

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 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization YORKVILLE COMMON PANTRY, INC.		D Employer identification number 13-3127972
	Doing Business As		E Telephone number 917-720-9700
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 8 EAST 109TH STREET	G Gross receipts \$ 4,273,573.	
	City or town, state or country, and ZIP + 4 NEW YORK, NY 10029-3402	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	
F Name and address of principal officer: STEPHEN D. GRIMALDI SAME AS C ABOVE			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.YCP.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1982
M State of legal domicile: NY			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: YCP SERVED 1,885,405 MEALS TO POOR FAMILIES AND INDIVIDUALS		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	41
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	41
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	31
	6 Total number of volunteers (estimate if necessary)	6	3694
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 3,859,018.	Current Year 3,698,973.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	66,376.	94,587.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,331.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,926,725.	3,793,560.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,121,680.	1,221,636.
16a Professional fundraising fees (Part IX, column (A), line 11e)		22,575.	27,115.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 326,218.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		2,713,505.	2,326,785.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,857,760.	3,575,536.	
19 Revenue less expenses. Subtract line 18 from line 12	68,965.	218,024.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 5,246,592.	End of Year 5,490,329.
	21 Total liabilities (Part X, line 26)	103,545.	122,003.
	22 Net assets or fund balances. Subtract line 21 from line 20	5,143,047.	5,368,326.

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 	Date 9/23/12
	STEPHEN D. GRIMALDI Type or print name and title	4/19/12

Paid Preparer Use Only	Print/Type preparer's name MARTIN BERKOWITZ	Preparer's signature 	Date 4/19/12	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ LUTZ AND CARR, CPAS LLP	Firm's EIN ▶			
Firm's address ▶ 300 EAST 42ND STREET NEW YORK, NY 10017			Phone no. 212-697-2299		

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

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: THE YORKVILLE COMMON PANTRY (YCP) IS DEDICATED TO REDUCING HUNGER WHILE PROMOTING DIGNITY AND SELF-SUFFICIENCY. SEE SCHEDULE O

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

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

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

4a (Code:) (Expenses \$ 1,820,549. including grants of \$) (Revenue \$) FOOD PANTRY:

IN FY11, YCP'S PANTRY PROGRAM PROVIDED FOOD ASSISTANCE TO 7,001 UNDUPLICATED FAMILIES COMPRISING 16,224 INDIVIDUALS FOR A TOTAL OF 69,540 VISITS. YCP'S PANTRY PROVIDED 1,794,631 OF THOSE MEALS. THE COST FOR A FULLY BALANCED MEAL ACROSS THE 5 FOOD CATEGORIES WAS \$ 1.01. YCP RECEIVED \$26,122 IN TOY DONATIONS FOR PANTRY FAMILIES IN FY 11.

THE PANTRY PROGRAM HAD 1906 DISTINCT VOLUNTEERS COME A TOTAL OF 5,278 TIMES, FOR A TOTAL OF 18,171 VOLUNTEER HOURS.

4b (Code:) (Expenses \$ 332,076. including grants of \$) (Revenue \$) MEAL PROGRAMS/HOT MEALS:

IN FY11, YCP'S SOUP KITCHEN SERVED 90,774 HOT MEALS AND BROWN BAG MEALS TO AT LEAST 8,830 UNDUPLICATED INDIVIDUALS. THE AVERAGE COST PER HOT MEAL, INCLUDING ALL BREAKFAST AND DINNERS, WAS \$3.88.

THE SOUP KITCHEN PROGRAM HAD 1700 DISTINCT VOLUNTEERS COME A TOTAL OF 3,193 TIMES, FOR A TOTAL OF 8,039 VOLUNTEER HOURS.

4c (Code:) (Expenses \$ 414,921. including grants of \$) (Revenue \$) 365 YCP:

FROM JULY 1, 2010 THROUGH JUNE 30, 2011, 365 YCP STAFF SCREENED 100% OF NEW CLIENTS COMING FOR FOOD OR SERVICES USING A BENEFITS CALCULATOR. A TOTAL OF 4,040 CLIENTS WERE SCREENED FOR BENEFITS. YCP ACQUIRED \$2,254,155 IN NEW BENEFITS FOR THESE 365 YCP VISITORS. FOR EACH \$1 SPENT ON CASE MANAGEMENT STAFFING IN THE 365 YCP PROGRAM, THE RETURN ON INVESTMENT WAS \$8.67. THROUGH OUR ON-SITE PARTNERS, AN ADDITIONAL \$1,221,322 WAS ACQUIRED THROUGH ON SITE TAX RETURNS (\$985,663) AND FUNDS RECOUPED FOR CLIENTS THROUGH YCP'S ON SITE LEGAL CLINIC (\$235,659). ALL TOLD, \$3,475,477 IN NEW BENEFITS AND ASSISTANCE WAS GENERATED FOR YCP VISITORS.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 338,987. including grants of \$) (Revenue \$)

4e Total program service expenses 2,906,533.

