Form	990
Departm	nent of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

3 12 Open to Public

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OMB No. 1545-0047

69 MAIN STREET COLD SPRING, NY 10516 Hp) Are all acconducts? Yes 1 Taxexemptistatus: X 501(c)(3) 501(c)(-) (insert no.) 4947(a)(1) or 527 Hp) Are all acconducts? Yes Website: > PHILIPSTOWN.INFO H No.* attach alls. (see naturation) Hg) Are all acconducts? Yes H* No.* attach alls.(see naturation) Website: > PHILIPSTOWN.INFO H L Year of tomation: 2010 M State of legal domicial: Partiti Summary 1 Briefly describe the organization's mission or most significant activities: TO PROVIDE FAIR, OBJECTIVE, AND BOTH OUR WEBSITE, PHILIPSTOWN.INFO, AND OUR PRINT EDITION, THE PAPER. 2 Check this box > if the organization discontinue disoperations or disposed of more than 25% of lis net assets. Number of voting members of the governing body (Part VI, line 1a) 4 State of underest (stimate in necessary) 5 Ta total unrelated business revenue from Form 990-T, line 34 Prior Year Prior Year Current Yea So Contributions and grants (Part VIII, column (C), lines 3, 4, and 7d) 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 Number of individuals expenses (Part IVII, column (A), lines 43. 0	Intern	al Reven	ue Service		Information a	bout Form 99	90 and its in	structions	is at w	ww.irs.g	ov/form9	90.			nspection	on
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true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.													of my	knowledge	and be	lief, it is
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Sign Signature of officer Date	Sin	n										<u> </u>				
	Her		▼ Sig	ature of officer								Date				

	Type or print name and title											
	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN							
Paid Bronoror				self-employed								
Preparer Use Only	Firm's name PATTISON KOSKEY H	rm's EIN ▶14-	-174650	5								
	Firm's address ▶2880 ROUTE 9, SUI	none no. 518	518-758-6776									
May the IRS discuss this return with the preparer shown above? (see instructions)												
For Paper	For Paperwork Reduction Act Notice, see the separate instructions.											

For Paperwork Reduction Act Notice, see the separate instructions.

PHILIPSTOWN.	INFO,	INC.
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	tement of Program Service			
		response or note to any line in this Part	<u>III</u>	
ATTACH	ribe the organization's mission MENT 1	l.		
		(and the second second second second	
prior Form §		ficant program services during the year servic		Yes X
Did the or services?	ganization cease conducting	ı, or make significant changes in h		Yes X
Describe the expenses.	Section 501(c)(3) and 501(c)	dule O. rvice accomplishments for each of it (4) organizations are required to report r each program service reported.		
		388,404. including grants of \$)
		ON WITHOUT BIAS TO THE LOC		
		R 2013, THE ORGANIZATION A THE PROCEEDS OF WHICH BEN		
-	N-PROFIT ORGANIZATIO		CFILED INC	
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: (Code:) (Expenses \$	including grants of \$) (Revenue \$)
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	am services (Describe in Sche	-		
(Expenses \$	-	-	\$)	

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
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,"			37
	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 debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		х
40	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
44	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
11	VII, VIII, IX, or X as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a		Х
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		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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
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			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		37
4.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		v
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	17		х
18	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	– "		
10	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?			
13	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		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2013)

Form 99	0 (2013)		I	Page 4
Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government 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 or 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			
	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			
	\$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 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
-	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			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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 L	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
21	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,			
20	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	200		
D	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)	200		
C	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		х
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29 20	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
30	conservation contributions? If "Yes," complete Schedule M	30		x
24		30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		x
22	Part I	51		
32	complete Schedule N. Part II	32		x
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
33		33		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	24		v
	or IV, and Part V, line 1	34		X X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	0.5 L		
~~	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			37
	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,			37
	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	Х	

Page 5

Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 15		100	110
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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 0			
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 <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
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			37
	account)?	4a		X
D	If "Yes," enter the name of the foreign country: ►			
5 2	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?	50 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7-		v
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		X
8	Sponsoring organization metanomic maintaining donor advised funds and section 509(a)(3) supporting			
Ŭ	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			
	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			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 2	against amounts due or received from them.) [11b] 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	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
-	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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 9	90 (2013) PHILIPSTOWN.INFO, INC. 45-4403	3312		Page 6
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			Х
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 material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
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		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		37	
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organizational mailing address? If "Yee," provide the names and addresses in Schedule O.		х	
Socti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O on B. Policies (This Section B requests information about policies not required by the Internal Revenue	9 Code		
0000		Coul	Yes	No
100	Rid the organization have local chanters, branches, or effiliates?	10a		X
	Did the organization have local chapters, branches, or affiliates?	TVa		
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11 2	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.			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a		Х
	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		Х
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	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			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(0	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	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

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Part VII	Compensation of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Contr	actors								
	Check if Schedule	O contains	a response	or note to	any lii	he 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.

