Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury

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

		nue Servic											
A F	or th	e 2012	cale	ndar year, or t	ax year beg	ginning	()7/01 ,2012	, and end	ling		06/30, 20 13	<u> </u>
.	heck if ap	[C Nam	e of organization							D Employer iden	tification number	
	_ '	L	PH	ILIPSTOWN.	INFO, IN	C.					45-44033	312	
	Addre	ess je	Doin	g Business As									
	Name	change	Nun	ber and street (or I	P.O. box if mail	is not delivered	to street add	dress)	Room/suit	е	E Telephone nun	nber	
	Initial	return	69	MAIN STRE	ET						(845) 809	-5584	
	Term	nated	City	town or post office,	, state, and ZIP	code							
	Amer		CO	LD SPRING,	NY 1051	6					G Gross receipts	\$ 33	0,678.
	return Applie	cation		ime and address of			TINE B	OCKELMANN	I NORRT	S	H(a) Is this a group		
	_ pendi	ng		MAIN STRE						~	affiliates? H(b) Are all affiliates	\vdash	<u> </u>
	Tay-ey	empt stat		X 501(c)(3)	501(c) (sert no.)	4947(a)(1)	or	 527	1 ` ′	a list. (see instructions	
				IPSTOWN.IN) 🖣 (III	Sert IIO.)	4947 (a)(1)	01	321	1		
_						A : - 4:	0.11		1. 1/		H(c) Group exemption		- NTXZ
		-		X Corporation	Trust	Association	Other		L Yea	r of forma	tion: 2010 M St	tate of legal domicil	e: NY
Pa	rt I		mary										
	1	•		be the organizat		•							
ė				DE FAIR, O									
au				ZENS OF OU				R WEBSITE	E, PHII	IPSTO	WN.INFO,		
ērn		AND_	IN C	UR PRINT E	DITION,	THE PAPE	R.						
Governance				-	-		•				6 of its net assets.		
⋖ర	3	Numbe	r of v	oting members of	f the governir	ng body (Part \	/I, line 1a)					3	3.
ies	4	Numbe	r of ir	dependent voting	g members o	f the governin	ig body (Pa	art VI, line 1b)				4	3.
Activities	5	Total n	umbe	r of individuals er	mployed in ca	alendar year 20	012 (Part '	/, line 2a)			!	5	0
Act				r of volunteers (es								6	3.
-	7a	Total u	nrelat	ed business rever	nue from Part							'a 5	3,574.
				d business taxabl									2,762.
							,				Prior Year	Current	
	8	Contrib	ution	s and grants (Part	t \/III line 1h\						230,600		7,104.
ne	9										230,000	0	7 7 2 0 1 1
Revenue		Investo	11 561	vice revenue (Part	viii, iiile 29)		7 ₄ \			•		0	
æ	10			ncome (Part VIII,							2 005	9	2 574
	11			ie (Part VIII, colu							3,995		3,574.
	12			e - add lines 8 th							234,595		0,678.
				imilar amounts pa								0	
	14			to or for membe								0	0
es				er compensation								0	0
Expenses	16a	Profess	sional	fundraising fees ((Part IX, colur	nn (A), line 11	e)					0	0
×	b	Total fu	ındrai	sing expenses (Page 1975)	art IX, column	(D), line 25) J	>		_0	_			
	17	Other 6	expen	ses (Part IX, colu	mn (A), lines	11a-11d, 11f-2	24e)				225,045		8,003.
	18	Total e	xpens	es. Add lines 13-	-17 (must equ	ıal Part IX, colu	umn (A), li	ne 25)			225,045	32	8,003.
	19	Revenu	ie les	s expenses. Subt	ract line 18 fr	om line 12	<u></u>		<u> </u>		9,550).	2,675.
s or	20 21 22									Begir	nning of Current Yea	ar End of Y	ear
sets	20	Total a	ssets	(Part X, line 16)						. L	9,550).	2,225.
AS dB	21			es (Part X, line 26)						_		0	0
E SE	22			r fund balances.							9,550). 1	2,225.
Pa	rt II	Sig	natur	e Block								•	
				. I doclare that I k		this return incl	uding acco	mpanying sched	ules and sta	tements,	and to the best of n	ny knowledge and	belief, it is
Und	der pei	nalties of	perjur	y, i ueciale iliai i i	nave examined	tino rotaini, moi		formation of wh	ich preparer	has any k	nowledge.		
true	der pei e, corre	nalties of ect, and c	perjur omple	e. Declaration of pr	eparer (other th	an officer) is ba	sed on all i	nonnation of win	ion proparoi				
true	der per e, corre	nalties of ect, and c	perjur omple	e. Declaration of pr	eparer (other th	an officer) is ba	sed on all i	normation of will	ion proparoi				
true	e, corre	ect, and c	omple	e. Declaration of pr	eparer (other th	ian officer) is ba	sed on all i	normation of wil	топ рторагог		Date		
true Sig	n corre	ect, and c	omple	e. Declaration of pr	nave examined reparer (other th	an officer) is ba	sed on all i	normation of win	ion proparoi		Date		
true Sig	n corre	ect, and c	ignatu	e. Declaration of pr	eparer (other th	an officer) is ba	sed on all i	normation of with	ion propuloi		Date		
true	n corre	ect, and c	ignatu ype or	e. Declaration of pr re of officer print name and title	eparer (other th	an officer) is ba		normation of with				, PTIN	
true Sig	n re	ect, and c	ignatu ype or	e. Declaration of pr	eparer (other th	Preparer's s		ioniator or wi	Date		Check if		400
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Sig Hei Paic Prej Use	n re I parer	ect, and c	ignatu ype or ype pr	e. Declaration of proceedings of proceedings of the print name and title eparer's name	N KOSKEY	Preparer's s HOWE & UITE #2	ignature BUCCI VALATI	CPA PC E, NY 121	Date 84		Check if self-employed Firm's EIN ▶ 1 Phone no. 5	P00874	

