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Α	Fo	r t	he	20)11	са

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

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

		enue Serv			organization			.,			,		porting	grequiren			Inspect	
AF	or th	ie 201	1 calenda	ar year, or ta	x year begi	nning		07/0)1 ,201	1, and	d eno	ding	_				20 12	
B		oplicable:	C Name of	f organization									DE	Employer i	dentif	ication r	umber	
D C	_		PHIL	IPSTOWN.I	NFO, INC	•								45-440)332	L2		
	Addre chang		Doing Bu	usiness As														
	Name	e change	Number	and street (or P	.O. box if mail is	not delivered t	to street ac	ddress)		Roor	n/suit	е	E	Felephone	numb	er		
	Initia	return	69 M	AIN STREE	Т								(8	45) 80)9–	5584		
	Term	inated	City or t	own, state or cou	ntry, and ZIP +	4				-								
	Amer		COLD	SPRING,	NY 10516								G	Gross recei	pts \$		234	,595.
	Appli	cation		and address of			STINE	BOC	KELMAN	JN N	ORR	TS	H(a)	Is this a gr	oup re	turn for	Yes	X No
L	_ pend	ing		AIN STREE		· · · · · · · · ·	-				01111		ны	affiliates? Are all affil	iates ir	cluded?	Yes	No
1	Tay-ey	empt sta			501(c) (sert no.)		1947(a)(1)) or		527		If "No," atta		L		
				STOWN.INF	.,) (sent no.)	I I.	+947 (a)(1)) 01		527						
						A	011				L			Group exer				NT3Z
		-	ization: X	Corporation	Trust	Association	Othe	er 🕨			L Yea	ir of forma	ation:	2010 M	Stat	e of lega	i domicile:	: NY
Ра			nmary															
	1			the organization		0												
ø				FAIR, OF														
ano				ENS_OF_OUP				UR_V	EBSIT	E, E	PHIL	IPSTO	DWN.	INFO				
Governance		AND	IN OUF	R PRINT EI	DITION,	THE PAPE	R											
Š	2	Check	this box	▶ if the d	organization of	discontinued	its opera	ations	or dispos	sed of I	more	than 25%	% of its	s net asse	ts.			
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	3	Numb	er of votin	g members of	the governing	g body (Part V	/I, line 1a	ı) <u> </u>							3			3.
ies	4	Numb	er of inder	pendent voting	members of	the governin	ng body (F											3.
Activities &	5			individuals em														C
Act	6			volunteers (est														3.
	7a	Total u	unrelated I	business reven	ue from Part \												3	,995.
				usiness taxable												,	-11	,112.
						,								ior Year			urrent Y	
	8	Contri	hutions ar	nd grants (Part	VIII line 1h)									171,8	88.		230	,600.
οnc	9													2/2/0	(	<u> </u>		<u>,,,,,,</u>
Revenue				revenue (Part )											(			
Re	10			me (Part VIII, c											(	-		,995.
	11			Part VIII, colun										171,8				
	12			add lines 8 thr	- ·			. ,						1/1,0			234	,595.
	13			lar amounts pai											(	-		
	14			or for members											(	-		
es	15			compensation,											(	-		C
Expenses				ndraising fees (F								-			(	)		C
ц.				g expenses (Pa						0		_						
				(Part IX, colum								-		171,8				,045.
	18			Add lines 13-1										171,8	88.			,045.
	19	Reven	ue less ex	kpenses. Subtra	act line 18 froi	m line 12 🔒									(	)	9	,550.
Net Assets or Fund Balances												Begi	nning	of Current	Year		End of Yea	ar
sets alan	20	Total a	assets (Pa	rt X, line 16)								_			(	)	9	,550.
dBg	21			Part X, line 26)								_			(	)		0
Pun	22			nd balances. S								-			(	)	9	,550.
Ра	rt II	Sig	gnature E	Block														
Und	ler per	nalties of	f perjury, I d	eclare that I have ration of preparer	examined this	return, includi	ng accom	panying	schedule:	s and s	tatem	ents, and	to the	best of my	know	ledge an	d belief, it	is true,
cor	ect, a	nd comp	lete. Declar	ration of preparer	(other than offi	cer) is based o	on all infor	mation	of which p	orepare	er has a	any know	ledge.	1				
Sig	n		Signature c	of officer										Date				
He	е																	
			Type or prin	nt name and title														
			Type prepa			Preparer's s	ignature				Date			Chock	if	PTIN		
Paic				-			•							Check self-emplo	- 1		08744	199
Pre	barer			סאייייידייי			סדוממד	ייים	DC						· .			
Use	Only			PATTISON						0104				's EIN 🕨				
NA	+ '			2880 ROU			VALA	-					Pho	ne no.	51		8-6776	
way	me I	rs ais	ouss this i	return with the	preparer snow	III above? (Se	e instruc	uons)								. X	Yes	No

For Paperwork Reduction Act Notice, see the separate instructions.