				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average							Reportable	Reportable	Estimated
	hours per	box, unless person is both ar officer and a director/trustee						compensation	compensation from	amount of other
	week (list any hours for				· · · · · · · · · · · · · · · · · · ·			from the	related organizations	compensation
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	High	Former	organization	(W-2/1099-MISC)	from the
	organizations	irec	itutio	cer	em	nest	ner	(W-2/1099-MISC)	,	organization
	below dotted	tor t	onal		oloy	ě on				and related organizations
	line)	uste	trus		e	per				
		œ	tee			Highest compensated employee				
						å				
(1)GORDON STEWART	30.00									
CHAIRMAN		х		Х				0	0	0
(2)VLAD_MUZESKY	2.00									
DIRECTOR		x						0	0	0
(3)JOHN SPAGNUOLO	2.00									
DIRECTOR		x						0	0	0
(4)										
(5)										
(7)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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Ра	rt VII Section A. Officers, Directors, Tru	ustees, Ke	ey En	nplo	bye	es,	and H	lig	hest Compensat	ed Employ	yees (co	ontinued)	
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unle er an	Pos heck ss pe <u>d a c</u>	erson	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations	on from d	(F) Estima amour othe compen	ated nt of er
		related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		from organiz and re organiz	zation lated
			-										
			_										
			_										
			_										
			_										
			_										
			-										
1b c	Sub-total Total from continuation sheets to Part VII, S	ection A		•••	•••	•••			0 0		0		0
	Total (add lines 1b and 1c)	-						•	C		0		0
2	Total number of individuals (including but not reportable compensation from the organization			liste	ed a	bove	e) who	o re	eceived more than	\$100,000	of		
	· · · · · · · · · · · · · · · · · · ·								la de la Mala de		- 1 - 1	Y	es No
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	ule J for su	ch ina	livid	ual	••				• • • • • •		3	X
4	For any individual listed on line 1a, is the sorganization and related organizations groups and related organizations groups and the solution of the solution	eater than	ı \$15	50,0	00?	P If	"Yes	s," (complete Schedu	sation from le J for	the such		
5	individual	accrue co	mpen	sati	on	fron	n any	un	related organization	on or indivi	idual	4	X
Se	for services rendered to the organization? If "Ye ction B. Independent Contractors	es," comple	te Scl	nedi	ule J	l for	such	per	son	<u></u>		5	X
	Complete this table for your five highest com compensation from the organization. Report o year.												
	(A) Name and business add	lress							(B) Description of se	ervices	Co	(C) ompensati	on
								+					
								-			-		

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	(2013)

Par	t VII	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII								
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	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	409,850.							
	g h	Noncash contributions included in lines 1a-1f: \$		409,850.						
Program Service Revenue	2a b c d e f	All other program service revenue	Business Code							
Pro	g 3	Total. Add lines 2a-2f	<u> ▶</u>	0						
	4 5	other similar amounts)	proceeds	0						
	6a b c	Gross rents								
	d 7a	Net rental income or (loss) Gross amount from sales of assets other than inventory	(ii) Other	0						
	b c d	Less: cost or other basis and sales expenses Gain or (loss)	>	0						
Other Revenue		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18								
Othe	b c	Less: direct expenses b Net income or (loss) from fundraising events		0						
U	9a	Gross income from gaming activities. See Part IV, line 19 a								
	b c	Less: direct expenses b Net income or (loss) from gaming activities		0						
	10a									
	b c	Less: cost of goods sold b Net income or (loss) from sales of inventory		0						
		Miscellaneous Revenue	Business Code							
	11a b	ADVERTISING REVENUE	541800	47,538.		47,538.				
	c									
	d	All other revenue								
	е 12	Total. Add lines 11a-11d		47,538.		48.533				
	14	Total revenue. See instructions	🚩	457,388.		47,538.	L			

