**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		ANNUAL BENEFIT (event type)	6TH GRADE DANCE (event type)	1 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	386,794.	22,825.	12,180.	421,799.
	2	Less: Charitable contributions	334,086.	18,026.	9,763.	361,875.
	3	Gross income (line 1 minus line 2)	52,708.	4,799.	2,417.	59,924.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	40,500.	2,500.	2,000.	45,000.
	7	Food and beverages	3,052.	175.	167.	3,394.
	8	Entertainment	9,156.	2,124.	250.	11,530.
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9 in column (d)				( 59,924 )
	11	Net income summary. Combine line 3, column (d), and line 10				0.

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

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

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

a Is the organization licensed to operate gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

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

c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

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

**Part IV** Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (ii) 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: ELIZABETH ROSE CONSULTING

(I) ADDRESS OF FUNDRAISER: 198 EAST 7TH STREET #5, NEW YORK, NY 10009

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

**YORKVILLE COMMON PANTRY, INC.**

Employer identification number

**13-3127972**

**Part I Questions Regarding Compensation**

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

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

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

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

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

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

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

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

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

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

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

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

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

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

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

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

Schedule J (Form 990) 2011



**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 STEPHEN GRIMALDI	(i) 147,481.	(ii) 0.	(iii) 0.	0.	19,409.	166,890.	0.
2	(i)	(ii)	(iii)				
3	(i)	(ii)	(iii)				
4	(i)	(ii)	(iii)				
5	(i)	(ii)	(iii)				
6	(i)	(ii)	(iii)				
7	(i)	(ii)	(iii)				
8	(i)	(ii)	(iii)				
9	(i)	(ii)	(iii)				
10	(i)	(ii)	(iii)				
11	(i)	(ii)	(iii)				
12	(i)	(ii)	(iii)				
13	(i)	(ii)	(iii)				
14	(i)	(ii)	(iii)				
15	(i)	(ii)	(iii)				
16	(i)	(ii)	(iii)				

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

**YORKVILLE COMMON PANTRY, INC.**

Employer identification number

**13-3127972**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....	X		2,336.	FAIR MARKET VALUE
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X		46,374.	FAIR MARKET VALUE
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		659,835.	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	49,827.	FAIR MARKET VALUE
26 Other ▶ ( <u>EASTER BASKET</u> )	X	0	1,615.	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

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

	Yes	No
30a		X
31	X	
32a		X

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

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

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

b If "Yes," describe in Part II.

33 If the organization did not report 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) (2011)

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

**YORKVILLE COMMON PANTRY, INC.**

Employer identification number

**13-3127972**

**FORM 990, PART I, LINE 1:**

**DURING THE PAST YEAR YCP SERVED 1,971,745 MEALS TO FAMILIES AND  
INDIVIDUALS, INCLUDING ADULTS, SENIORS, CHILDREN IN OUR PANTRY AND  
HOMELESS ADULTS IN OUR HOT MEAL PROGRAM. IN ADDITION, \$3,271,650 IN  
NEW BENEFITS WERE ACCESSED FOR YCP CLIENTS ACROSS ALL PROGRAMS, AND AN  
ADDITIONAL \$1,658,239 WAS ACQUIRED FOR CLIENTS THROUGH PARTNERSHIPS  
WITH ORGANIZATIONS THAT ASSISTED MEMBERS WITH TAX RETURNS, APPLIED FOR  
HEALTH BENEFITS AND NUTRITION ASSISTANCE AND THROUGH A PARTNERSHIP WITH  
A LEGAL CLINIC. THE VAST MAJORITY OF MEALS WERE PROVIDED TO  
APPROXIMATELY 8,000 HOUSEHOLDS IN OUR PANTRY PROGRAM, COMPRISING 19,380  
INDIVIDUALS, WHILE ANOTHER 78,578 HOT MEALS AND 6,573 BROWN BAGS WERE  
SERVED TO APPROXIMATELY 10,034 INDIVIDUALS. YCP OPERATED HEALTHY  
COOKING AND NUTRITION CLASSES THROUGH ITS NUTRITION INITIATIVE FOR  
CHILDREN AND FAMILIES (NICF). THE PROGRAM RAN 271 CLASSES DURING THE  
YEAR AND SERVED 753 DISTINCT ADULTS AND CHILDREN (5,536 DUPLICATED  
PARTICIPANTS).**