Pa		nt of Program Service A Schedule O contains a re			X
1		ne organization's mission	_ · · · · · · · · · · · · · · · · · · ·		
2	prior Form 990 o		icant program services during the		Yes X No
3	Did the organiza	ation cease conducting,	or make significant changes in		Yes X No
4	If "Yes," describe Describe the org expenses. Sectio	these changes on Sched ganization's program ser n 501(c)(3) and 501(c)(ule O. vice accomplishments for each o	f its three largest program services eport the amount of grants and allo	
	(Code:) (Expenses \$	_{272 174} including grants of \$) (Revenue \$)
			ON WITHOUT BIAS TO THE LO		
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
					,
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d		ervices (Describe in Sche	•		
4e		including gra ervice expenses ►		ue \$)	

Form 990 (2012)

Part IV Page 3

Part	t IV Checklist of Required Schedules			
	<u> </u>		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	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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)			
	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? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			3.5
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	_		Х
4.0	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Λ
10	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,	10		Λ
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>			
а	complete Schedule D, Part VI	11a		Х
h	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		Х
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	446		Х
1 5	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		Λ
15	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	13		21
. 0	to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	V 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		Х
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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24a		Х
	through 24d and complete Schedule K. If "No," go to line 25.	24a		- 1
D	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	04-		
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	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		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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	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		Х
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? <i>If "Yes," complete Schedule N,</i>			
٠.	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
32	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		- 21
34	or IV, and Part V, line 1	34		Х
25.0	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
35 a		SSA		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			3.7
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance 14 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ________1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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 . 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Χ **b** If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial Χ **b** If "Yes," enter the name of the foreign country: ▶ ______ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Χ b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ 7a and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с Χ Χ 7e e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Χ 7<u>g</u> g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? Χ h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? **b** Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 10a a 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 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Χ **14a** Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

JSA 2E1040 1.000 Page 6

Form 990 (2012) PHILIPSTOWN.INFO, INC. Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х 2 any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . X 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... Χ 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body?...... 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X 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.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	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," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
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 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				
	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			
	organization's exempt status with respect to such arrangements?	16h		

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

| X | Upon request

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,

Other (explain in Schedule O)

List the states with which a copy of this Form 990 is required to be filed ▶_NY,

Another's website

available for public inspection. Indicate how you made these available. Check all that apply.

Form **990** (2012)

17

18

19

Section C. Disclosure

Own website

Form 990 (2012) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Independent Contractors**

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any	box,	unle	Pos heck ss pe	rson	e than c is both tor/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations	_
_(1) GORDON STEWARTCHAIRMAN	30.00	Х		Х				0	0		_0
(2) VLAD MUZESKY DIRECTOR	2.00	Х						0	0		0
(3) JOHN SPAGNUOLO DIRECTOR	2.00	X						0	0		_ 0
_(4)											_
_(5)											_
<u>(6)</u>											_
											_
(8)											
<u>(9)</u>											_
(10)											_
(11)											_
(12)											_
(13)											_
(14)											_
											_

Form **990** (2012)

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Form 990 (2012)	ustasa Ka	E				l	امال	haat Campanast	ad Empley			Page 8
Part VII Section A. Officers, Directors, Tr		y ⊨m	ıpıc			and F	ııg			rees (c		
(A) Name and title	Average hours per week (list any hours for	box,	unle:	Pos heck ss pe	erson direct	e than o is both or/trust	an ee)	(D) Reportable compensation from the	Reporta compensation related organizat	on from d	Esti amo o comp	(F) mated punt of ther ensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	orga and	m the nization related nizations
	 	-										
1b Sub-total c Total from continuation sheets to Part VII, S	ection A						* * *	0		0		0 0
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but not reportable compensation from the organizatio 	limited to t		liste			e) who	o re	ceived more than	\$100,000 d			
-												Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											3	Х
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	ortab \$15	le (50,0	om 00?	pen P <i>If</i>	satior <i>"Ye</i> s	n aı s,"	nd other compens complete Schedu	sation from le <i>J for</i> s	the such	4	X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5	Х
Section B. Independent Contractors												
 Complete this table for your five highest com- compensation from the organization. Report of year. 												
(A) Name and business add	dress							(B) Description of se	ervices	С	(C) ompensa	ation
							+					

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

ment of	Revenue
Ì	ment of

		Check if Schedule O contains a respon	nse to any quest	ion in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	g	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above . 1f Noncash contributions included in lines 1a-1f: \$	277,104.				
	h	Total. Add lines 1a-1f		277,104.			
Program Service Revenue	2a b c d		Business Code				
Progr	f	All other program service revenue					
<u> </u>	3	Total. Add lines 2a-2f	est, and	0			
	4	Income from investment of tax-exempt bond p		0			
	5	Rovalties		0			
	6a b c	Gross rents	(ii) Personal				
	d	Net rental income or (loss)		0			
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(ii) Other				
	d	Net gain or (loss)	▶	0			
Other Revenue	8a b	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b					
₹	С	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses					
	10a	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances a		0			
	b c	Less: cost of goods sold		0			
	4.			F2 F84		E2 584	
	11a b	ADVERTISING REVENUE	541800	53,574.		53,574.	
	c d	All other revenue					
	e	Total. Add lines 11a-11d		53,574.			
	12	Total revenue. See instructions		330,678.		53,574.	