	Check if Schedule O contains a respo			<u></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
	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0			
	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			
	Other salaries and wages	0			
	Pension plan accruals and contributions (include section				
-	401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
	Payroll taxes	0			
	Fees for services (non-employees):				
	Management	0			
	Legal	3,725.		3,725.	
	Accounting	3,500.		3,500.	
	Lobbying	0			
	Professional fundraising services. See Part IV, line 17	0			
	Investment management fees	0			
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.) ATCH 2	259,022.	207,217.	51,805.	
	Advertising and promotion	5,868.	600.	5,268.	
	Office expenses	4,649.	2,336.	2,313.	
	Information technology	16,550.	16,550.		
	Royalties	0			
	Occupancy	25,564.	20,451.	5,113.	
	Travel	0			
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
	Conferences, conventions, and meetings	0			
	Interest	1,555.		1,555.	
	Payments to affiliates	0			
	Depreciation, depletion, and amortization	0			
	Insurance	2,520.	2,016.	504.	
	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.)				
aI	BANK FEES	1,250.		1,250.	
bl	4ISCELLANEOUS	1,876.	1,519.	357.	
	PRINTING EXPENSE	53,173.	53,173.		
d	SPONSORED_EVENT	84,542.	84,542.		
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	463,794.	388,404.	75,390.	
	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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2 Savings and temporary cash investments. 0 2 3 Pledges and grants receivable, net 0 3 4 Accounts receivable, net 0 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and apposing organizations of sectived under section 4958(1(11), persons described in section 4958(1(3)(8), and contributing employees and apposing organizations of sectived harges 0 5 7 Notes and loans receivable, net 0 7 0 6 7 Notes and loans receivable, net 0 7 0 6 9 Prepaid expenses and deferred charges 0 9 0 0 10a 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 0 10a 0 10c 11 Investments - other securities. See Part IV, line 11 0 112 112 112 112 112 112 112 112 113 114 114 114 114 114 114 114 114 114 114 114 114 114 114 115 114 114 114	Pa	rt X	Balance Sheet			
Beginning of year End of year 1 Cash - non-interest-bearing 12,225,1 1,5,813 2 Savings and temporary cash investments, net 0,3 4 4 Accounts receivable, net 0,3 4 4 Accounts receivables from current and former officers, directors, trustees, key employees, and other receivables from there idequalified persons (as defined under section 4585(1)(1)), persons described in section 4585(1)(2)(8), and contributing employees and base receivables from there idequalified persons (as defined under section 4585(1)(2)(8), and contributing employees and base receivables from there idequalified persons (as defined under section 4585(1)(2)(8), and contributing employees and base receivable, net 0,6 7 Notes and base receivables from there idequalified persons (as defined under section 4585(1)(2)(8), and contributing employees and base receivable, net 0,6 9 Preparitied expenses and deferred dharges 0,9 0 10a 0 0 0 0 11 Investments - ublicly traded securities 0,11 1 1 12 Investments - ublicly traded securities 0,10 0,10e 1 14 Interstments - ublicly traded securities 0,11 1 1			Check if Schedule O contains a response or note to any line in this Pa	rt X		
2 Savings and temporary cash investments 0 2 3 Pedges and grants receivable, net 0 3 4 Accounts receivable, net 0 4 5 Loans and other receivables from during and former officers, directors, trustees, key employees, and highest compensated employees. 0 4 6 Leans and other receivables from during during employees and approximations of section 4958(17(11), ensure and loans receivable, net. 0 6 7 Notes and loans receivable, compensated employees and sponsore diverbale. 0 6 7 Notes and loans receivable, compensated employees and sponsore diverbale. 0 7 8 Inventories for sale or use 0 9 0 9 Leans, buildings, and equipment: cost or other basis. Complete Part I/ of Schedub D 100 0 100 10 Less: accumulated depreciation. 100 0 12 11 11 Investments - other securities. See Part IV, line 11 0 12 12 12 11 Investments - other securities. See Part IV, line 11 0 12 12 12 12 12 12 12 12 12				(A) Beginning of year		
2 Savings and temporary cash investments		1	Cash - non-interest-bearing	12,225.	1	5,819.
3 Pledges and grants receivable, net 0 3 4 Accounts receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 0 4 5 Leans and other receivables from other disqualified periods (ad defined under section of the disqualified periods (ad defined under section of the disqualified periods (ad defined under section or or other disqualified periods (ad defined under section or or other disqualified periods (ad defined under section or or other disqualified periods (ad defined under section (add) (ad		2	Savings and temporary cash investments	0	2	0