PHILIPSTOWN.INFO,	INC.
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	t III Stateme Check if	ent of Program Service A Schedule O contains a re	esponse to any question in this Part III		•••• X
		the organization's mission	:		
-	ATTACHMEN	1T 1			
-					
F	prior Form 990		icant program services during the year		X Yes
S	ervices?		, or make significant changes in h 		Yes X
↓ [ €	Describe the or expenses. Secti	ganization's program ser on 501(c)(3) and 501(c)	vice accomplishments for each of it (4) organizations and section 4947( expenses, and revenue, if any, for each	a)(1) trusts are required to rep	
a (	Code:	) (Expenses \$	173,569. including grants of \$	) (Revenue \$	)
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0	COMMUNITY.				
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<b>h</b> (	Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
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- - d (	Other program s	services (Describe in Sche	dule O.)		
(	Expenses \$	services (Describe in Sche including gra service expenses ►		\$)	

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			37
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		X
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		
~	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<b>-</b>		
Ū	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	<b>–</b>		
Ŭ	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes,"</i>			
	complete Schedule D, Part N	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			37
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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			v
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		x
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes,"</i>			
120	complete Schedule D, Parts XI, XII, and XIII.	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	120		
J	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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? If "Yes," complete Schedule F, Parts II and IV	15		Х
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? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4.0		37
00-	If "Yes," complete Schedule G, Part III	19 20a		X X
202		LZUa		

b
 If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
 20b

 JSA
 Form

	990 (2011)			Page 4
Par	t IV Checklist of Required Schedules (continued)			-
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
Ŭ	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	240		
25 a		25a		Х
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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?			37
	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II .	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
31	Part I	31		Х
22	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	51		
32		32		х
	complete Schedule N, Part II.	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	IV, and V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
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.	38	Х	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			- <u> </u>
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		37	
-	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
0	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	3a	х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b	x X	
	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4.2		х
L	account)?	4a		
D	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
Fa	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
Ua	organization solicit any contributions that were not tax deductible?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Va		
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
Ŀ	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
~	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

_	90 (2011) PHILIPSTOWN.INFO, INC. 45-4403			Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b b "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are 1a			
	material differences in voting rights among members of the governing body, or if the governing body			
h	delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent <b>1b</b> 3			
b 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	0.0	Х	
a L	The governing body?	8a 8b	21	
9	Each committee with authority to act on behalf of the governing body?	00		-
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Х	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	<b></b>
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
13	describe in Schedule O how this was done	12c 13		X
13 14	Did the organization have a written document retention and destruction policy?	14		x
15	Did the process for determining compensation of the following persons include a review and approval by	17		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		
	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?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
<b>Sect</b>	organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright_{NY}$ ,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5 available for public inspection. Indicate how you made these available. Check all that apply.	U1(C)(	3)S 0	niy)

- Own website Another's website X Upon request
- **19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20
   State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ CHRISTINE BOCKELMANN NORRIS 69 MAIN STREET COLD SPRING, NY 10516
   845-809-5584

   JSA
   F

Part VII	Compensation of Officers,	Directors, Tr	rustees, 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.

X 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	box,	unles	Pos neck ss pe	erson	e than c is both or/trust	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(₩-2/1000-₩100)	organization and related organizations
(1)GORDONSTEWART CHAIRMAN	30.00	x		X				C	0	0
(2)_VLAD_MUZESKY DIRECTOR	2.00	x						C	0	0
(3) JOHN SPAGNUOLO DIRECTOR	2.00	X						C	0	0
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										

JSA

	(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	box,	unle	Pos heck ss pe	erson lirect	e than c is both or/trust	an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	ar	(F) stimated nount o other	
		related organizations in Schedule	ndividual trust or director	Institutiona	Officer	fey		_	the	organizations		pensat	
			ee	al trustee		Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	om the anization d relate anization	on ed
		-											
		-											
		-											
													_
		-											
		-											
		-											
		-											
		-											
c lotal fro	m continuation sheets to Part VII, S d lines 1b and 1c)	ection A		• •	• •	• •			0		)		
? Total nur	hber of individuals (including but not e compensation from the organization	limited to t	hose					o re	ceived more than	\$100,000 of	1		
	organization list any former offic										•	Yes	
For any	e on line 1a? <i>If "Yes," complete Schedu</i> individual listed on line 1a, is the s ion and related organizations gre	sum of rep	ortab	ole d	com	pen	satio	n ar	nd other compens	sation from the	3		X
<i>individua</i> 5 Did any	person listed on line 1a receive or	accrue co	mpen	sati	on i	from	n any	uni	related organizatio	on or individual	4		X
	es rendered to the organization? If "Ye idependent Contractors	es," comple	te Sch	hedu	ıle J	l for	such	per	son	<u></u>	5		Х
Complete	this table for your five highest com ation from the organization. Report c												
	(A) Name and business add	lress							<b>(B)</b> Description of se	rvices	<b>(C)</b> Compen		

