

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

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

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization YORKVILLE COMMON PANTRY, INC.	D Employer identification number 13-3127972
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 8 EAST 109TH STREET	E Telephone number (212) 410-2264
	City or town, state or country, and ZIP + 4 NEW YORK, NY 10029	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

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

Hand I are not applicable to section 527 organizations.

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

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

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

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

G Website: ▶ **WWW.YCP.ORG**

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

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

I Group Exemption Number ▶ **N/A**

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

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

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

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b	3,909,361.		
	c Indirect public support (not included on line 1a)	1c			
	d Government contributions (grants) (not included on line 1a)	1d	300,607.		
	e Total (add lines 1a through 1d) (cash \$ 3,086,362. noncash \$ 1,123,606.)	1e			4,209,968.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			12,532.
	5 Dividends and interest from securities	5			23,409.
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
c Net rental income or (loss). Subtract line 6b from line 6a	6c				
7 Other investment income (describe ▶)	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	1,176,453.	8a			
	1,146,206.	8b			
	30,247.	8c			
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d	STMT 1		30,247.	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ 159,406. of contributions reported on line 1b)	9a	53,804.			
b Less: direct expenses other than fundraising expenses	9b	53,804.			
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c	SEE STATEMENT 2		0.	
10 a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11 Other revenue (from Part VII, line 103)	11			6,562.	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			4,282,718.	
Expenses	13 Program services (from line 44, column (B))	13		2,723,040.	
	14 Management and general (from line 44, column (C))	14		446,047.	
	15 Fundraising (from line 44, column (D))	15		358,951.	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses. Add lines 16 and 44, column (A)	17			3,528,038.
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		754,680.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		4,879,885.	
	20 Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 3	-96,532.	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			5,538,033.

Part II Statement of Functional Expenses

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

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

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

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

Part IV Balance Sheets (See the instructions.)

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

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

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

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c
 If "Yes," enter the name of the foreign country N/A

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

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

Note: Enter gross amounts unless otherwise indicated.

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

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
103A	INCOME GENERATED FROM VARIOUS ACTIVITIES IN ACCORDANCE WITH THE
103A	ORGANIZATION EXEMPT PURPOSE

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

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

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

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

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

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

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

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

Yes	No

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

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

Yes	No

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

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

Yes	No

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

Please Sign Here	Signature of officer _____	Date _____	
	Type or print name and title _____		
Paid Preparer's Use Only	Preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 LUTZ AND CARR, CPAS LLP 300 EAST 42ND STREET NEW YORK, NY 10017	EIN _____	Preparer's SSN or PTIN (See Gen. Inst. X) Phone no. 212-697-2299

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2007

Name of the organization YORKVILLE COMMON PANTRY, INC.	Employer identification number 13 3127972
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

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

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

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

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

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

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

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

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

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

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

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

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

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

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

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

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

NONE

Part V

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

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			

32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			

33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			

34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

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

N/A

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

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

4-Year Averaging Period Under Section 501(h)

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

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

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
	a Volunteers		
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h .)			0.

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of 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 organizations 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 Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate 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: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do 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, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization YORKVILLE COMMON PANTRY, INC.	Employer identification number 13-3127972
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CITY HARVEST 575 8TH AVE, 4TH FL NEW YORK, NY 10018	\$ 106,607.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	FOOD BANK 355 FOOD CENTER DRIVE BRONX, NY 10474	\$ 868,862.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	STATE OF NEW YORK DEPARTMENT OF HEALTH 90 CHURCH STREET NEW YORK, NY 10007	\$ 255,820.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	THE EMERGENCY FOOD ASSISTANCE PROGRAM 180 WATER STREET NEW YORK, NY 10038	\$ 712,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	GERTRUDE A. MELLON REVOCABLE TRUST ONE MELLON CENTER PITTSBURGH, PA 15258	\$ 462,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	CARNEGIE CORP 437 MADISON AVENUE NEW YORK, NY 10022	\$ 100,000.	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 YORKVILLE COMMON PANTRY, INC.	Employer identification number 13-3127972
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	VERONICA MALLORY STUBBS 88 CENTRAL PARK WEST, APT 10N NEW YORK, NY 10023	\$ 148,308.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization YORKVILLE COMMON PANTRY, INC.	Employer identification number 13-3127972
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Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	<p>VARIOUS FOOD ITEMS THAT ARE DELIVERED ON A REGULAR BASIS ALL YEAR</p> <hr/> <hr/> <hr/>	\$ 106,607.	VARIOUS
2	<p>VARIOUS FOOD ITEMS THAT ARE DELIVERED ON A REGULAR BASIS ALL YEAR</p> <hr/> <hr/> <hr/>	\$ 868,862.	VARIOUS
	<p> </p> <hr/> <hr/> <hr/>	\$ _____	_____
	<p> </p> <hr/> <hr/> <hr/>	\$ _____	_____
	<p> </p> <hr/> <hr/> <hr/>	\$ _____	_____
	<p> </p> <hr/> <hr/> <hr/>	\$ _____	_____