4 Accounts receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 0 6 6 Generation of the receivables from current and former officers, directors, and sponsoring organizations of sectored in sec		3	Pledges and grants receivable, net	0	3	0
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees and sponeting organizations described in section 4956(13)(8), and contributing employees and sponeting organizations of section 501(16)(9) voluntary employees beneficiary organizations described in section 4956(13)(8), and contributing employees and sponeting organizations of excited to 501(16)(9) voluntary employees beneficiary organizations described charges		4	Accounts receivable, net	0	4	0
Complete Part II of Schedule L 0 5 6 Lears and other resolvables from other disqualified persons (as defined under section 4956(1(1)), persons described in section 4956(1(3)(8), and contributing employees and sponsoring organizations of section 501(1(3)) voluntary employees beneficiary organizations (see instructions, 501(1(3)) voluntary employees beneficiary or the set of the set of the resolution of the re		5	Loans and other receivables from current and former officers, directors,			
4958(t)(1), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations (see instructions). Complete Part II of Schedule L. 0 6 7 Notes and loans receivable, net 0 8 9 Prepaid expenses and deferred charges 0 8 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 0 10c 11 Investments - publicly traded securities. 0 11 0 12 12 Investments - publicly traded securities. 0 14 0 13 13 Investments - program-related. See Part IV, line 11 0 13 14 14 14 Intrangible assets. 0 17 7 5, 815 16 Total assets. Add lines 1 through 15 (must equal line 34) 12, 225. 16 5, 815 17 Accounts payable and accrued expenses 0 17 10 20 21 Escrew or custodial account liability. Complete Part IV of Schedule D 0 21 22 22 Leans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disquilified perosons. Complete Part IV of Schedule D						
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organizations (see instructions). Complete Part II of Schedule L 0 6 7 Notes and leans receivable, net. 0 7 8 Inventories for sale or use 0 8 9 Prepaid expenses and deferred charges 0 9 10a 0 10c 0 10c b Less: accumulated depreciation 10a 0 10c 11 Investments - publicly traded securities 0 11 0 12 12 Investments - other securities. See Part IV, line 11 0 13 13 14 Intagines & and lines 1 through 15 (must equal line 34) 12, 225. 16 5, 813 13 Grants payable 0 14 14 15 5, 813 15 Other assets. See Part IV, line 11 0 13 12, 225. 16 5, 813 14 Intagests. Add lines 1 through 15 (must equal line 34) 12, 225. 16 5, 813 15 Other assets. See Part IV, line 11 0 13 12 22 18 15 Other assets. Add lines 1 through 15 (must equal line 34) 12,			4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers			
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9 Prepaid expenses and deferred charges 0 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 0 10c 11 Investments - publicity traded securities 0 11 0 12 12 Investments - other securities. See Part IV, line 11 0 12 0 14 13 Investments - program-related. See Part IV, line 11 0 14 0 13 14 Intragible assets 0 14 0 15 0 14 15 Other assets. See Part IV, line 11 0 12, 225. 16 5, 812 17 Accounts payable and accrued expenses 0 17 18 Grants payable 0 18 19 Deferred revenue 0 19 0 20 12 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 21 23 22 Loans and other payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule L 0 22 23 Secured mortgages	ets	7		0	•	0
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10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 0	∢		Prepaid expenses and deferred charges	0	-	0
other basis. Complete Part VI of Schedule D 10a 0 10c b Less: accumulated depreciation 10b 0 10c 11 Investments - publicly traded securities 0 11 12 Investments - program-related. See Part IV, line 11 0 12 13 Investments - program-related. See Part IV, line 11 0 13 14 Intagible assets 0 14 15 Other assets. See Part IV, line 11 0 14 16 Total assets. Add lines 1 through 15 (must equal line 34) 12, 225. 16 5, 815 17 Accounts payable and accrued expenses 0 17 18 Grants payable 0 18 19 Deferred revenue 0 19 0 20 21 21 Escrow or custoidal account liability. Complete Part IV of Schedule D 0 21 22 22 Loas and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and diaguilified persons. Complete Part II of Schedule L 0 22 23 Secured notes and loans payable to unrelated third parties 0 24 24		-			-	