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 Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, 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 where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, 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, and program service activities outside the United States? <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 hospitals? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)</i>		

Form 990 (2010)

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b 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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. 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

Table with columns for question number, description, sub-questions (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business income, foreign accounts, prohibited tax shelter transactions, and contributions.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Does the organization have members or stockholders... 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: VINCENT RUGGIERO - 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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ANTONIA ABRAHAM TRUSTEE	1.00	X					0.	0.	0.	
SHERRELL ANDREWS SO CHAIR BOARD VICE CHAIR	2.00	X		X			0.	0.	0.	
HARTLEY BERNSTEIN TRUSTEE	1.00	X					0.	0.	0.	
HILARY HART BROWN TRUSTEE	1.00	X					0.	0.	0.	
DIDI FENTON-SCHAFFER TRUSTEE	1.00	X					0.	0.	0.	
CANDICE K. FRAWLEY DEVELOPMENT CHAIR	5.00	X					0.	0.	0.	
EDWARD GALLAGHER TRUSTEE	1.00	X					0.	0.	0.	
KATHERINA GRUNFELD TRUSTEE	1.00	X					0.	0.	0.	
ANDREA HAGELGANS TRUSTEE	2.00	X					0.	0.	0.	
CAROLYN HANDLER TRUSTEE	1.00	X					0.	0.	0.	
JAMIE HIRSH TRUSTEE	1.00	X					0.	0.	0.	
LINDA E. HOLT CHAIR, PROGRAM COMMITTEE	2.00	X					0.	0.	0.	
LINDSAY HIGGINS TRUSTEE	1.00	X					0.	0.	0.	
PATRICIA HUGHES TRUSTEE	1.00	X					0.	0.	0.	
STUART JOHNSON TRUSTEE	1.00	X					0.	0.	0.	
CAMILLE KELLEHER TRUSTEE	1.00	X					0.	0.	0.	
PAT KELLY TRUSTEE	4.00	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 (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			
SUSAN KESSLER TRUSTEE	1.00	X						0.	0.	0.
KATHY A. LEO TRUSTEE	1.00	X						0.	0.	0.
ANNA P. MACKINNON TRUSTEE	4.00	X						0.	0.	0.
MARY A. MCCAFFREY TREASURER	3.00	X		X				0.	0.	0.
GERARD M. MEISTRELL BOARD VICE-CHAIR	2.00	X		X				0.	0.	0.
DOREEN S. MORALES TRUSTEE	1.00	X						0.	0.	0.
MICHAEL NACHMAN TRUSTEE	1.00	X						0.	0.	0.
KATHY L. NALYWAJKO BOARD VICE-CHAIR	2.00	X		X				0.	0.	0.
NEDA NAVAB TRUSTEE	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								139,853.	0.	18,439.
d Total (add lines 1b and 1c)								139,853.	0.	18,439.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in 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. **NONE**

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in 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			
MADELEINE RICE TRUSTEE	1.00	X						0.	0.	0.
REBECCA ROBERTSON CHAIR, FINANCE COMMITTEE	3.00	X						0.	0.	0.
LITE SABIN CHAIR, NOMINATING COMMITTEE	2.00	X						0.	0.	0.
WENDY GARTNER SALLES TRUSTEE	1.00	X						0.	0.	0.
MALLORY SPAIN TRUSTEE	1.00	X						0.	0.	0.
WENDY STEIN BOARD CHAIR	8.00	X		X				0.	0.	0.
VERONICA STUBBS TRUSTEE	1.00	X						0.	0.	0.
ELAINE WEISS SECRETARY	2.00	X		X				0.	0.	0.
DARYL WILKERSON TRUSTEE	1.00	X						0.	0.	0.
ROLAND WOODLAND TRUSTEE	4.00	X						0.	0.	0.
ELAINE CLARK TRUSTEE	2.00	X						0.	0.	0.
CAROL M. HESS TRUSTEE	1.00	X						0.	0.	0.
MICHAEL KUTCH TRUSTEE	1.00	X						0.	0.	0.
SARA E. MOSS TRUSTEE	1.00	X						0.	0.	0.
ALETA A. SHIPLEY TRUSTEE	1.00	X						0.	0.	0.
STEPHEN GRIMALDI EXECUTIVE DIRECTOR	35.00			X				139,853.	0.	18,439.
Total to Part VII, Section A, line 1c								139,853.		18,439.