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

#### Form 990 (2011)

				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ss							
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
ษิฏิ	b	Membership dues					
ifts,	c	Fundraising events 1c					
nila Gi	d	Related organizations					
Sir	е	Government grants (contributions) 1e					
her	f	All other contributions, gifts, grants,					
ĒĒ		and similar amounts not included above	230,600.				
n di	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		230,600.			
Service Revenue			Business Code				
eve	2a						
e R	b						
Zic	с						
Sel	d						
am	е						
Program	f	All other program service revenue					
<u> </u>	g	Total. Add lines 2a-2f	<u></u> ▶	0			
	3	Investment income (including dividends, inter	est, and				
		other similar amounts)	•	0			
	4	Income from investment of tax-exempt bond p	oroceeds	0			
	5	Royalties		0			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
	70	(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)	• • • • • • • •	0			
ne	8a	Gross income from fundraising					
		events (not including \$					
Š		of contributions reported on line 1c).					
Å		See Part IV, line 18					
ler	b	Less: direct expenses					
Other Reven	c	Net income or (loss) from fundraising events		0			
0							
		See Part IV, line 19 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less					
		returns and allowances a					
	ь	Less: cost of goods sold					
		Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	112	ADVERTISING REVENUE	541800	3,995.		3,995.	
	b			5,225.			
	c b						
		All other revenue					
	d	Total. Add lines 11a-11d	<b>&gt;</b>	3,995.			
	е 12	Total revenue. See instructions		234,595.		3,995.	
				201,000.		5,555.	

#### Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a resp	onse to any question ir	n this Part IX		
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7		0			
	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):				
	Management	0			
b		2,334.		2,334.	
	Accounting	2,500.		2,500.	
	Lobbying	0		,	
	Professional fundraising services. See Part IV, line 17	0			
	Investment management fees	0			
	Other	183,503.	146,802.	36,701.	
9 12	Advertising and promotion	0			
13	Office expenses	8,217.	4,122.	4,095.	
14	Information technology	400.	400.	,	
15	Royalties	0			
16	Occupancy	27,564.	22,051.	5,513.	
17	Travel	0	,	-,	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
4.0		0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22 23	Depreciation, depletion, and amortization	0			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
		229.		229.	
	MISCELLANEOUS	225.	194.	104.	
				1011	
c d					
	h				
	All other expenses Total functional expenses. Add lines 1 through 24e	225,045.	173,569.	51,476.	
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if	225,013.		51,170.	
154	following SOP 98-2 (ASC 958-720)	0			

			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	0	1	9,550.
	2	Savings and temporary cash investments		-	0
	3	Pledges and grants receivable, net	0		C
	4	Accounts receivable, net	0	4	C
	5	Receivables from current and former officers, directors, trustees, key		-	
		employees, and highest compensated employees. Complete Part II of			
		Schedula	0	5	C
	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)	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
Ass	8	Inventories for sale or use	0	8	C
	9	Prepaid expenses and deferred charges	0	9	C
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	C
	11	Investments - publicly traded securities		11	C
	12	Investments - other securities. See Part IV, line 11		12	C
	13	Investments - program-related. See Part IV, line 11		13	C
	14	Intangible assets		14	C
	15	Other assets. See Part IV, line 11		15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	9,550.
	17	Accounts payable and accrued expenses		17 18	0
	18	Grants payable		18	0 0
	19 20	Deferred revenue		20	
6	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D		20	
Liabilities	22	Payables to current and former officers, directors, trustees, key		21	Ŭ
ilidi	~~~	employees, highest compensated employees, and disqualified persons.			
Lia		Complete Part II of Schedule L	0	22	C
	23	Secured mortgages and notes payable to unrelated third parties		23	0
	24	Unsecured notes and loans payable to unrelated third parties		24	C
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0	25	C
	26	Total liabilities. Add lines 17 through 25	0	26	C
s		Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.			
nce	27		0	27	9,550.
ala	28	Unrestricted net assets Temporarily restricted net assets	0	28	, <u>550</u> .
а Р	29	Permanently restricted net assets	0	29	0
-un		Organizations that do not follow SFAS 117, check here ▶ and	-		-
or Fund Balances		complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ťΑ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	0	33	9,550.
	34	Total liabilities and net assets/fund balances.	0	34	9,550.