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12 Investments - other securities. See Part IV, line 11 0 12 13 Investments - program-related. See Part IV, line 11 0 13 14 Intangible assets. 0 14 15 Other assets. Add lines 1 through 15 (must equal line 34) 12, 225. 16 5, 819 16 Total assets. Add lines 1 through 15 (must equal line 34) 12, 225. 16 5, 819 18 Grants payable 0 13 0 14 19 Deferred revenue 0 19 0 0 20 0 21 21 22 21 21 22 21 21 22 22 23 22 22 23 22 23 24 0 22 23 24 0 22 23 24 0 24 0 24 0 24 0 24 0 24 0 24 0 25 0 0 24 0 24 0 25 0 26 0 26 0 26 0 26 0 26				0	11	0
13 Investments - program-related. See Part IV, line 11 0 13 14 Intangible assets 0 14 15 Other assets. See Part IV, line 11 0 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 12, 225. 16 5, 815 17 Accounts payable and accrued expenses 0 17 18 19 Deferred revenue 0 19 20 20 Tax-exempt bond liabilities 0 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 21 22 Lans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 0 22 23 Secured mortgages and notes payable to unrelated third parties 0 23 24 23 24 Unsecured notes and loans payable to unrelated third parties 0 25 26 26 26 Total liabilities. Add lines 17 through 25 0 26 26 26 27 Unservict on tea assets 0 28 28 28 <td></td> <th>12</th> <td></td> <td>0</td> <td>12</td> <td>0</td>		12		0	12	0
14 Intangible assets. 0 14 15 Other assets. See Part IV, line 11 0 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 12,225. 16 5,819 17 Accounts payable and acrued expenses 0 17 18 Grants payable 0 18 19 Deferred revenue 0 19 20 Tax-exempt bond liabilities 0 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 0 22 23 Secured mortgages and hotes payable to unrelated third parties 0 24 24 Unsecured notes and loans payable to unrelated third parties 0 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities. 0 26 0 71 Complete lines 27 through 25 0 26 26 Total liabilities. 0 28 29		13		0	13	0
15 Other assets. See Part IV, line 11,		14	Intangible assets	0	14	0
16 Total assets. Add lines 1 through 15 (must equal line 34) 12,225. 16 5,815 17 Accounts payable and accrued expenses 0 17 0 18 19 Deferred revenue 0 18 0 19 20 Tax-exempt bond liabilities 0 20 0 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 21 22 22 Loans and other payables to current and former officers, directors,		15	Other assets. See Part IV, line 11		15	0
18 Grants payable 0 18 19 Deferred revenue 0 19 20 Tax-exempt bond liabilities 0 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 0 22 23 Secured mortgages and notes payable to unrelated third parties 0 24 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 24 26 Total liabilities. Add lines 17 through 25 0 26 0 Organizations that follow SFAS 117 (ASC 958), check here L 0 28 29 Permanently restricted net assets 0 28 29 Permanently restricted net assets 0 29 0 Gapital stock or trust principal, or current funds 30 31 31 Pati-in or capital surplus, or land, building, or equipment fund 31 31 32 Total net assets or fund balances		16	Total assets. Add lines 1 through 15 (must equal line 34)		-	5,819.
19 Deferred revenue 0 19 20 Tax-exempt bond liabilities 0 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 0 22 23 Secured mortgages and notes payable to unrelated third parties 0 23 24 Unsecured notes and loans payable to unrelated third parties 0 24 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 26 26 Total liabilities. Add lines 17 through 25. 0 26 0 27 Unrestricted net assets 12,225. 27 5,815 28 Temporarily restricted net assets 0 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here 10 30 29 Permanently restricted net assets 0 29 0 29 Organizations that do not follow SFAS 117 (ASC 958), check here 10 30 <td></td> <th>17</th> <td></td> <td>0</td> <td>17</td> <td>0</td>		17		0	17	0
20 Tax-exempt bond liabilities 0 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 0 22 23 Secured mortgages and notes payable to unrelated third parties 0 23 24 Unsecured notes and loans payable to unrelated third parties 0 24 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 26 Total liabilities. Add lines 17 through 25 0 26 0 0 crganizations that follow SFAS 117 (ASC 958), check here > X and complete lines 27 through 29, and lines 33 and 34. 12,225. 27 5,819 29 Permanently restricted net assets 0 28 0 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. 30 31 29 Permanently restricted net assets 0 29 30 29 Organizations that do not follow SFAS 117 (ASC		18	Grants payable	0		0