**YCP CONTINUED TO PROVIDE CONCRETE SERVICES AND COMPREHENSIVE CASE  
MANAGEMENT IN THE PROJECT DIGNITY PROGRAM FOR THE HOMELESS, SERVING 278  
DISTINCT CLIENTS. IN PARTICULAR, 41 UNDUPLICATED CLIENTS WERE PROVIDED  
WITH ASSISTANCE WITH HOUSING THROUGH SUBMISSION OF HRA 2010E HOUSING  
APPLICATIONS; 175 UNDUPLICATED CLIENTS RECEIVED THEIR MAIL AT YCP FOR  
745 VISITS; 614 UNDUPLICATED CLIENTS TOOK SHOWERS (6,715 VISITS); 370  
CLIENTS DID THEIR LAUNDRY (1,956 VISITS); 525 UNDUPLICATED CLIENTS  
RECEIVED HAIRCUTS FOR 1,498 VISITS; 70 UNDUPLICATED CLIENTS RECEIVED  
ASSISTANCE WITH ACQUIRING BIRTH CERTIFICATES AND STATE IDENTIFICATION**

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

Schedule O (Form 990 or 990-EZ) (2011)

132211  
01-23-12

Name of the organization

YORKVILLE COMMON PANTRY, INC.

Employer identification number

13-3127972

CARDS. THE PROJECT DIGNITY CASE MANAGER ADDITIONALLY REFERRED 55 UNDUPLICATED CLIENTS (137 VISITS) TO AN ONSITE PSYCHIATRIST THROUGH YCP'S COLLABORATION WITH PROJECT FOR PSYCHIATRIC OUTREACH TO THE HOMELESS (PPOH).

FORM 990, PART I, LINE 6:

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

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

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

YCP MADE A FEW MAJOR CHANGES DURING THE YEAR.

365 YCP

THE PROGRAM ADDED A DEDICATED FULL-TIME POS BENEFITS ENROLLER, CONVERTED AN EXISTING PART TIME CASE MANAGER TO FULL TIME AND BECAME FUNDED BY SINGLE STOP USA IN FY 2012. THE POS ENROLLER POSITION FREED UP THE SENIOR CASE MANAGER TO MONITOR SERVICES, ENGAGE IN MORE INTENSIVE CASE MANAGEMENT, CONTINUE TO INSTITUTE BEST PRACTICES AND TRACK AND REVIEW OUTPUTS AND OUTCOMES. THE CONVERSION OF THE PART-TIME CASE MANAGER TO A FULL TIME POSITION WILL ALLOW YCP TO FURTHER INCREASE STAFFING DURING KEY PANTRY HOURS, WHEN MANY CLIENTS ARE IN THE

Name of the organization

YORKVILLE COMMON PANTRY, INC.

Employer identification number

13-3127972

BUILDING.

## CHOICE PANTRY

YCP COMPLETED THE CONVERSION TO A 'CLIENT CHOICE PANTRY' IN FY 2012, INTRODUCING A COMPUTERIZED TABLET-BASED SYSTEM TO FULFILL ORDERS. THIS SYSTEM ALLOWS PARTICIPANTS TO SELF-SELECT FOOD ITEMS WITHIN FIVE FOOD CATEGORIES USING COMPUTER TABLETS. ORDERS ARE SENT WIRELESSLY TO THE PANTRY FLOOR WHERE VOLUNTEERS FULFILL THE ORDER AND HAND THE PACKAGES TO THE MEMBERS.