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

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

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

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

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

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

FORM 990

OTHER EXPENSES

STATEMENT 4

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

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 5

DESCRIPTION OF PROGRAM SERVICE ONE

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

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

80,083 MEALS IN OUR MEAL PROGRAM

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

PANTRY PROGRAM:

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

24/7 @ YCP:

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

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

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

155 CLIENTS WERE PLACED IN SHELTERS.

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

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

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

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

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

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

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

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	7
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
EQUIPMENT	249,050.	56,748.	192,302.
LEASEHOLD IMPROVEMENT	3,617,784.	142,718.	3,475,066.
TOTAL TO FORM 990, PART IV, LN 57	3,866,834.	199,466.	3,667,368.

FORM 990	OTHER SECURITIES	STATEMENT	8
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SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
EQUITIES	FMV	516,756.
TO FORM 990, LINE 54B, COL B		516,756.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	9
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE BONDS	FMV		211,898.		211,898.
TO FORM 990, LINE 54A, COL B			211,898.		211,898.

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

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

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

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

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

SCHEDULE A	EXPLANATION OF TRANSACTIONS	STATEMENT 11
	PART III, LINE 2D	

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

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

Depreciation and Amortization 990
(Including Information on Listed Property)

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

Name(s) shown on return

Business or activity to which this form relates

Identifying number

YORKVILLE COMMON PANTRY, INC.

FORM 990 PAGE 2

13-3127972

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

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

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

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

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

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

Section A

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

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

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

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

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

Part IV Summary (see instructions)

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

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

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

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

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

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	----------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

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

26 Property used more than 50% in a qualified business use:

	:	:	%					
	:	:	%					
	:	:	%					

27 Property used 50% or less in a qualified business use:

	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		

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

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

Section B - Information on Use of Vehicles

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

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

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

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

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

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2007 tax year:	:	:			
43 Amortization of costs that began before your 2007 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

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

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

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

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

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

- Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

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

- The books are in the care of **YORKVILLE COMMON PANTRY**
 Telephone No. **212-410-2264** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2009.

5 For calendar year _____, or other tax year beginning JUL 1, 2007, and ending JUN 30, 2008.

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

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

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	\$	
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	\$	
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A

Signature and Verification

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

Signature _____ Title _____ Date _____

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500, ANNUAL FILING REPORT

FOR THE YEAR ENDING

JUNE 30, 2008

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

Form CHAR500	Annual Filing for Charitable Organizations New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 www.oag.state.ny.us/charities/charities.html	2007
This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)		Open to Public Inspection

1. General Information		
a. For the fiscal year beginning (mm/dd/yyyy) 07/01/2007 and ending (mm/dd/yyyy) 06/30/2008		
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 YORKVILLE COMMON PANTRY, INC. Number and street (or P.O. box if mail not delivered to street address) Room/suite 8 EAST 109TH STREET City or town, state or country and ZIP + 4 NEW YORK, NY 10029	d. Fed. employer ID no. (EIN) 13-3127972 e. NY State registration no. 03-15-56 f. Telephone number 212 410-2264 g. Email

2. Certification - Two Signatures Required			
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.			
a. President or Authorized Officer	Signature	Printed Name	Title
			Date
b. Chief Financial Officer or Treasurer	Signature	Printed Name	Title
			Date

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

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

5. Fee Submitted: See last page for summary of fee requirements.		
Indicate the filing fee(s) you are submitting along with this form:		
a. Article 7-A filing fee	\$ <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>	

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

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