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	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events	400,742.				
	d	Related organizations					
	e	Government grants (contributions)	788,520.				
	f	All other contributions, gifts, grants, and similar amounts not included above	2,509,711.				
	g	Noncash contributions included in lines 1a-1f: \$	1,251,685.				
	h	Total. Add lines 1a-1f		3,698,973.			
Program Service Revenue	2 a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		15,227.		15,227.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real	(ii) Personal			
		b	Less: rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less: cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)			79,360.	79,360.
	8 a	Gross income from fundraising events (not including \$ 400,742. of contributions reported on line 1c). See Part IV, line 18	a				
		b	Less: direct expenses				
		c	Net income or (loss) from fundraising events			0.	
9 a	Gross income from gaming activities. See Part IV, line 19	a					
	b	Less: direct expenses					
	c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a					
	b	Less: cost of goods sold					
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11 a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions.			3,793,560.	0.	0.	
						94,587.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	178,162.	130,478.	24,331.	23,353.
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	850,282.	622,710.	116,122.	111,450.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	122,474.	89,695.	16,726.	16,053.
10 Payroll taxes	70,718.	51,791.	9,658.	9,269.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	51,635.		51,635.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	27,115.			27,115.
f Investment management fees				
g Other	56,101.	33,622.	18,685.	3,794.
12 Advertising and promotion				
13 Office expenses	219,144.	144,478.	34,389.	40,277.
14 Information technology				
15 Royalties				
16 Occupancy	159,265.	116,664.	21,737.	20,864.
17 Travel	19,556.	14,789.	2,904.	1,863.
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	217,316.	158,033.	30,250.	29,033.
23 Insurance	53,232.	33,739.	13,448.	6,045.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a FOOD	1,461,157.	1,461,157.	0.	0.
b TOYS AND GIFTS CARDS	40,829.	40,829.	0.	0.
c INDIRECT BENEFIT EXPENS	28,086.	0.	0.	28,086.
d MISCELLANEOUS	11,607.	8,548.	1,561.	1,498.
e BANK CHARGES	8,857.	0.	1,339.	7,518.
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	3,575,536.	2,906,533.	342,785.	326,218.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	797,911.	1	694,288.
	2	Savings and temporary cash investments	211,414.	2	305,480.
	3	Pledges and grants receivable, net	174,781.	3	305,979.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	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)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	90,228.	9	104,806.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,175,840.		
	b	Less: accumulated depreciation	10b 799,637.	3,384,679.	10c 3,376,203.
	11	Investments - publicly traded securities	581,359.	11	697,353.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	6,220.	15	6,220.
16	Total assets. Add lines 1 through 15 (must equal line 34)	5,246,592.	16	5,490,329.	
Liabilities	17	Accounts payable and accrued expenses	103,545.	17	122,003.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	103,545.	26	122,003.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	4,523,057.	27	4,634,069.
	28	Temporarily restricted net assets	619,990.	28	734,257.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	5,143,047.	33	5,368,326.
	34	Total liabilities and net assets/fund balances	5,246,592.	34	5,490,329.

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	3,793,560.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,575,536.
3	Revenue less expenses. Subtract line 2 from line 1	3	218,024.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,143,047.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	7,255.
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	5,368,326.

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 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No. 1545-0047

2010

Open to Public Inspection

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?

	Yes	No
(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?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- 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	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2010

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3380911.	4209968.	3346326.	3859018.	3698973.	18495196.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3380911.	4209968.	3346326.	3859018.	3698973.	18495196.
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)						89,102.
6 Public support. Subtract line 5 from line 4.						18406094.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	3380911.	4209968.	3346326.	3859018.	3698973.	18495196.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	40,826.	35,941.	22,557.	20,091.	15,227.	134,642.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	16,181.	6,562.	16,005.	1,331.		40,079.
11 Total support. Add lines 7 through 10						18669917.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	98.59	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	98.81	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2010. 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 - 2009. 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, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

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, aggregate 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 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. 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 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) (2010)

Name of organization

Employer identification number

YORKVILLE COMMON PANTRY, INC.

13-3127972

Part I Contributors (see 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	\$ 267,171.	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 FOR THE CITY OF NEW YORK 39 BROADWAY NEW YORK, NY 10006	\$ 244,486.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	FOOD BANK FOR THE CITY OF NEW YORK (TEFAP) 180 WATER STREET NEW YORK, NY 10038	\$ 195,936.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	NEW YORK STATE DEPARTMENT OF HEALTH 90 CHURCH STREET NEW YORK, NY 10007	\$ 266,935.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	THE HECKSCHER FOUNDATION FOR CHILDREN 123 EAST 70TH STREET NEW YORK, NY 10021	\$ 280,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	THE ROBIN HOOD FOUNDATION 826 BROADWAY, 9TH FLOOR NEW YORK, NY 10003	\$ 500,000.	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

Employer identification number

YORKVILLE COMMON PANTRY, INC.