Form **990** (2011)

Part X

**Balance Sheet** 

Form 990 (2011)					
Ра	Art 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)		23	4,59	95.
2	Total expenses (must equal Part IX, column (A), line 25)		22	5,04	ł5.
3	Revenue less expenses. Subtract line 2 from line 1			9,55	50.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	L			0
5	Other changes in net assets or fund balances (explain in Schedule O)	L			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))			9,55	50.
Pa	Art XII         Financial Statements and Reporting           Check if Schedule O contains a response to any question in this Part XII			es I	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other Other	ו in			
2a			2a		Х
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	-			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	••• -	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.	n in			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year w	/ere			
	issued on a separate basis, consolidated basis, or both: Separate basis Consolidated basis 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 fort	h in			
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

#### **SCHEDULE A** (Form 990 or 990-EZ)

# **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.

OMB No. 1545-0047 20 7 F

**Open to Public** 

							Open to Pu Inspectio					
Name of t	he organization							Emplo	yer iden	tificatio	on number	
PHILIP	STOWN.INFO	, INC.							45	-4403	3312	
Part I	Reason for	Public Charity Statu	<b>s</b> (All organizations mι	ust con	nplete	this pa	art.) Se	e instr	uctions	i.		
The orga	inization is not a	a private foundation be	cause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)				
1	A church, conv	vention of churches, or	association of churches	describ	ed in <b>s</b>	ection	170(b)(	(1)(A)(i)	).			
2	A school desc	ribed in section 170(b)	(1)(A)(ii). (Attach Schedu	le E.)								
3	A hospital or a	cooperative hospital s	ervice organization descr	ibed in	sectio	n 170(b	5)(1)(A)	(iii).				
4		•	erated in conjunction w	ith a h	iospita	l descr	ibed in	sectio	on 170(l	o)(1)(A	<b>.)(iii).</b> Ent	ter the
e 🗌		e, city, and state:										
5	-		nefit of a college or univ	resity	owned		erated	by a go	vernme	entar u	nit descri	in bea
c 🗌		(1)(A)(iv). (Complete F		oribod	in eee	lion 17(	<b>\/</b> L\/4\/	A)//)				
6		-	or governmental unit des									nuhlia
7 X	-	ection 170(b)(1)(A)(vi)	es a substantial part of it	is supp	on no	om a go	overnme	ental ur	III OF III	om the	e general	public
8			on 170(b)(1)(A)(vi). (Con	anloto E	Dart II \							
9	-		es: (1) more than 331/39	-			contrik	utions	memb	orchin	foos and	d aross
J	-	-	exempt functions - sub							-		-
			ome and unrelated busi	-			-					
		•	ne 30, 1975. See section				•			tuny n	om buoi	100000
10		-	ted exclusively to test for	-		-		-	Ŋ.			
11	-		rated exclusively for the	-	-				-	or to	o carrv o	out the
	•	•	upported organizations de									
	· ·		bes the type of supporting				. , .	,			. ,	
	a Type I	b Type	II с Туре	e III - Fu	unctior	ally inte	grated		d	Туре	e III - Othe	er
e	By checking t	his box, I certify that	the organization is not	contr	olled	directly	or ind	irectly	by one	orm	ore disqu	ualified
	persons other	than foundation mana	gers and other than one	or mo	re put	licly su	pported	d organ	izations	desc	ribed in s	section
	509(a)(1) or se	ection 509(a)(2).										
f	If the organization	ation received a writte	n determination from th	ie IRS	that it	is a T	ype I, 1	Type II,	or Typ	e III s	upporting	ļ
	organization, c	heck this box										
g	Since August ?	17, 2006, has the orga	nization accepted any gif	t or co	ntributi	ion fron	n any of	the				
	following perso	ons?								•		
	(i) A person	who directly or indire	ectly controls, either alor	ne or t	ogethe	er with	persor	is desc	ribed ir	n (ii)	Ye	es No
			dy of the supported orgar	nization	?						11g(i)	
	.,	nember of a person de									11g(ii)	
			son described in (i) or (ii) a								11g(iii)	
h			out the supported organiz	ation(s)	).							
	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9		ls the zation in		ou notify anization		Is the zation in	(v	ii) Amount support	of
	organization		above or IRC section	col. (i)	listed in overning		l. <b>(i)</b> of	col. (i) c	organized		Support	
			(see instructions))	docu	ment?	-	upport?		U.S.?	-		
				Yes	No	Yes	No	Yes	No			
(A)												
(P)												
(B)					<u> </u>							
(C)												
(D)												
(E)												
					<b> </b>							

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

Schedule A (Form 990 or 990-EZ) 2011

#### Schedule A (Form 990 or 990-EZ) 2011

Page 2

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.)