Part IX Statement of Functional Expenses

			rganizations must com	

	Check if Schedule O contains a resp	donse to any question i	II II II IS FAIL IA		<u>X</u>
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21 $$.	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	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	Legal	-			
	Accounting	0			
	Lobbying	0			
	Professional fundraising services. See Part IV, line 17	0			
	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column	229,965.	183,972.	45,993.	
40	(A) amount, list line 11g expenses on Schedule O.) ATCH 2	229,965.	103,972.	45,993.	
12	Advertising and promotion	7,359.	3,691.	3,668.	
13	Office expenses	14,899.	14,899.	3,000.	
14 15	Information technology	14,000.	14,000.		
15 16	Royalties	19,354.	15,483.	3,871.	
17	Occupancy	0	13,103.	3,071.	
18	Travel				
10	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20		0			
21	Interest	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	2,260.	1,808.	452.	
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.)				
а	BANK FEES	433.		433.	
	MISCELLANEOUS	2,983.	1,571.	1,412.	
	PRINTING EXPENSE	50,750.	50,750.		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	328,003.	272,174.	55,829.	
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)	0			

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Part X Balance Sheet

. «		Objects & Oak and the Oassatsine a management and assatsing in this Day	4 V		
		Check if Schedule O contains a response to any question in this Par			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	9,550.	1	12,225.
	2	Savings and temporary cash investments	O		0
	3	Pledges and grants receivable, net	O	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0	5	0
	6				
		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			
S		organizations (see instructions). Complete Part II of Schedule L	0	_	0
Assets	7	Notes and loans receivable, net	0	-	0
As	8	Inventories for sale or use	0		0
	9	Prepaid expenses and deferred charges	С	9	0
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D			
		Less: accumulated depreciation	0	10c	0
	11	Investments - publicly traded securities		11 12	0
	12 13	Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11		13	0
	14		0	_	0
	15	Intangible assets Other assets. See Part IV, line 11	0		0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	9,550.		12,225.
	17	Accounts payable and accrued expenses		17	0
	18	Grants payable	0	_	0
	19	Deferred revenue	O		0
	20	Tax-exempt bond liabilities	0	20	0
Sé	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
Liabilities	22	Loans and other payables to current and former officers, directors,			
abi		trustees, key employees, highest compensated employees, and			
		disqualified persons. Complete Part II of Schedule L	0		0
	23	Secured mortgages and notes payable to unrelated third parties	0		0
	24	Unsecured notes and loans payable to unrelated third parties.	0	24	0
	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	0
_	26		0	26	U
es		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	9,550.	27	12,225.
Bal	28	Temporarily restricted net assets	O	28	0
pu	29	Permanently restricted net assets	0	29	0
Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
its	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t A	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	9,550.	33	12,225.
	34	Total liabilities and net assets/fund balances	9,550.	34	12,225.

Part	XI Reconciliation of Net Assets					<u></u>	
	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			30,6	578.	
2	Total expenses (must equal Part IX, column (A), line 25)	2		3	28,0	003.	
3	Revenue less expenses. Subtract line 2 from line 1	3			2,6	575.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			9,!	550.	
5	Net unrealized gains (losses) on investments	5		0			
6	Donated services and use of facilities	6		0			
7							
8	Prior period adjustments	8				0	
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10			12,2	225.	
Part							
	Check if Schedule O contains a response to any question in this Part XII						
					Yes	No	
1	1 Accounting method used to prepare the Form 990: X Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
0-	Schedule O.						
Za	Were the organization's financial statements compiled or reviewed by an independent accountant?	ا و الم		2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were con reviewed on a separate basis, consolidated basis, or both:	ipiied	OI				
_	Separate basis Consolidated basis Both consolidated and separate basis			2b		Х	
b	Were the organization's financial statements audited by an independent accountant?			20			
	If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both:	ied o	n a				
	Separate basis, Consolidated basis, Or Both. Separate basis Consolidated basis Both consolidated and separate basis						
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	iaht					
C	of the audit, review, or compilation of its financial statements and selection of an independent account	-	,	2c			
	If the organization changed either its oversight process or selection process during the tax year, e						
	Schedule O.	λριαιι	1 111				
32	As a result of a federal award, was the organization required to undergo an audit or audits as se	forth	n in				
Ja	the Single Audit Act and OMB Circular A-133?	. 10111		3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao	the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		0	3b			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of the organization