21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 0 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 0 22 23 Secured mortgages and notes payable to unrelated third parties 0 23 24 Unsecured notes and loans payable to unrelated third parties 0 24 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 26 Total liabilities. Add lines 17 through 25 0 26 0 27 Unrestricted net assets 12,225. 27 5,819 28 Temporarily restricted net assets 0 28 0 28 29 Permanently restricted net assets 0 29 0 29 0 29 30 Capital stock or trust principal, or current funds 30 31 31 32 33 Total net assets or fund balances 12,225. 33 5,819		-	Deferred revenue	0	-	0
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 0 22 23 Secured mortgages and notes payable to unrelated third parties 0 23 24 Unsecured notes and loans payable to unrelated third parties 0 24 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 26 Total liabilities. Add lines 17 through 25 0 26 0 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. 12,225, 27 5,819 29 Permanently restricted net assets 0 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 30 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Total net assets or fund balances 32 5,819		-	Tax-exempt bond liabilities	0	-	0
23 Secured mortgages and notes payable to unrelated third parties 0 23 24 Unsecured notes and loans payable to unrelated third parties 0 24 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 26 Total liabilities. Add lines 17 through 25 0 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. 12,225. 27 5,819 29 Permanently restricted net assets 0 28 0 29 0 Grapizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 30 30 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 31 31 30 Capital stock or trust principal, or current funds 30 31 31 31 31 Total net assets or fund balances 12,225. 33 5,815	ies			0	21	0
23 Secured mortgages and notes payable to unrelated third parties 0 23 24 Unsecured notes and loans payable to unrelated third parties 0 24 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 26 Total liabilities. Add lines 17 through 25 0 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. 12,225. 27 5,819 29 Permanently restricted net assets 0 28 0 29 0 Grapizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 30 30 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 31 31 30 Capital stock or trust principal, or current funds 30 31 31 31 31 Total net assets or fund balances 12,225. 33 5,815	oilit	22				
23 Secured mortgages and notes payable to unrelated third parties 0 23 24 Unsecured notes and loans payable to unrelated third parties 0 24 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 26 Total liabilities. Add lines 17 through 25 0 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. 12,225. 27 5,819 29 Permanently restricted net assets 0 28 0 29 0 Grapizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 30 30 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 31 31 30 Capital stock or trust principal, or current funds 30 31 31 31 31 Total net assets or fund balances 12,225. 33 5,815	Liał			0	22	0
24 Unsecured notes and loans payable to unrelated third parties. 0 24 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 26 Total liabilities. Add lines 17 through 25		22		0		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 26 Total liabilities. Add lines 17 through 25				0		0
parties, and other liabilities not included on lines 17-24). Complete Part X 0 25 26 Total liabilities. Add lines 17 through 25. 0 26 26 Total liabilities. Add lines 17 through 25. 0 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. 12,225. 27 5,819 27 Unrestricted net assets 0 28 28 29 28 29 Permanently restricted net assets 0 29 29 29 29 23 Capital stock or trust principal, or current funds 30 30 31 31 33 Total net assets or fund balances 12,225. 33 5,819				0	24	0
of Schedule D 0 25 26 Total liabilities. Add lines 17 through 25		23				
26 Total liabilities. Add lines 17 through 25				0	25	0
Sourcecomplete lines 27 through 29, and lines 33 and 34.12,225.275,81927Unrestricted net assets02828Temporarily restricted net assets02929Organizations that do not follow SFAS 117 (ASC 958), check here ▶and029Organizations that do not follow SFAS 117 (ASC 958), check here ▶and30Capital stock or trust principal, or current funds3031Paid-in or capital surplus, or land, building, or equipment fund3132Retained earnings, endowment, accumulated income, or other funds3233Total net assets or fund balances12,225.33335,819		26		0		0
	es		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
	anc	27		12,225.	27	5,819.
	Bal	28	Temporarily restricted net assets	0	28	0
	pd	29	Permanently restricted net assets	0	29	0
	or Fui					
	its	30			30	
	sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	ťÅ	32	Retained earnings, endowment, accumulated income, or other funds		32	
34 Total liabilities and net assets/fund balances 5,819	Ne	33	Total net assets or fund balances		33	5,819.
		34	Total liabilities and net assets/fund balances	12,225.	34	5,819.