Sec	tion A. Public Support	r					
Cale	ndar year (or fiscal year beginning in) 🕨 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				171,888.	230,600.	402,488.
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				171,888.	230,600.	402,488.
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) ATCH 1						394,438.
<u>6</u> Sec	Public support. Subtract line 5 from line 4. tion B. Total Support						8,050.
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4				171,888.	230,600.	402,488.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					200,0001	
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.)						
11	Total support. Add lines 7 through 10						402,488.
12	Gross receipts from related activities, etc. (	see instructions) .				12	
13	First five years. If the Form 990 is f organization, check this box and stop here	<u> </u>	<u> </u>				
Sec	tion C. Computation of Public Sup	port Percenta	ige				
14	Public support percentage for 2011 (li					14	%
15	Public support percentage from 2010					15	%
16a	331/3% support test - 2011. If the c						
	this box and <b>stop here.</b> The organizati						
b	331/3% support test - 2010. If the o						
	check this box and <b>stop here.</b> The org						
17a	10%-facts-and-circumstances test - :						
	10% or more, and if the organization					-	
	Part IV how the organization meets			-	-		upported
	organization						► 🗀
b	10%-facts-and-circumstances test - :		•				
	15 is 10% or more, and if the organization						-
	Explain in Part IV how the organzati				•	•	
4.0	supported organization						
18	Private foundation. If the organization						
	instructions						<u>▶∟</u>

Schedule A (Form 990 or 990-EZ) 2011

### Schedule A (Form 990 or 990-EZ) 2011

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

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

	tion A. Public Support Indar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(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						
	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	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						
с	Add lines 7a and 7b						
	Public support (Subtract line 7c from						
	line 6.)						
Sect	tion B. Total Support		_				
Caler	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
h	Sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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 organizatio	n's first, second.	third. fourth. or	fifth tax vear a	s a section 50	1(c)(3)
	organization, check this box and stop here	-			-		
Sect	tion C. Computation of Public Sur						L
15	Public support percentage for 2011 (line 8			mn (f))		15	c
16	Public support percentage from 2010 Sche					16	C
Sect	tion D. Computation of Investme						
17	Investment income percentage for 2011 (li			3, column (f))		17	0
18	Investment income percentage from 2010					18	0
19a	331/3% support tests - 2011. If the or						and line
	17 is not more than 331/3%, check th						
b	331/3% support tests - 2010. If the orga						
	line 18 is not more than 331/3%, check						
			•	•			
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19t	o, check this bo	ox and see ins	tructions 🕨 🗌

# SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## **Transactions With Interested Persons**

 ▶ Complete if the organization answered
 "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
 ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open To Public Inspection

\$

OMB No. 1545-0047

Name of the organization

PHILIPSTOWN.INFO, INC.

45-4403312

Part I Excess Be

### Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	( <b>c)</b> Co	rrected?
	(a) Name of disqualmed person	(b) Description of transaction	Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
2	Enter the amount of tax imposed on the organization may	nagers or disqualified persons during the year		

under section 4958

3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization		\$
---	-----------------------------------------------------------------------------------	--	----

#### Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose		(b) Lean to or from the organization? (c) Original principal amount		(d) Balance due	<b>(e)</b> In default?		? (f) Approved by board or committee?		(g) Written agreement?	
	То	From			Yes	No	Yes	No	Yes	No
(1) (2) (3)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
Fotal			▶\$							

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(b) Relationship between interested person and the organization	(c) Amount and type of assistance

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

Schedule L (Form 990 or 990-EZ) 2011

Schedule L (Form 990 or 990-EZ) 2011

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	haring of ization's nues?	
				Yes	No	
1) VLAD MUZESKY	BOARD MEMBER	4,000.	WEBSITE DEVELOPMENT		х	
(2)						
(3)						
(4)						
5)						
6)						
7)						
(8)						
9)						
0)						

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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

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



Internal Revenue Service Name of the organization

PHILIPSTOWN.INFO, INC.

Employer identification number

45-4403312

PART VI, SECTION C, QUESTION 19 PHILIPSTOWN.INFO PROVIDES ITS GOVERNING AND FINANCIAL DOCUMENTS TO THE PUBLIC UPON REQUEST.

PART VI, SECTION A, QUESTION 2 TWO OF THE ORGANIZATION'S BOARD MEMBERS, GORDON STEWART AND VLAD MUZESKY, HAD A BUSINESS RELATIONSHIP SEPARATE FROM THE ORGANIZATION.

PART VI, SECTION A, QUESTION 9 GORDON STEWART, A DIRECTOR OF THE ORGANIZATION DURING 2011, CANNOT BE REACHED AT THE ORGANIZATION'S ADDRESS. MR. STEWART PASSED AWAY DURING 2014.

PART III, QUESTION 2 DURING FISCAL YEAR ENDED JUNE 30, 2012, THE ORGANIZATION BEGAN PROVIDING A PRINTED COPY OF THE NEWSPAPER TO THE PHILIPSTOWN COMMUNITY.

PART VI, SECTION B, QUESTION 11B COPIES OF THE FORM 990 ARE DISTRIBUTED IN AN EMAIL ATTACHMENT TO EACH BOARD MEMBER, WHO THEN RESPONDS TO THE CHAIR THAT HE OR SHE HAS REVIEWED THE DOCUMENTS.