Employer identification number

PH.	ГГТЬ	STOWN.INFO, II	NC.							45-	-440	331Z		
Pa	rt I	Reason for Pub	lic Charity Status	s (All organizations mu	ist con	nplete	this pa	art.) Se	e instr	uctions				
The	orga	nization is not a priv	ate foundation bed	cause it is: (For lines 1 th	rough	11, che	ck only	one bo	x.)					
1		A church, convention	on of churches, or	association of churches	describ	ed in s	ection	170(b)(1)(A)(i)					
2		A school described	l in section 170(b)	(1)(A)(ii). (Attach Schedul	e E.)									
3		A hospital or a coo	perative hospital s	service organization descri	ibed in	sectio	n 170(b)(1)(A)	(iii).					
4		A medical research	h organization op	erated in conjunction wi	ith a h	ospita	l descr	ibed in	sectio	n 170(b)(1)(۸)(iii).	Enter	the
		hospital's name, cit	y, and state:	,						·				
5		•		nefit of a college or univ	ersity	owned	or ope	erated l	oy a go	vernme	ntal u	ınit des	cribe	ed in
		section 170(b)(1)(/		-			·							
6				or governmental unit des	cribed	in sect	ion 170	(b)(1)(A)(v).					
7	Х		-	es a substantial part of it						it or fro	om th	e aene	ral p	ublic
		described in section		·			. 3					3		
8				on 170(b)(1)(A)(vi). (Com	nplete F	Part II.)								
9	П			es: (1) more than 331/3%	•		rt from	contrib	outions.	membe	ership	fees. a	and c	ıross
		_	-	exempt functions - sub							-		_	
		· ·		ome and unrelated busi			-							
				ne 30, 1975. See section				-			,			
10				ted exclusively to test for			-).				
11	П	-	-	rated exclusively for the		-				-	or t	o carry	/ out	the
			-	apported organizations de			-					-		
				es the type of supporting										
		a Type I	b Type II	c Type III-Function						I-Non-fu			egra	ted
е				the organization is not	-	_						•	_	
		-	-	gers and other than one			-		-	-			-	
		509(a)(1) or sectio		g-10			,							
f				n determination from th	e IRS	that it	is a T	vpe I. T	Type II.	or Type	e III s	support	ina	
		organization, check					.0	,,,,,,	,,,,,	o , p.		ларроп	9	
g		-		nization accepted any gift	t or coi	ntributi	on from	any of	the				'	
ž	,	following persons?	ooo, nao ino orga	inzation accepted any gin	. 01 001			. arry or						
			directly or indire	ectly controls, either alor	ne or t	oaethe	er with	person	s desc	ribed in	(ii)		Yes	No
		• • • • • • • • • • • • • • • • • • • •	-	dy of the supported organ		-		p0.00.	.0 0000		(,	11g(i)		
				scribed in (i) above?								11g(ii)		
			•	son described in (i) or (ii) a	hove?							11g(iii)		
h				out the supported organization								5()		
		ame of supported	(ii) EIN	(iii) Type of organization	1	ls the	(v) Did v	ou notify	(vi)	s the	(vii)	Amount o	f mon	otan/
		organization	(11) = 111	(described on lines 1-9	organi	zation in	, , ,	anization		zation in	(*")	suppo		ctary
				above or IRC section (see instructions))	your go	listed in overning		. (i) of upport?		rganized U.S.?				
				(See msiructions))	Yes	No	Yes	No	Yes	No				
					103	-110	103	110	103	110				
(A)														
(B)														
														
(C)														
(D)														
(E)														
Tot	al													

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 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						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	171,888.	230,600.	277,104.	679,592.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3			171,888.	230,600.	277,104.	679,592.
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						666,000.
6	Public support. Subtract line 5 from line 4.						13,592.
	tion B. Total Support	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
_	, , , , , , , , , , , , , , , , , , , ,	(a) 2000	(b) 2003	` ,	` ,	. ,	
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			171,888.	230,600.	277,104.	679,592.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11	Total support. Add lines 7 through 10						679,592.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is f organization, check this box and stop here	or the organizat	tion's first, secon	d, third, fourth,	or fifth tax yea	ar as a section	
Sec	tion C. Computation of Public Sup	port Percenta	ige				
14	Public support percentage for 2012 (li	ne 6, column (f) divided by line	11, column (f))		14	<u>%</u>
15	Public support percentage from 2011					15	<u>%</u>
16a	331/3% support test - 2012. If the o	_					
	this box and stop here . The organizati						
b	331/3% support test - 2011. If the o						
	check this box and stop here. The org	•					
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	•
	Part IV how the organization meets t			•			ipported
	organization						🏲 🗀
b	10%-facts-and-circumstances test - :		_				
	15 is 10% or more, and if the organization						-
	Explain in Part IV how the organization				_	-	
40	supported organization						▶ □
18	Private foundation. If the organization						
	instructions						<u> </u>

Schedule A (Form 990 or 990-EZ) 2012

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.)

Sec	tion A. Public Support				<u>'</u>	,	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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						
7 a	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						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10 a	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						
С	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 year a	as a section 501	(c)(3)
	organization, check this box and stop here						▶ 🔃
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2012 (line 8,					15	<u></u>
16	Public support percentage from 2011 Sche					16	%_
Sec	tion D. Computation of Investmen					T T	
17	Investment income percentage for 2012 (lin					17	<u>%</u>
18	Investment income percentage from 2011					18	<u>%</u>
19 a	331/3% support tests - 2012. If the org	-					
	17 is not more than 331/3%, check this		_				
b	331/3% support tests - 2011. 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 19b	o, check this b	ox and see instr	uctions >

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SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

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

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,

ARE BELIEVED TO HAVE 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 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.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

PHILIPSTOWN.INFO, IS COMMITTED TO PROVIDING FAIR, OBJECTIVE, AND HIGH-QUALITY NEWS AND INFORMATION TO THE CITIZENS OF OUR COMMUNITY ON 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

Name of the organization
PHILIPSTOWN.INFO, INC.
Employer identification number
45-4403312

ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

CULTURE AND HERITAGE OF NEW YORK'S HUDSON VALLEY-AND TO DO SO WITHOUT FEAR OR FAVOR.

ATTACHMENT 2

FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
EDITING EXPENSE	161,896.	129,517.	32,379.	
REPORTING/WRITER EXPENSE	6,975.	5,580.	1,395.	
PHOTOGRAPHY EXPENSE	1,540.	1,232.	308.	
OTHER CONTRACTOR EXPENSE	59,554.	47,643.	11,911.	
TOTALS	229,965.	183,972.	45,993.	