LASTLY, THE CHOICE PANTRY INTRODUCED "YCP DIRECT", WHICH ALLOWS THOSE PANTRY FAMILIES WITH COMPUTER ACCESS TO SUBMIT THEIR ORDERS ONLINE USING THE YCP WEBSITE PORTAL. FAMILIES THEN COME TO YCP TO PICKUP THEIR ITEMS AT A CONVENIENT TIME.

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

DISTRIBUTED 6,573 BROWN BAG MEALS.

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

PROJECT DIGNITY:

PROJECT DIGNITY PROGRAM FOR THE HOMELESS SERVED 278 DISTINCT CLIENTS AND ACCESSED \$621,613.50 IN BENEFITS FOR CLIENTS, A RETURN ON INVESTMENT (ROI) OF \$11.53 FOR EVERY DOLLAR SPENT ON CASE MANAGEMENT SALARY AND FRINGE. IN PARTICULAR, 41 UNDUPLICATED CLIENTS WERE ASSISTED WITH HOUSING THROUGH SUBMISSION OF HRA 2010E HOUSING APPLICATIONS; 175 UNDUPLICATED CLIENTS RECEIVED THEIR MAIL AT YCP FOR 745 VISITS; 614 UNDUPLICATED CLIENTS TOOK SHOWERS (6,715 VISITS); 370 CLIENTS DID THEIR

Name of the organization

YORKVILLE COMMON PANTRY, INC.

Employer identification number

13-3127972

LAUNDRY (1,956 VISITS); 525 UNDUPLICATED CLIENTS RECEIVED HAIRCUTS (1,498 VISITS); AND 70 UNDUPLICATED CLIENTS RECEIVED ASSISTANCE WITH ACQUIRING BIRTH CERTIFICATES AND STATE IDENTIFICATION CARDS. THE PROJECT DIGNITY CASE MANAGER ADDITIONALLY REFERRED 55 UNDUPLICATED CLIENTS (137 VISITS) TO AN ONSITE PSYCHIATRIST THROUGH YCP'S COLLABORATION WITH PROJECT FOR PSYCHIATRIC OUTREACH TO THE HOMELESS (PPOH).

THE NUTRITION INITIATIVE FOR CHILDREN AND FAMILIES:

THE NUTRITION INITIATIVE FOR CHILDREN AND FAMILIES (NICF) PROVIDED HANDS-ON FOOD PREPARATION AND NUTRITION CLASSES FOR 5,536 INDIVIDUALS (DUPLICATED), COMPRISING 3,891 CHILDREN AND 1,745 ADULTS. ALL TOLD, 271 NUTRITION EDUCATION SESSIONS WERE HELD. THE CLASS STRUCTURE OF THE CHILDREN'S NUTRITION PROGRAM REQUIRES THE CHILDREN TO SIGN UP FOR A CLASS AND PARTICIPATE FOR THE ENTIRE 'SEMESTER', WHICH IS 12 SESSIONS, WHILE ADULT CLASSES HAVE OPEN ENROLLMENT.

THE NICF PROGRAM'S IMPACT WAS REVIEWED BY AN INDEPENDENT EVALUATOR. CHILDREN WERE EVALUATED USING BOTH ITEMS FROM A SURVEY USED BY "THE NATIONAL INSTITUTE OF HEALTH (NIH) LONGITUDINAL GROWTH AND HEALTH STUDY OF AMERICAN YOUTH FROM 1985-2000" AND A YCP DEVELOPED DEMOGRAPHIC QUESTIONNAIRE. FINDINGS INCLUDED:

--PARTICIPANTS DEMONSTRATED STATISTICALLY SIGNIFICANT OVERALL INCREASED KNOWLEDGE OF HEALTHY EATING CHOICES.