Schedule O (Form 990 or 990-EZ) 2011	Page 2
Name of the organization	Employer identification number
PHILIPSTOWN.INFO, INC.	45-4403312
	ITACHMENT 1
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	
PHILIPSTOWN.INFO,INC., IS COMMITTED TO PROVIDING FAIR, OBJECTIVE ANI	0
HIGH-QUALITY NEWS AND INFORMATION TO THE CITIZENS OF OUR COMMUNITY (	NC
BOTH OUR WEBSITE, PHILIPSTOWN.INFO, AND IN OUR PRINT EDITION, THE	
PAPER. OUR ENTERPRISE SEEKS TO EDUCATE READERS ON TOPICS OF	
IMPORTANCE AND INTEREST-FROM THE ECONOMY AND ENVIRONMENT TO THE RICH	H
CULTURE AND HERITAGE OF NEW YORK'S HUDSON VALLEY-AND TO DO SO WITHOU	JT
FEAR OR FAVOR.	

Form <b>99(</b>	)_T	Exem	ot Organizati	on Business Ir	ncome	e Tax Return (ar	nd proxy ta	x under section	6033(e))	OMB No. 1545-0687
		-	-			inning		$1^{1}_{1}$ , 2011, and	0000(0)//	2(0)
Department of the nternal Revenue Se			ending	06/30, <b>20</b> 1			eparate ins			Open to Public Inspection for 501(c)(3) Organizations Only
Check	oox if		Name of organiza	ition ( Check b	ox if nar	ne changed and see i				over identification number
address	changed								(Emplo	yees' trust, see instructions.)
B Exempt under	section		PHILIPSTOWN.INFO, INC.							
X 501(C)	3)	Print or								403312
408(e)	220(e)	Туре								ated business activity codes structions.)
408A	530(a)		69 MAIN S						(	,
529(a)		-	City or town, state							
C Book value of at end of year	all assets			ING, NY 105					5418	00
			1 1	mber (See instruct	, .				1	
			-	ype 🕨 🛛 🗙 501	. ,		501(c) t	rust	_ 401(a)	trust Other trus
						VERTISING R				
0			•	•	•	oup or a parent-sul	bsidiary co	ntrolled group?		► Yes X N
				per of the parent co					4	
				BOCKELMANN	NORF			number > 8		
			or Business I			(A) Income	3	(B) Expen	562	(C) Net
1a Gross re	•									
b Less return				c Balance						
					2					
					3					
				)	4a					
-				tach Form 4797)	4b					
				a (attach atatamant)	4 c 5					
				ns (attach statement)	6					
					7					
				E)	-					
		-	es, and rents from	rcontrolled	8					
			ection 501(c)(7), (		0					
				9), 01 (17)	9					
				e I)	10					
•		-		· · · · · · · · · · · ·	11	3	995.	1	5,107.	-11,112
				edule.)	12	5,	<i>.</i>	<u>+</u>	5,107.	11,112
	•				13	3	995.	1	5,107.	-11,112
					-					or contributions,
				· ·		related busine		<i>,</i> , ,	_xoopt i	or contributions,
			,					,	. 14	
						21	1			
						22			22b	]
						ction. Subtract line:				-11,112
						ract line 31 from lin				-11,112
32 Unrelate										1,000
				see line 33 instruc	ctions for	or exceptions.)			33	I,000
33 Specific	deductio	n (Gener	ally \$1,000, but	see line 33 instruc act line 33 from li		or exceptions.) If line 33 is greater			. 33	1,000
<ul><li>33 Specific</li><li>34 Unrelate</li><li>enter the</li></ul>	deductio <b>d busin</b> smaller	n (Gener <b>ess taxab</b> of zero o	ally \$1,000, but <b>le income.</b> Subtra	act line 33 from li	ne 32.		r than line	32,		-11,112