Form	990-T	Exemp	ot Organization	Business In	com	e Tax Return (and proxy	tax under section	1 6033(e))	OMB No	<u>a 4 n</u>
			For calendar year 20			•		/01 , 2012, and	` ''	2	୬12
	ment of the Treasury I Revenue Service			06/30, 20 13				nstructions.		Open to Pu 501(c)(3) O	blic Inspection for rganizations Only
\Box	Check box if		Name of organization	Check be	ox if na	ne changed and see	instruction	ıs.)		oyer identific	ation number
•	address changed								(Emplo	oyees' trust, see	instructions.)
3 Exe	mpt under section		PHILIPSTOW	N.INFO, I	NC.						
X	501(C <u>)(3</u>)	Print	Number, street, and	room or suite no. I	lf a P.O	. box, see instruction	s.		45-4	403312	
	408(e) 220(e)	or Type									s activity codes
	408A 530(a)		69 MAIN ST	REET					(see in	structions.)	
	529(a)		City or town, state, ar	nd ZIP code							
	k value of all assets		COLD SPRIN	G, NY 105	16				5418	00	
at e	nd of year	F Gro	up exemption numb	er (see instructi	ions)	>					
	12,225.	G Che	eck organization type	• ► X 501	(c) co	rporation	501(c	trust	401(a)	trust	Other trust
H De	escribe the organiz	zation's p	rimary unrelated bus	siness activity.	➤ AD	VERTISING I	REVENU	E			
Dι	uring the tax year,	was the	corporation a subsi	diary in an affil	iated g	roup or a parent-s	ubsidiary (controlled group?		▶∟	Yes X No
lf '	"Yes," enter the na	ame and	identifying number	of the parent co	rporati	on. 🕨					
J Th	e books are in care	e of 🕨	CHRISTINE BO	CKELMANN	NORI	RIS	Telephor	ne number 🕨 8	45-809	-5584	
Par	t I Unrelated	Trade o	or Business Inc	ome		(A) Incon	пе	(B) Exper	nses	(C) Net
1 a	Gross receipts or s	sales									
b	Less returns and allowa	ances		c Balance ▶	1c						
2	Cost of goods sol	ld (Sched	ule A, line 7)		2						
3			2 from line 1c		3						
4a			ttach Schedule D)		4a						
b			Part II, line 17) (attach		4b						
С	Capital loss dedu	ction for t	trusts		4c						
5			ps and S corporations (5						
6					6						
7			come (Schedule E)		7						
8			ties, and rents fr								
•					8						
9			section 501(c)(7)								
3					9						
10			ncome (Schedule I)		10						
11			dule J)		11	53	,574.	8	86,336.		-32,762
12			ctions; attach stateme		12	33	7371.		, , , , , , , , ,		32,702
13			ough 12		13	53	,574.	8	86,336.		-32,762
	Total. Combine in						-				
	t II Doduction	ne Nati			uctio		יווס טוו כ		SACEPLIC		ilioris,
	t Deduction				ho u		occ inco		•		
Par	deduction	s must	be directly con	nected with t		related busin		ome)			
Par	deduction Compensation of	ns must officers,	be directly condirectors, and truste	nected with t es (Schedule K)		nrelated busin		ome)	. 14		
Par 14 15	deduction Compensation of Salaries and wage	ns must officers, es	be directly condirectors, and truste	nected with t es (Schedule K)		nrelated busin		ome) 	14		
Par 14 15 16	deduction Compensation of Salaries and wage Repairs and main	officers, es etenance	be directly conditional directors, and truste	nected with t es (Schedule K)		nrelated busin		ome)	. 14 . 15 . 16		
Par 14 15 16	deduction Compensation of Salaries and wage Repairs and main Bad debts	officers, es atenance	be directly conditional directors, and truste	nected with t		nrelated busin		ome)	14 15 16 17		
Par 14 15 16 17	deduction Compensation of Salaries and wage Repairs and main Bad debts Interest (attach st	officers, es tenance tatement)	be directly condinated directors, and truste	nected with t		nrelated busin		ome)	14 15 16 17		
Par 14 15 16 17 18	deduction Compensation of Salaries and wage Repairs and main Bad debts Interest (attach st Taxes and license	officers, es attenance tatement)	be directly condirectors, and truste	nected with t		nrelated busin		ome)	14 15 16 17 18		
Par 14 15 16 17 18 19	deduction Compensation of Salaries and wage Repairs and main Bad debts Interest (attach st Taxes and license Charitable contrib	officers, es attenance tatement) es outions (s	directors, and truste	nected with tes (Schedule K)		nrelated busin		ome)	14 15 16 17 18		
Par 4 5 6 7 8 9 20	deduction Compensation of Salaries and wage Repairs and main Bad debts Interest (attach st Taxes and license Charitable contrib Depreciation (atta	officers, es utenance tatement) es outions (s ach Form	directors, and truste	nected with tes (Schedule K)		nrelated busin		ome)	14 15 16 17 18 19		
Par 14 15 16 17 18 19 20 21	deduction Compensation of Salaries and wage Repairs and main Bad debts Interest (attach st Taxes and license Charitable contrib Depreciation (atta Less depreciation	officers, es itenance tatement) es putions (seach Form	directors, and truste	nected with the es (Schedule K) imitation rules) elsewhere on re	eturn	nrelated busin		ome)	14 15 16 17 18 19 20		
Par 4 5 6 7 8 9 20 21 22 23	deduction Compensation of Salaries and wage Repairs and main Bad debts Interest (attach st Taxes and license Charitable contrib Depreciation (atta Less depreciation Depletion	officers, es stenance tatement) es putions (seach Form	directors, and truste	nected with the es (Schedule K) imitation rules) elsewhere on re	eturn	nrelated busin	11 22	ome)	14 15 16 17 18 19 20		
Par 4 5 6 17 18 19 20 21 22 23	deduction Compensation of Salaries and wage Repairs and main Bad debts Interest (attach st Taxes and license Charitable contrib Depreciation (atta Less depreciation Depletion Contributions to contributions to contributions	officers, es attended to claimed deferred of	directors, and truste	nected with the sest (Schedule K) in the second sec	eturn	nrelated busin		ome)	14 15 16 17 18 19 20 23 23		
Par 4 5 6 17 8 9 20 21 22 23 24	deduction Compensation of Salaries and wage Repairs and main Bad debts Interest (attach st Taxes and license: Charitable contrib Depreciation (atta Less depreciation Depletion Contributions to c Employee benefit	officers, es attenance statement) es outions (sach Form of claimed deferred of programs	directors, and truste	nected with the sest (Schedule K)	eturn	related busin	2a	ome)	14 15 16 17 18 19 20 23 24 25		