--PARTICIPANTS INSTITUTED STATISTICALLY SIGNIFICANT POSITIVE CHANGES IN THEIR OWN EATING BEHAVIORS BASED ON THE CURRICULUM

--WHILE 79% OF CHILDREN (AVERAGE AGE 8.5 YEARS OLD) REPORTED EATING

2011 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	MACHINERY & EQUIPMENT											
	EQUIPMENT											
	* 990 PAGE 10 TOTAL					552,805.			552,805.	275,780.		97,260.
	MACHINERY & EQUIPM											
	OTHER					552,805.		0.	552,805.	275,780.	0.	97,260.
	LEASEHOLD											
4	IMPROVEMENT											
	* 990 PAGE 10 TOTAL					3650944.			3650944.	523,857.		127,377.
	OTHER											
	* GRAND TOTAL 990					3650944.		0.	3650944.	523,857.	0.	127,377.
	PAGE 10 DEPR					4203749.		0.	4203749.	799,637.	0.	224,637.

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

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

**YORKVILLE COMMON PANTRY, INC.**

**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 2010 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 2012. 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	224,637.

**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 2011	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		

**Section B - Assets Placed in Service During 2011 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 2011 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	224,637.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	



Part 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

Table with columns (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B - Information on Use of Vehicles

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

Table with columns (a) through (f) Vehicle. Rows 30-36 covering miles driven and personal use questions.

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

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

Table with columns Yes No. Rows 37-41 covering policy statements and requirements for employees.

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

Table with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

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

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

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

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

**RALPH DAVIS, STAFF ACCOUNTANT**

• The books are in the care of  **8 EAST 109TH STREET, 2ND FLOOR - NEW YORK, NY 10029**

Telephone No.  **917-720-9714** FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2013.

5 For calendar year , or other tax year beginning JUL 1, 2011, and ending JUN 30, 2012.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return

Change in accounting period.

7 State in detail why you need the extension

**ADDITIONAL TIME IS NEEDED TO COMPILE THE INFORMATION NECESSARY TO COMPLETE THE RETURN.**

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

**Signature and Verification must be completed for Part II only.**

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

Signature  Title  **EXECUTIVE DIRECTOR** Date

Product: Exempt Extension  
 Name: YORKVILLE COMMON  
 PANTRY, INC.  
 FEIN: 13-3127972

Category: Additional Extension  
 IRS Center: Ogden

e-Postmark: 1/23/2013 3:39:19  
 PM  
 Notification:

Fiscal Year Begin Date: 7/1/2011      Fiscal Year End Date: 6/30/2012

<b>Return History</b>					
DCN	DATE	TYPE OF ACTIVITY	SUBMISSION ID	UPDATED BY	REFUND/ (DUE)
	1/23/2013	Upload Started			
	1/23/2013	Ready to Release by Customer			
	1/23/2013	Released for Transmission - Validation in Progress		759420	
	1/23/2013	Ready to transmit - Validation Complete			
	1/23/2013	Transmitted to FD	133321201302303f9e29		
	1/23/2013	Accepted by FD on 1/23/2013			

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

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

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

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

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

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>YORKVILLE COMMON PANTRY, INC.</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>13-3127972</b>
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. <b>8 EAST 109TH STREET</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10029-3402</b>	

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

**VINCENT RUGGIERO**

- 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, 2013**, 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, 2011**, and ending **JUN 30, 2012**

**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

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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

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

Form 8868 (Rev. 1-2012)

Product: Exempt Extension  
Name: YORKVILLE COMMON  
PANTRY, INC.

Category:  
IRS Center: Ogden

e-Postmark: 10/25/2012 8:33:21  
AM

FEIN:13-3127972

Notification:

Fiscal Year Begin Date: 7/1/2011

Fiscal Year End Date: 6/30/2012

<b>Return History</b>					
DCN	DATE	TYPE OF ACTIVITY	SUBMISSION ID	UPDATED BY	REFUND/ (DUE)
	10/25/2012	Upload Started			
	10/25/2012	Ready to Release by Customer			
	10/25/2012	Released for Transmission - Validation in Progress		759420	
	10/25/2012	Ready to transmit - Validation Complete			
	10/25/2012	Transmitted to FD	133321201229907d4e16		
	10/25/2012	Accepted by FD on 10/25/2012			