Form 9	990-T (20	11)	PHIL	IPSTOWN.INFO, I	ENC.				45	5-4403312	Page <b>2</b>
Par	t III	<b>Tax Computation</b>									
35	Organiz	ations Taxable as	Corporat	ions. See instruction	ns for	tax compu	itation.	Controlled gr	oup		
		rs (sections 1561 and 1						Ū			
а	Enter y	our share of the \$50,0	00, \$25	5,000, and \$9,925,000	taxable	income bra	ackets (ir	h that order):			
	(1)\$		(2)	6	(3	)\$					
b	Enter of	rganization's share of: (1)	Addition	al 5% tax (not more thar	n \$11.75	0)	\$				
		tional 3% tax (not more									
с		tax on the amount on lin							▶ 35	с	
36	Trusts	Taxable at Trust						Income tax	on		
	the amo	ount on line 34 from:	Tax ra	te schedule or	Schedul	e D (Form 10	41)		▶ 36	3	
37		ax. See instructions								,	
38		ive minimum tax								3	
39	Total. A	dd lines 37 and 38 to lin	e 35c or	36, whichever applies					39	,	
Par		Tax and Payment									
40a	Foreign	tax credit (corporations	attach Fo	orm 1118; trusts attach F	orm 111	6)	40a				
b	Other c	redits (see instructions)				[	40b				
с	Genera	business credit. Attach	Form 380	00 (see instructions)		[	40c				
		or prior year minimum ta									
е	Total cr	edits. Add lines 40a thro	ugh 40d						40	e	
41		t line 40e from line 39 .								1	
42	Other tax	kes. Check if from: Forr	n 4255	Form 8611 Form	n 8697	Form 886	6 🔄 O	ther (attach sched	lule) 42	2	
43	Total ta	x. Add lines 41 and 42				,			43	\$	
44a	Paymer	nts: A 2010 overpayment	credited	to 2011			44a				
b	2011 es	stimated tax payments					44b				
с	Tax dep	osited with Form 8868					44c				
d	Foreign	organizations: Tax paid	or withhe	eld at source (see instruct	ions)		44d				
	•	withholding (see instruct					44e				
f	Credit f	or small employer health	insurand	ce premiums (Attach Forn	n 8941)		44f				
g	Other c	redits and payments:		Form 2439							
		orm 4136							_		
45		<b>ayments.</b> Add lines 44a t	-	-						j	
46		ed tax penalty (see instr								i	
47		. If line 45 is less than t									
48		yment. If line 45 is large				amount overpa	id				
49		e amount of line 48 you want				Othor Info		Refunde		<u> </u>	
Par		Statements Rega									
1		ime during the 2011 ca									Yes No
		: (bank, securities, or othe d Financial Accounts. If `	,	0, 1	•		ve to me		2.1, Rep	SIL OF FOILEIGH	х
2		the tax year, did the orga	-	0			tor of or	transferor to a	foreign t		X
2		see instructions for other				as it the gran		transferor to, a	libreight		
3	-	ie amount of tax-exempt		0		voar 🕨 \$					
		A - Cost of Goods									
1		ry at beginning of year					end of ve	ar	6		
2		es	2								
3		labor	3			•		iter here and			
		al section 263A costs									
		schedule)	4a					section 263A			Yes No
b		osts (attach schedule)	4b					or acquired			
5		dd lines 1 through 4b	5								Х
	Under	penalties of perjury, I declare	that I hav	e examined this return, includ	ling accom	panying schedule	s and state	ements, and to the	best of my	knowledge and b	elief, it is true,
Sigr		t, and complete. Declaration of p	reparer (oth	er tnan taxpayer) is based on all	intormation	n of which prepare	er has any kr	nowledge.	More		this roturn
Here										he IRS discuss he prep <u>arer</u> sh	
		ature of officer		Date		Title			_	ructions)? X Ye	
	•	Print/Type preparer's name	9	Preparer's	signature		Date		Check	if PTIN	
Paid									self-emplo		74499
Prep		Firm's name 🕨 PATT	ISON I	KOSKEY HOWE & B	BUCCI	CPA PC			Firm's EIN	▶ 14-174	6505
Use		Firm's address > 2880	ROUTI	E 9, SUITE #2					Phone no.	518-758	
		VAL	ATIE,	NY 12184						Form 9	90-T (2011)

Page 3

Form 990-T (2011)			NFO, INC.				10 1	:403312 Page		
Schedule C - Rent Incom (see instructions)	e (From Real P	roperty a	nd Personal Prope	erty	Leased W	ith Real Prope	erty)			
1. Description of property										
(1)										
(2)										
(3)										
(4)										
	2. Rent receiv	ved or accru	ied							
(a) From personal property (if the for personal property is more t more than 50%	han 10% but not	percent	From real and personal prop age of rent for personal pro r if the rent is based on pro	perty	exceeds			nnected with the income (attach schedule)		
(1)										
(2)										
(3)										
(4)										
Total		Total				(h) <b>T</b> = (h + h + h + h + h + h + h + h + h + h				
(c) Total income. Add totals of a	columns 2(a) and 2(	b). Enter				(b) Total deduct				
here and on page 1, Part I, line						Part I, line 6, colu	umn (B) 🕨	•		
Schedule E - Unrelated E	Debt-Financed In	ncome (se	ee instructions)							
			2. Gross income from		3. Dec	ductions directly con debt-finance		ected with or allocable to property		
1. Description of d	lebt-financed property		allocable to debt-financed property (attach schedule)			nt line depreciation	iation (b) Other deductio (attach schedule			
(1)										
(2)										
(3)										
(4)										
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	5. Average adjus of or allocat debt-financed (attach sche	ble to property	<b>6.</b> Column 4 divided by column 5		7. Gross ir (column	come reportable 2 x column 6)		Ilocable deductions on 6 x total of columns 3(a) and 3(b))		
(1)				%						
(2)				%						
(3)				%						
4)				%						
Totals				•	Enter here Part I, line	and on page 1, 7, column (A).	Enter h Part I,	nere and on page 1, line 7, column (B).		
Total dividends-received deduc	tions included in co	olumn 8								
Schedule F - Interest, An							uctions)			
		E	xempt Controlled Org	gani	zations			_		
1. Name of controlled organization	2. Employer identification nur		3. Net unrelated income (loss) (see instructions)		5. Part of column included in the corganization's gro		controlling	6. Deductions directly connected with income in column 5		
(1)										
2)										
(3)										
4)										
Nonexempt Controlled Orga	anizations									
7. Taxable Income	8. Net unrelate (loss) (see inst		9. Total of specifie payments made		inclue	art of column 9 that is ded in the controlling zation's gross income	cor	1. Deductions directly nnected with income in column 10		
(1)										