Par 4 5 6 17 8 19 20 21 22 23 24 25 26	deduction Compensation of Salaries and wage Repairs and main Bad debts Interest (attach st Taxes and licenses Charitable contrib Depreciation (atta Less depreciation Depletion Contributions to co Employee benefit Excess exempt ex	officers, es attenance statement) es coutions (statement of claimed deferred of programs spenses (\$	directors, and truste	nected with the es (Schedule K)	eturn	nrelated busin		ome)	14 15 16 17 18 19 20 20 23 24 25 26		
Par 4 5 6 17 8 19 20 21 22 23 24 25 26	deduction Compensation of Salaries and wage Repairs and main Bad debts Interest (attach st Taxes and licenses Charitable contrib Depreciation (atta Less depreciation Depletion Contributions to c Employee benefit Excess exempt ex Excess readership	officers, es attenance tatement) es outions (seach Form or claimed temporaries programs spenses (So costs	directors, and truste	nected with the es (Schedule K) imitation rules) elsewhere on re	eturn	nrelated busin		ome)	14 15 16 17 18 19 20 23 24 25 26 27		
Par 4 5 6 6 7 18 8 9 9 20 21 22 23 24 22 5 26 6 27	deduction Compensation of Salaries and wage Repairs and main Bad debts Interest (attach st Taxes and licenses Charitable contrib Depreciation (attach Less depreciation Depletion Contributions to contributions t	officers, es attenance tatement) es outions (seach Form of claimed deferred of programs openses (\$0 costs (\$) (attach \$0 costs (\$) (\$) (\$) (attach \$0 costs (\$) (\$) (\$) (\$) (\$) (\$) (\$) (\$) (\$) (\$)	directors, and truste	nected with the es (Schedule K) imitation rules) elsewhere on re	eturn	nrelated busin	22	ome)	14 15 16 17 18 19 20 23 24 25 26 27		
Par 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	deduction Compensation of Salaries and wage Repairs and main Bad debts Interest (attach st Taxes and license: Charitable contrib Depreciation (atta Less depreciation Depletion Contributions to c Employee benefit Excess exempt ex Excess readership Other deductions Total deductions	officers, es attenance tatement) es outions (seach Form of claimed deferred of programs spenses (\$ 0 costs (\$ 6 (attach seach Add line)	directors, and truste directors, and trusted direct	nected with the set (Schedule K) imitation rules) elsewhere on received.	eturn	related busin	11 22a	ome)	22b 22b 22b 23 24 25 26 29		
Par 14 15 16 17 18 19 20 21 22 22 23 24 25 26 27 28 29	deduction Compensation of Salaries and wage Repairs and main Bad debts Interest (attach st Taxes and license: Charitable contrib Depreciation (atta Less depreciation Depletion Contributions to c Employee benefit Excess exempt ex Excess readership Other deductions Total deductions. Unrelated busines	officers, es attenance tatement) es outions (seach Form of claimed deferred (seach seach s	directors, and truste directors, and trusted directo	nected with the set (Schedule K) imitation rules) elsewhere on received to operating loss	eturn	ction. Subtract line	11 22a	ome)	22b 22b 22b 23 24 25 26 29		-32,762
Par 14 15 16 17 18 19 20 21 22 22 23 24 25 26 27 28 29 80	deduction Compensation of Salaries and wage Repairs and main Bad debts Interest (attach st Taxes and license: Charitable contrib Depreciation (atta Less depreciation Depletion Contributions to c Employee benefit Excess exempt ex Excess readership Other deductions Total deductions. Unrelated busines	officers, es attenance tatement) es outions (seach Form of claimed deferred (seach seach s	directors, and truste directors, and trusted direct	nected with the set (Schedule K) imitation rules) elsewhere on received to operating loss	eturn	ction. Subtract line	11 22a	ome)	22b 22b 22b 23 24 25 26 29		
Par 14 15 16 17 18 19 20 21 22 22 23 24 25 26 27 28 29 30 31	deduction Compensation of Salaries and wage Repairs and main Bad debts Interest (attach st Taxes and license: Charitable contrib Depreciation (atta Less depreciation Depletion Contributions to c Employee benefit Excess exempt ex Excess readership Other deductions. Unrelated business	officers, es	directors, and truste directors, and trusted directo	nected with the search (Schedule K) imitation rules) elsewhere on receive to operating loss mount on line 30	eturn	related busin	2a 29 from	ome)	22b 22b 22b 23 24 25 26 27 28 29 30 31		
	deduction Compensation of Salaries and wage Repairs and main Bad debts Interest (attach st Taxes and licenses Charitable contrib Depreciation (atta Less depreciation Depletion Contributions to c Employee benefit Excess exempt ex Excess readership Other deductions Unrelated busines Unrelated busines	officers, es attenance tatement) es outions (seach Form or claimed deferred of programs spenses (Seach Seach	directors, and truste directors, and trusted directo	nected with the es (Schedule K) is (Schedule K) imitation rules) elsewhere on residual to the control of the	eturn s dedu n. Subt	related busing 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2a 29 from	ome)	22b 22b 23 24 25 26 27 28 29 30 31		-32,762
Par 14 15 16 17 18 19 20 21 22 23 24 22 25 26 27 28 29 30 31 32	deduction Compensation of Salaries and wage Repairs and main Bad debts Interest (attach st Taxes and licenses Charitable contrib Depreciation (atta Less depreciation Depletion Contributions to c Employee benefit Excess exempt ex Excess readership Other deductions Total deductions Unrelated busines Unrelated busines Specific deductions	officers, es attenance tatement) is outions (seach Form a claimed deferred of programs spenses (Seach Seach	directors, and truste	nected with the es (Schedule K) is (Schedule K) imitation rules) elsewhere on receive the operating loss mount on line 30 ecific deductions in instructions.	eturn s dedu 0) n. Subt	ction. Subtract line ract line 31 from lip or exceptions)	2a 29 from	ome)	22b 22b 23 24 25 26 27 28 29 30 31		-32,762 -32,762 1,000