13-3127972

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	VERONICA STUBBS 88 CENTRAL PARK WEST, APARTMENT 10N NEW YORK, NY 10023	\$ 123,590.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	FIDELITY CHARITABLE GIFT FUND PO BOX 770001 CINCINNATI, OH 45277	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	MTM TECHNOLOGIES 45 BROADWAY, 4TH FLOOR NEW YORK, NY 10006	\$ 150,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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 instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	<u>VARIOUS FOOD ITEMS THAT ARE DELIVERED ON A REGULAR BASIS ALL YEAR</u>	\$ <u>267,171.</u>	<u>VARIOUS</u>
2	<u>VARIOUS FOOD ITEMS THAT ARE DELIVERED ON A REGULAR BASIS ALL YEAR</u>	\$ <u>244,486.</u>	<u>VARIOUS</u>
3	<u>VARIOUS FOOD ITEMS THAT ARE DELIVERED ON A REGULAR BASIS ALL YEAR</u>	\$ <u>195,936.</u>	<u>VARIOUS</u>
7	<u>STOCK</u>	\$ <u>73,590.</u>	<u>VARIOUS</u>
9	<u>COMPUTERS EQUIPMENT & VARIOUS HARDWARE</u>	\$ <u>150,000.</u>	<u>VARIOUS</u>
		\$	

Name of organization YORKVILLE COMMON PANTRY, INC.	Employer identification number 13-3127972
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating 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. See instructions.) ▶ \$

(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, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

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? Yes No

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

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

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

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

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		3,650,942.	523,856.	3,127,086.
d Equipment		524,898.	275,781.	249,117.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,376,203.

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)		
(L)		
Total. (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)		
Total. (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)	
Total. (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) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

2. 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	3,793,560.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,575,536.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	218,024.
4	Net unrealized gains (losses) on investments	4	7,255.
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	7,255.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	225,279.

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	3,800,815.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	7,255.
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	7,255.
3	Subtract line 2e from line 1	3	3,793,560.
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	3,793,560.

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

1	Total expenses and losses per audited financial statements	1	3,575,536.
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	3,575,536.
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	3,575,536.

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. 1546-0047

2010

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 <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |

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 - 665 BROADWAY, NEW YORK, NY	ANNUAL BENEFIT CONSULTANT		X	403,253.	27,115.	376,138.
Total				403,253.	27,115.	376,138.

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

032081 01-13-11

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		ANNUAL BENEFIT (event type)	6TH GRADE DANCE (event type)	1 (total number)		
Revenue	1	Gross receipts	403,253.	22,530.	21,935.	447,718.
	2	Less: Charitable contributions	363,584.	18,968.	18,190.	400,742.
	3	Gross income (line 1 minus line 2)	39,669.	3,562.	3,745.	46,976.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	29,000.	2,000.	2,500.	33,500.
	7	Food and beverages	671.	518.	245.	1,434.
	8	Entertainment	9,018.	1,000.	1,000.	11,018.
	9	Other direct expenses	980.	44.	0.	1,024.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(46,976)
	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:

	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
a The organization's facility			13a %
b An outside facility			13b %
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

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

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

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

(I) NAME OF FUNDRAISER: ELIZABETH ROSE CONSULTING

(I) ADDRESS OF FUNDRAISER: 665 BROADWAY, NEW YORK, NY 10012

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2010

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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 organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <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 from the organization or a related organization? | 4a | <input checked="" type="checkbox"/> |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | <input checked="" type="checkbox"/> |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | <input checked="" type="checkbox"/> |

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- | | | |
|------------------------------------|-----------|-------------------------------------|
| a The organization? | 5a | <input checked="" type="checkbox"/> |
| b Any related organization? | 5b | <input checked="" type="checkbox"/> |

If "Yes" to line 5a or 5b, describe in Part III.

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

- | | | |
|------------------------------------|-----------|-------------------------------------|
| a The organization? | 6a | <input checked="" type="checkbox"/> |
| b Any related organization? | 6b | <input checked="" type="checkbox"/> |

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		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2010

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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(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 in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 STEPHEN GRIMALDI	(i) 139,853.	0.	0.	0.	18,439.	158,292.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
2	(i)						
	(ii)						
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

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		150,000.	FAIR MARKET VALUE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	8	141,239.	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		918,732.	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	40,754.	FAIR MARKET VALUE
26	Other ▶ (<u>OTHER</u>)	X	0	1,692.	FAIR MARKET VALUE
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2010)

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

YORKVILLE COMMON PANTRY, INC.

Employer identification number

13-3127972

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

YCP SERVED 1,885,405 MEALS TO POOR FAMILIES AND INDIVIDUALS. MEALS WERE PROVIDED TO 7,001 HOUSEHOLDS, COMPRISING 16,224 INDIVIDUALS, IN OUR PANTRY PROGRAM, AND ANOTHER 90,774 HOT MEALS AND/OR BROWN BAGS WERE SERVED TO APPROXIMATELY 5,500 INDIVIDUALS IN OUR HOT MEAL PROGRAM. YCP OPERATED HEALTHY COOKING AND NUTRITION CLASSES THROUGH ITS NUTRITION INITIATIVE FOR CHILDREN AND FAMILIES (NICF). THE PROGRAM RAN 184 CLASSES AND SERVED 1,614 ADULTS IN COOKING CLASSES, AND 3,907 CHILDREN AND 579 PARENTS IN NUTRITION CLASSES. YCP ALSO CONTINUED TO PROVIDE CONCRETE SERVICES AND COMPREHENSIVE CASE MANAGEMENT IN THE PROJECT DIGNITY PROGRAM FOR THE HOMELESS. LASTLY, YCP PARTNERED WITH OTHER ORGANIZATIONS TO HELP ELIGIBLE CLIENTS APPLY FOR FOOD STAMPS AND MEDICAID; OBTAIN LEGAL ASSISTANCE AND SERVICES, RECEIVE BLOOD PRESSURE MONITORING, HIV AND STD TESTING AND COUNSELING, AND PSYCHIATRIC COUNSELING.