	paymente made	organization's gross income	column 10
(1)			
(2)			
(3)			
(4)			
		Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals	 		

Т

Form 990-T (2011)	PHILIPST	OWN.INFO	, IN	C.				45-4	403312	Page <b>4</b>
Schedule G - Investment In	ncome of a Sec	ction 501(c)	(7), (		nizati	<b>on</b> (see inst	ructi	ons)		
1. Description of income	2. Amount of	income		3. Deductions directly connected (attach schedule)		<b>4.</b> Se (attach			<ol> <li>Total de and set-asie plus c</li> </ol>	des (col. 3
(1)										
(2)										
(3)										
(4)										
	Enter here and Part I, line 9, co								Enter here an Part I, line 9,	
Totals										
Schedule I - Exploited Exe	empt Activity In	come, Othe	r Tha	an Advertising In	com	<b>e</b> (see instru	ctior	is)		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expense directly connected w production unrelated business inco	<i>i</i> ith of	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	fron is r	Gross income n activity that not unrelated iness income		5. Expenses ttributable to column 5	exp (columi column mor	ss exempt enses n 6 minus 5, but not e than mn 4).
(1)										
(2)										
(3)										
(4)										
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and page 1, Part line 10, col. (	: I,		i				on p	nere and age 1, , line 26.
Totals ► Schedule J - Advertising In	Como (ana inatr	votione)								
				data di Darata						
Part I Income From Per	Iodicals Report	ied on a Co	nsoli	dated Basis						
1. Name of periodical	2. Gross advertising income	3. Direct advertising co	osts	<b>4.</b> Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	income		6. Readership costs		costs ( minus co not m	s readership column 6 lumn 5, but ore than mn 4).
(1) ATCH 1										
(2)									-	
(3)									-	
(4)									-	
Totals (carry to Part II line (5))	3,995.	15.1	07.	-11.112.						
Totals (carry to Part II, line (5))         Part II         Income From Pe         2 through 7 on a I	riodicals Repo ine-by-line basis	rted on a S	Sepa	rate Basis (For	each	periodical	liste	d in Part	II, fill in	columns
1. Name of periodical	2. Gross advertising income	3. Direct advertising co	osts	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5.	<ol> <li>5. Circulation income</li> <li>6. Readership costs</li> </ol>		costs ( minus co not m	s readership column 6 lumn 5, but ore than mn 4).	
(1)										
(2)										
(3)										
(4)										
(5) Totals from Part I	3,995.	15,1	07.				· · · · ·			
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 3, 995.	Enter here and page 1, Par line 11, col. ( 15, 1	d on t I (B).						on p	here and bage 1, I, line 27.
Schedule K - Compensatio				Ustees (see instru	Iction	3)				
1. Name				2. Title	3. Percent of time devoted to 4. Comp				ensation attrib	
(1) ATCH 2						business	0/			
							%			
(2) (3)							%			
(3) (4)							%			
Total. Enter here and on page 1, P	Part II line 1/						% ►			
I VIAI. LITTEL HELE AND ON PAGE 1, P	art II, III C 14						. 💌 🗌			

#### 45-4403312

SCHED J - PART I, ADVERTISING INCOME REPORTED ON A	CONSOLIDATED BASIS					
			ATTACHMENT 1			
	2.	3.				7.
	GROSS	DIRECT	4.	5.	б.	EXCESS
1.	ADVERTISING	ADVERTISING	ADVERTISING	CIRCULATION	READERSHIP	READERSHIP
NAME OF PERIODICAL	INCOME	COSTS	GAIN OR LOSS	INCOME	COSTS	COSTS
ADVERTISING INCOME	3,995.	15,107.				
COLUMN TOTALS	3,995.	15,107.				

ATTACHMENT 1

____

ATTACHMENT 2

#### SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS <u>PERCENT</u>	COMPENSATION
GORDON STEWART 27 CHAPMAN ROAD GARRISON, NY 10524	CHAIRMAN	0	0
VLAD MUZESKY 36 PECK SLIP 5A NEW YORK, NY 10038	DIRECTOR	0	0
JOHN SPAGNUOLO 12 KEARNEY STREET LYNDHURST, NJ 07071	DIRECTOR	0	0

TOTAL COMPENSATION

_____0