Page 2

Par	Ш	Tax Computation						
35		zations taxable as corporations (se			tion). Controlled gr	oup		
		rs (sections 1561 and 1563) check here						
	(1)\$	our share of the \$50,000, \$25,000, and (2)		(3) \$				
b	Enter or	ganization's share of: (1) Additional 5% tax (not more than \$100,000)	ot more than \$1	1,750)	\$ \$			
С	Income	tax on the amount on line 34				▶ 35c		
36	Trusts				on). Income tax			
	the amo	ount on line 34 from: Tax rate schedule	or Sch	edule D (Form 1041)	. ▶ 36		
		ax (see instructions)						
	Alternat	ive minimum tax				38		
39 Por		dd lines 37 and 38 to line 35c or 36, whichever Tax and Payments	ver applies	<u> </u>		39		
		tax credit (corporations attach Form 1118; tr	usts attach Form	1116) 40	12			
	-	redits (see instructions)						
		business credit. Attach Form 3800 (see instru						
		or prior year minimum tax (attach Form 8801						
		edits. Add lines 40a through 40d		· · · · · · · · · · · · · · · · · · ·		40e		
41		t line 40e from <u>line 3</u> 9						
42		kes. Check if from: Form 4255 Form 861						
43	Total ta	x. Add lines 41 and 42				43		C
44 a	Paymen	its: A 2011 overpayment credited to 2012 .		44	ła 💮			
b	2012 es	stimated tax payments		44	b			
С	Tax dep	osited with Form 8868		<u>44</u>	łc			
	_	organizations: Tax paid or withheld at source						
		withholding (see instructions)						
		or small employer health insurance premiums	`	,	lf			
g		redits and payments:	2439					
		orm 4136 Other						
		ayments. Add lines 44a through 44g						
46		ed tax penalty (see instructions). Check if For						
47		e. If line 45 is less than the total of lines 43 are yment. If line 45 is larger than the total of line						
48 49		e amount of line 48 you want: Credited to 2013 esti		iter amount overpaid	Refunde			
Part	_	Statements Regarding Certain		d Other Inforr		7.5		
		ime during the 2012 calendar year, did the c					a financial	Yes No
	•	(bank, securities, or other) in a foreign country	•		•	-		
	Bank an	d Financial Accounts. If "Yes," enter the name	of the foreign co	untry here ►				X
2	During t	the tax year, did the organization receive a dis	stribution from,	or was it the granto	r of, or transferor to, a	a foreign trus	t?	Х
	If "Yes,"	see instructions for other forms the organizati	ion may have to t	ile.				
3		e amount of tax-exempt interest received or a		•				
Sch		A - Cost of Goods Sold. Enter met	hod of invento	•				
1		ry at beginning of year . 1			d of year			
2	Purchas			_	ds sold. Subtract			
3		labor 3			5. Enter here and			
4 a		all section 263A costs				· · · · · · · · · · · · · · · · · · ·		/ N-
_		statement) 4a			of section 263	`		Yes No
		osts (attach statement) 4b dd lines 1 through 4b 5			uced or acquired ion?			X
<u> </u>		penalties of perjury, I declare that I have examined this	s return, including a					
Sign	correc	t, and complete. Declaration of preparer (other than taxpayer						
Here							IRS discuss t	
		ature of officer	Date	Title		(see instruct	ions)? X Yes	No
		Print/Type preparer's name	Preparer's sign	ature	Date	Check if	PTIN	
Paid						self-employed		4499
Prep		Firm's name ▶ PATTISON KOSKEY H	HOWE & BUC	CI CPA PC			14-17465	505
use —	Only	Firm's address ▶ 2880 ROUTE 9, SUI				Phone no.	518-758-	
		VALATIE, NY 1218	34				Form 99 ⁶	0-T (2012)