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.

Name of the organization

YORKVILLE COMMON PANTRY, INC.

Employer identification number

13-3127972

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

365 YCP:

THIS YEAR, IN ANTICIPATION OF YCP'S CONVERSION TO A MORE FOCUSED SINGLE STOP CASE MANAGEMENT MODEL, YCP MADE SIGNIFICANT STRUCTURAL AND PROGRAMMATIC CHANGES. ON OCTOBER 11, 2010, YCP CONSOLIDATED BOTH 24|7 YCP CASE MANAGERS AND PANTRY CASE MANAGERS INTO ONE CASE MANAGEMENT PROGRAM CALLED 365 YCP. IN ORDER TO ACHIEVE THIS CONSOLIDATION, YCP ELIMINATED THE RESPECTIVE TASK SUPERVISORY POSITIONS AND CREATED ONE SUPERVISORY POSITION.

ADDITIONALLY, THE OPERATING HOURS OF BOTH PROGRAMS, 24|7 YCP AND PANTRY CASE MANAGEMENT, WERE UNIFIED AND SHORTENED TO PROVIDE MORE CASE MANAGEMENT HOURS DURING KEY TIMES. THIS WAS DONE AFTER LOOKING AT THE LACK OF TRAFFIC DURING THE HOURS OF 8 TO MIDNIGHT AND ON SUNDAYS DURING DAY TIME HOURS. AS SUCH, SHIFTS WERE CHANGED TO MONDAY THROUGH SATURDAY FROM 9:00AM TO 8:00PM AND FROM 4:00PM TO 8:00PM ON SUNDAY AND AGENCY OBSERVED HOLIDAYS. THIS ALLOWS THE PROGRAM TO MAXIMIZE CONTACT AND ALSO ENSURE THAT THE VOLUME DURING THE WEEK IS HANDLED, ESPECIALLY DURING PANTRY DISTRIBUTION HOURS WHEN THERE IS GREATER CONCENTRATION OF CLIENTS ON SITE, AS WELL AS PROVIDE SERVICES UNTIL 8 PM AND ON SUNDAYS IN THE LATER AFTERNOON, WHEN WE SEE THE MOST WEEKEND TRAFFIC.

YCP PUT SPECIAL EMPHASIS ON THE ACQUISITION OF BENEFITS AND ENTITLEMENTS FOR NEW AND EXISTING PANTRY CLIENTS THIS YEAR. CLIENTS ARE SCREENED FOR PUBLIC ASSISTANCE, FOOD STAMPS (SNAP), MEDICAID, SSI/SSD, MEDICARE, VETERAN'S BENEFITS, UNEMPLOYMENT INSURANCE, DRIE, SCRIE, HEAP, WIC, AND SAFELINK/ASSURANCE. BECAUSE YCP'S BROWN BAG SERVICE WAS FACILITATED BY 24|7 YCP CASE MANAGERS, YCP HAS SCALED BACK THIS

Name of the organization

YORKVILLE COMMON PANTRY, INC.

Employer identification number

13-3127972

PARTICULAR SERVICE IN ORDER TO ALLOW CASE MANAGERS TO FOCUS ON NEW AND EXISTING PANTRY CLIENTS. BROWN BAG MEALS ARE NOW PROVIDED FROM 7:00PM TO 8:00PM ON EVENINGS THAT YCP'S SOUP KITCHEN DOES NOT PROVIDE DINNER, WHICH MEANS A MEAL IS STILL BEING PROVIDED SEVEN NIGHTS A WEEK AND NO ONE IS TURNED AWAY.

YCP'S VISITS TO OTHER SINGLE STOPS HAVE PROMPTED US TO CONTINUE TO WORK ON THE STAFFING AND MAXIMIZATION OF EXISTING SPACE. YCP WILL SEEK FUNDING IN FISCAL YEAR 2012 TO ADD ONE DEDICATED FULL-TIME POS BENEFITS ENROLLER AND CONVERT AN EXISTING PART TIME CASE MANAGER TO FULL TIME.

THE POS ENROLLER POSITION WILL FREE UP THE SENIOR CASE MANAGER TO MONITOR SERVICES, ENGAGE IN MORE INTENSIVE CASE MANAGEMENT, TRACK AND REVIEW OUTPUTS AND OUTCOMES, AND PRODUCE SINGLE STOP REPORTS. 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 BUILDING. IN ORDER TO MAKE ROOM FOR THESE POSITIONS, AND ALSO HOUSE INTERNS, YCP CONVERTED THE UNDERUTILIZED WARMING PANTRY INTO OFFICE SPACE AT THE END OF THE FISCAL YEAR.

CHOICE PANTRY:

YCP BEGAN MAKING THE CONVERSION TO A CLIENT CHOICE PANTRY IN FY 2011, THUS ALLOWING CLIENTS TO CHOOSE THEIR FOOD ITEMS WITHIN FIVE FOOD GROUPS/CATEGORIES INSTEAD OF PRE-PACKAGING FOOD ITEMS FOR THE CLIENTS. IN ORDER TO MAKE THIS CONVERSION, AN ADDITIONAL PANTRY DAY WAS ADDED IN MARCH TO REDUCE CONGESTION AND ALLOW BENEFIT SCREENER/WORKERS TO HAVE MORE EXPOSURE TO PANTRY PARTICIPANTS. MORE FOOD PER VISIT WAS OFFERED, AND PARTICIPANTS NOW COME FOR FOOD ONCE EVERY OTHER WEEK INSTEAD OF WEEKLY. THIS MEANS FEWER PEOPLE COME WEEKLY, ALLOWING FOR BETTER FLOW AND THE TIME NEEDED TO CHOOSE THE FOOD. OTHER IMPORTANT STEPS WERE

Name of the organization

YORKVILLE COMMON PANTRY, INC.

Employer identification number

13-3127972

TAKEN IN PREPARATION FOR THE CONVERSION TO A CLIENT CHOICE MODEL,
INCLUDING REORGANIZING THE PANTRY FLOOR TO FACILITATE FLOW, AND
SWITCHING DELIVERY DAYS TO EARLIER IN THE WEEK SO MORE TIME IS ALLOTTED
FOR SETTING UP THE MENUS THAT CLIENTS WILL CHOOSE FROM.

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

YCP INITIATED THREE NEW PROJECTS IN FY10. SEE QUESTION ABOVE FOR
DETAILS ON THE SHIFT IN CASE MANAGEMENT FOCUS AND APPLICATION, AS WELL
AS THE CONVERSION TO A CLIENT CHOICE PANTRY.

IN ADDITION TO THE AFOREMENTIONED TWO, THE ORGANIZATION, RELIANT ON
VOLUNTEERS TO PROVIDE OVER 26,000 LABOR HOURS OR MORE EACH YEAR, SPLIT
THE EXISTING POSITION OF VOLUNTEER COORDINATOR INTO VOLUNTEER ASSOCIATE
AND FOOD OPERATIONS MANAGER POSITIONS. THE VOLUNTEER ASSOCIATE
ORIENTS, RECRUITS, MAKES SITE VISITS AND GENERATES INTEREST IN
VOLUNTEERING AT YCP, WHILE THE FOOD OPERATIONS MANAGER HANDLES THE ON
SITE VOLUNTEERING ACROSS PROGRAMS, MAKING SURE THE VOLUNTEERS ARE
WORKING TOWARD THE COMMON GOALS OF MEAL DISTRIBUTION, ORDER
FULFILLMENT, AND PROMOTING DIGNITY FOR OUR CLIENTS.

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

THE NUTRITION INITIATIVE FOR CHILDREN AND FAMILIES (NICF) PROVIDED
HANDS ON FOOD PREPARATION AND NUTRITION CLASSES. THE NUTRITION
INITIATIVE FOR CHILDREN AND FAMILIES (NICF) PROVIDED HANDS ON FOOD
PREPARATION AND NUTRITION CLASSES FOR 5,521 INDIVIDUALS, COMPRISING
3,328 CHILDREN AND 2,193 ADULTS. ALL TOLD, 186 NUTRITION EDUCATION
SESSIONS WERE HELD, UP FROM 90 THE YEAR BEFORE, REPRESENTING AN
INCREASE OF 96 SESSIONS INCLUDING 1,275 MORE ADULT VISITORS AND 1,774

Name of the organization

YORKVILLE COMMON PANTRY, INC.

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MORE CHILDREN. THE CLASS STRUCTURE OF THE CHILDREN'S PROGRAM REQUIRES THEY SIGN UP FOR A CLASS AND PARTICIPATE FOR THE ENTIRE SEMESTER, WHICH IS FOR 12 SESSIONS, WHILE ADULT CLASSES HAVE OPEN ENROLLMENT. ALL TOLD, 1,018 UNDUPLICATED INDIVIDUALS PARTICIPATED.

A YEAR LONG STUDY OF THE PROGRAM'S IMPACT ON PARTICIPATING CHILDREN CONCLUDED IN DECEMBER, 2010. DURING THAT TIME, 180 CHILDREN WERE EVALUATED USING A TWO QUESTION PRE AND POST-ASSESSMENT. THE FIRST QUESTION CONTAINED TWENTY ITEMS AND ASKED STUDENTS TO CIRCLE FOOD ITEMS THAT WERE EITHER HEALTHY OR NON-HEALTHY. THE SECOND QUESTION REQUIRED THAT THE STUDENT LIST HEALTHY FOODS THEY LIKE TO EAT AT HOME.