Schedule C - Rent Income (see instructions)	e (From Real P	roperty a	nd Personal Prope	erty	Leased Wi	th Real Prope	rty)		
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accru	ied						
(a) From personal property (if the for personal property is more the more than 50%)	an 10% but not	percent	From real and personal pro tage of rent for personal pro r if the rent is based on pro	exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach statement)				
(1)									
(2)									
(3)									
(4)									
Total		Total							
(c) Total income. Add totals of control of the cont	()	,				(b) Total deduction Enter here and on Part I, line 6, column	n page 1,		
Schedule E - Unrelated D	ebt-Financed Ir	ncome (s	ee instructions)						
			2. Gross income from	or	3. De	ductions directly co	nnected w		
1. Description of debt-financed property			allocable to debt-finance property	ed		line depreciation statement)	(b)	Other deductions attach statement)	
(1)									
(2)									
(3)									
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	4. Amount of average acquisition debt on or allocable to debt-financed 5. Average adjusted basis of or allocable to debt-financed property		6. Column 4 divided by column 5			come reportable 2 x column 6)		Illocable deductions in 6 x total of columns 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
Totals Total dividends-received deduct Schedule F - Interest, Ani					Part I, line		Part I,	ere and on page 1, line 7, column (B).	
Ochedule i - interest, Am			xempt Controlled Or			Olis (see mstre	ictions)		
Name of controlled organization	2. Employer identification nui		3. Net unrelated income (loss) (see instructions)	4. T	otal of specified	5. Part of column included in the corganization's gro	ontrolling	6. Deductions directly connected with income in column 5	
(1)									
(2)									
(3)									
(4)									
Nonexempt Controlled Orgar	nizations								
7. Taxable Income	8. Net unrelated (loss) (see instr		9. Total of specifi payments made		includ	included in the controlling connected v		1. Deductions directly nnected with income in column 10	
(1)						<u> </u>			
(2)									
(3)									
(4)									
Totals					Enter	columns 5 and 10. here and on page 1, , line 8, column (A).	En	dd columns 6 and 11. ter here and on page 1, art I, line 8, column (B).	
. V. COLO					F		1		

Schedule G - Investment In	icome of a Sec	ction 501(c)(7		nization (see ins	tructions)			
1. Description of income	2. Amount of	fincome	 Deductions directly connected (attach statement) 		t-asides statement)	5. Total deductions and set-asides (col. 3 plus col. 4)		
(1)								
(2)								
(3)								
(4)								
	Enter here and Part I, line 9, co					Enter here and on page 1 Part I, line 9, column (B).		
Totals								
Schedule I - Exploited Exe	mpt Activity In	come. Other	Than Advertising In	come (see instru	ictions)			
			4. Net income					
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business incom	2 minus column 3). If a gain,	5. Gross income from activity that is not unrelated business income	6. Expense attributable column 5	to (Column 5 but not		
(1)								
(2)								
(3)								
(4)								
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and o page 1, Part I, line 10, col. (B)	,					
Schedule J - Advertising In	como (oco inetr	uationa)						
			solidated Pasis					
Part I Income From Per	lodicals Report	ed on a Cons	Solidated Basis	I	<u> </u>			
1. Name of periodical	2. Gross advertising income	3. Direct advertising cost	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readersh costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).		
(1) ATCH 1								
(2)								
(3)								
(4)								
Totals (carry to Part II, line (5))	53,574.	86,33	632,762.					
	iodicals Report	ted on a Sepa	arate Basis (For ea	ch periodical list	ed in Part II	, fill in columns 2		
			4. Advertising			7. Excess readership		
1. Name of periodical	2. Gross advertising income	3. Direct advertising cost	gain or (loss) (col.	5. Circulation income	6. Readersh costs	costs (column 6		
(1)								
(2)								
(3)								
(4)								
Totals from Part I	53,574.	86,33	6.		•			
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and of page 1, Part I line 11, col. (B)).			Enter here and on page 1, Part II, line 27.		
Totals, Part II (lines 1-5)	53,574.	86,33						
Schedule K - Compensatio	n of Officers, L	irectors, and	I Irustees (see instru		:			
1. Name			2. Title	3. Percent of time devoted business	10 4. Con	npensation attributable to unrelated business		
(1) ATCH 2		1			%			
(2)					%			
(3)					%			
(4)					%			
Total. Enter here and on page 1, P	art II, line 14				<u>.</u> ▶			
						Farm QQD-T (2042		

PHILIPSTOWN.INFO, INC. 45-4403312

SCHED J - PART I, ADVERTISING INCOME REPORTED ON A CONSOLIDATED BASIS

ATTACHMENT 1

	2.	3.				7.
	GROSS	DIRECT	4.	5.	6.	EXCESS
1.	ADVERTISING	ADVERTISING	ADVERTISING	CIRCULATION	READERSHIP	READERSHIP
NAME OF PERIODICAL	_INCOME	COSTS_	GAIN OR LOSS	_INCOME	COSTS_	COSTS
ADVERTISING INCOME	53,574.	86,336.				
COLUMN TOTALS	53.574	86.336				

ATTACHMENT 2

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

NAME AND ADDRESS	TTT E	BUSINESS	COMPENSATION
NAME AND ADDRESS	TITLE	PERCENT	COMPENSATION
GORDON STEWART	CHAIRMAN	0	0
27 CHAPMAN ROAD			
GARRISON, NY 10524			
VLAD MUZESKY	DIRECTOR	0	0
36 PECK SLIP 5A NEW YORK, NY 10038			
,			
JOHN SPAGNUOLO	DIRECTOR	0	0
12 KEARNEY STREET	DINEGRAL	· ·	•
LYNDHURST, NJ 07071			
TOTAL COMPENSATION			0
TOTAL COMPENSATION			