32% OF THE 180 CHILDREN DEMONSTRATED THAT THEY HAD MAINTAINED WELL-INTEGRATED NUTRITIONAL HABITS BY SCORING 100% AT BOTH THE PRE AND POST-ASSESSMENT. 64% OF THE CHILDREN DEMONSTRATED IMPROVED HEALTHY EATING BEHAVIORS BY EATING MORE NUTRITIOUS FOOD AND MAKING HEALTHIER FOOD CHOICES THAN THEY HAD INDICATED AT THE PRE-ASSESSMENT; OF THE CHILDREN RECORDING IMPROVED NUTRITIONAL HABITS, 53% SHOWED 100% IMPROVEMENT FROM PRE-ASSESSMENT TO POST-ASSESSMENT; 9% SHOWED 80% IMPROVEMENT AND 15% SHOWED 60% IMPROVEMENT.

PROJECT DIGNITY

YCP ALSO CONTINUED TO PROVIDE CONCRETE SERVICES AND COMPREHENSIVE CASE MANAGEMENT IN THE PROJECT DIGNITY PROGRAM FOR THE HOMELESS, SERVING 357 DISTINCT CLIENTS. IN PARTICULAR, 36 UNDUPLICATED CLIENTS RECEIVED ASSISTANCE WITH TEMPORARY SHELTER; 51 UNDUPLICATED CLIENTS WERE PROVIDED WITH ASSISTANCE WITH HOUSING, INCLUDING HOUSING SEARCHES, REFERRALS FOR RENTAL ASSISTANCE AND SUBMISSION OF HRA 2010 E HOUSING

Name of the organization

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APPLICATIONS; 160 UNDUPLICATED CLIENTS RECEIVED THEIR MAIL AT YCP FOR 955 VISITS; 739 UNDUPLICATED CLIENTS TOOK SHOWERS (7,184 VISITS); 385 CLIENTS DID THEIR LAUNDRY (1,866 VISITS); 483 UNDUPLICATED CLIENTS RECEIVED HAIRCUTS FOR 1,304 VISITS; 109 UNDUPLICATED CLIENTS RECEIVED ASSISTANCE WITH ACQUIRING BIRTH CERTIFICATES; AND 66 UNDUPLICATED CLIENTS RECEIVED ASSISTANCE WITH STATE IDENTIFICATION CARDS. THE PROJECT DIGNITY CASE MANAGER ADDITIONALLY REFERRED 55 UNDUPLICATED CLIENTS (116 VISITS) TO AN ONSITE PSYCHIATRIST THROUGH YCP'S COLLABORATION WITH PROJECT FOR PSYCHIATRIC OUTREACH TO THE HOMELESS.

FROM JULY 1, 2010 THROUGH JUNE 30, 2011, YCP SCREENED 187 CLIENTS THROUGH PROJECT DIGNITY. YCP ACQUIRED \$877,060 IN NEW BENEFITS THROUGH THIS PROGRAM. FOR EVERY \$1 SPENT ON CASE MANAGEMENT STAFFING, THE RETURN ON INVESTMENT (ROI) WAS \$7.66.

EXPENSES \$ 338,987. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4: CHANGES IN YCP FISCAL POLICY & PROCEDURE MANUAL

NEW SECTION:

11. INVESTMENT POLICY: APPROVED BY BOARD 3/7/11

GIFT ACCEPTANCE AND DISPOSITION OF BEQUESTS POLICY WAS APPROVED BY THE BOARD ON JUNE 6, 2011

FORM 990, PART VI, SECTION A, LINE 7A: YCP HAS 19 SPONSORING ORGANIZATIONS AS PART OF ITS BOARD STRUCTURE. EACH SPONSORING ORGANIZATION IS ALLOWED TO DESIGNATE ONE DIRECTOR TO YCP AND THESE DIRECTORS ARE THEN DESIGNATED TO

Name of the organization

YORKVILLE COMMON PANTRY, INC.

Employer identification number

13-3127972

HOLD OFFICE FOR A TERM OF THREE YEARS, AS INDICATED IN THE YCP BY-LAWS.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS REVIEWED BY THE FINANCE COMMITTEE PRIOR TO SUBMISSION TO THE EXECUTIVE COMMITTEE FOR APPROVAL AND FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE POLICY COVERS ALL BOARD MEMBERS, OFFICERS AND SENIOR STAFF, EACH OF WHOM IS TO COMPLETE A SIGNED CONFLICT OF INTEREST FORM ANNUALLY WHICH DISCLOSES ALL ACTUAL OR POTENTIAL CONFLICTING INTERESTS AS OF THAT DATE AND COMMITS TO PROMPTLY DISCLOSE ANY CONFLICT THAT MAY ARISE DURING THE YEAR TO THE BOARD CHAIR OR THE EXECUTIVE COMMITTEE. INTERESTED PARTIES WHO MAY HAVE AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST WILL NOT PARTICIPATE IN DECISIONS AFFECTING THAT INTEREST AND THE ORGANIZATION AS FOLLOWS: SUCH A DIRECTOR SHALL NOT VOTE ON A MATTER IN WHICH HE/SHE HAS AN INTEREST AND SHALL NOT ATTEMPT TO INFLUENCE OTHER DIRECTORS REGARDING SUCH A MATTER WITHOUT FIRST DISCLOSING THAT INTEREST. A MAJORITY OF THE BOARD OR COMMITTEE MAY PROHIBIT AN INTERESTED DIRECTOR FROM PARTICIPATING IN THE DISCUSSION ABOUT THE MATTER. IN ADDITION, ALL TRANSACTIONS WITH INTERESTED PARTIES ARE REVIEWED BY THE EXECUTIVE COMMITTEE TO DETERMINE THAT THEY ARE FAIR AND WILL BENEFIT YCP AND NOT THE INTERESTED PARTY.

FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE DIRECTOR (2011), DEVELOPMENT DIRECTOR (2011) AND DIRECTOR OF PROGRAMS (2011)- COMPENSATION RESEARCH RESULTS, PROFILES AND ARTICLES WERE ATTAINED FROM A VARIETY OF SOURCES, INCLUDING NONPROFIT COORDINATING COMMITTEE OF NEW YORK, PROFESSIONALS FOR NONPROFITS, CHRONICLE OF PHILANTHROPY, AND CHARITY NAVIGATOR. EXECUTIVE DIRECTOR PRESENTED SALARY INCREASES FOR THE

Name of the organization

YORKVILLE COMMON PANTRY, INC.

Employer identification number

13-3127972

DEVELOPMENT DIRECTOR AND DIRECTOR OF PROGRAMS FOR THE APPROVAL OF THE BOARD OF DIRECTORS. BOARD OF DIRECTORS ESTABLISHED COMPENSATION FOR THE EXECUTIVE DIRECTOR.

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

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 7,255.

FORM 990, PART XI, LINE 2C

FINANCIAL STATEMENTS AND REPORTING

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

2010 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
	MACHINERY & EQUIPMENT											
1	EQUIPMENT	VARIESSL		5.00	16	524,898.			524,898.	185,695.		90,086.
	* 990 PAGE 10 TOTAL											
	MACHINERY & EQUIPM					524,898.		0.	524,898.	185,695.	0.	90,086.
	OTHER											
	LEASEHOLD											
4	IMPROVEMENT	VARIESSL		27.50	16	3650942.			3650942.	396,626.		127,230.
	* 990 PAGE 10 TOTAL											
	OTHER					3650942.		0.	3650942.	396,626.	0.	127,230.
	* GRAND TOTAL 990											
	PAGE 10 DEPR					4175840.		0.	4175840.	582,321.	0.	217,316.

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

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 extended due date for filing your 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.	8 EAST 109TH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	NEW YORK, NY 10029-3402	

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

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

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

WENDY OCONITRILLO

• The books are in the care of 8 EAST 109TH STREET - NEW YORK, NY 10029
 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, 2012

5 For calendar year _____, or other tax year beginning JUL 1, 2010, and ending JUN 30, 2011

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

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 OFFICER Date

Product: Exempt Extension

Category: Additional Extension

Name: YORKVILLE COMMON PANTRY, INC.

IRS Center: Ogden

e-Postmark: 12/23/2011 12:00:38 PM

FEIN: 13-3127972

Notification:

Fiscal Year: 7/1/2010

Fiscal Year: 6/30/2011

Begin Date:

End Date:

DCN	Date	Type Of Activity	Submission ID	Refund/(Due)	Updated By
	12/23/2011	Upload Started			
	12/23/2011	Ready to Release by Customer			
	12/23/2011	Released for Transmission - Validation in Progress			759420
	12/23/2011	Ready to transmit - Validation Complete			
	12/23/2011	Transmitted to FD			
	12/23/2011	Accepted by FD on 12/23/2011			

Application for Extension of Time To File an Exempt Organization Return

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

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

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

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

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

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

Part I only

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

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

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

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	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

WENDY OCONITRILLO

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2012**, 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, 2010**, and ending **JUN 30, 2011**

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

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

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

LHA For Paperwork Reduction Act Notice, see Instructions.

Product: Exempt Extension

Category:

Name: YORKVILLE COMMON PANTRY, INC.

IRS Center: Ogden

e-Postmark: 11/14/2011 9:45:06 AM

FEIN: 13-3127972

Notification:

Fiscal Year: 7/1/2010

Fiscal Year: 6/30/2011

Begin Date:

End Date:

DCN	Date	Type Of Activity	Submission ID	Refund/(Due)	Updated By
	11/14/2011	Upload Started			
	11/14/2011	Ready to Release by Customer			
	11/14/2011	Released for Transmission - Validation in Progress			759420
	11/14/2011	Ready to transmit - Validation Complete			
	11/14/2011	Transmitted to FD	133321201131807e3e71		
	11/14/2011	Accepted by FD on 11/14/2011			