Form 990 (2013)

Form 99	90 (2013)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4	57,3	388.
2	Total expenses (must equal Part IX, column (A), line 25)	2				794.
3	Revenue less expenses. Subtract line 2 from line 1	3				406.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			12,2	225.
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
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			5,8	819.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
-			Г		Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		<u> </u>			
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
0	Schedule O.					37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	ipiiea	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis			0.		x
b	Were the organization's financial statements audited by an independent accountant?			2b		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	na			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	-		2c		
	of the audit, review, or compilation of its financial statements and selection of an independent account the automatical statements and selection of an independent account the second selection of a sel			20		
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O.	xpiain	in			
9 -		fout				
зa	As a result of a federal award, was the organization required to undergo an audit or audits as se	rorth	in	3a		x
h	the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not und	• • • •	the	54		
ŭ	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b		

Form 990 (2013)

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.

	nt of the Treasury venue Service	► Information about Sch	Attach to Form 990 edule A (Form 990 or 990-	or Fori EZ) and	n 990-l its ins	EZ. tructions	is at wv	vw.irs.go	ov/form9		Open to Pu Inspectio	
Name of	the organization							Emplo	yer iden	tificatio	on number	r
PHILIE	STOWN.INFO	, INC.							45-	-440	3312	
Part I	Reason for	Public Charity Statu	s (All organizations mι	ist con	nplete	e this pa	art.) Se	e instru	uctions			
The orga	anization 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, con	vention of churches, or	association of churches	describ	ed in s	section	170(b)(1)(A)(i)				
2	A school desc	ribed in section 170(b)	(1)(A)(ii). (Attach Schedu	le E.)								
3	-		ervice organization descr			-						
4	A medical res	search organization op	erated in conjunction w	ith a h	nospita	I descr	ibed in	sectio	n 170(k)(1)(A	\)(iii). Er	nter the
		e, city, and state:										
5	-	-	nefit of a college or univ	rsity	owned	d or ope	erated b	by a go	vernme	ntal u	init desci	ribed in
-	•)(1)(A)(iv). (Complete F	,									
6		-	or governmental unit des									
7 X	-		es a substantial part of it	is supp	ort fro	om a go	overnme	ental un	it or fro	om the	e genera	I public
•		ection 170(b)(1)(A)(vi)										
8	-		on 170(b)(1)(A)(vi). (Com	-			.			- :	f	
9	-		es: (1) more than 331/39									-
			exempt functions - sub ome and unrelated busi			-						
		-	ne 30, 1975. See section				-		1 311	ιαλ) Ι	TOTT DUS	1103303
10		-	ted exclusively to test for			-		-	`			
11	-		rated exclusively for the	-	-				-	ort	o carry (out the
	-		upported organizations de			-					-	
			bes the type of supporting					-				
	a Type		c Type III-Functio	•						•	nally integ	arated
e			e organization is not con	-	-			•••				-
		-	other than one or more			-	-	-				
	or section 509	-										
f	If the organiz	ation received a writte	n determination from th	e IRS	that it	is a T	уре I, Т	⁻ype II,	or Type	e III s	supporting	g
	organization, o	check this box										
g	Since August	17, 2006, has the orga	nization accepted any gif	t or co	ntribut	ion from	n any of	the				
	following pers	ons?									_	
			tly controls, either alone	-	ether v	with pe	rsons d	escribe	d in (ii)	and	Y	es No
			the supported organizati	on?							11g(i)	
		nember of a person de									11g(ii)	
-	. ,	• •	son described in (i) or (ii) a								11g(iii)	
<u>h</u>			out the supported organiz									
(i) N	lame of supported organization	i (ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) organiz	ls the zation in		ou notify /ou notify		s the ation in	(vii) A	Amount of m support	nonetary
	g		above or IRC section	your go	listed in overning	in col. (i) of your	col. (i) o	rganized			
			(see instructions))	docu	ment?		port?	in the Yes	U.S.? No			
				Yes	No	Yes	No	res	NO	<u> </u>		
(A)												
(B)												
(C)												
(D)												
(D)										<u> </u>		
(E)												
										<u> </u>		
Total												

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

Schedule A (Form 990 or 990-EZ) 2013

OMB No. 1545-0047

2013 Open to Public

Schedule A (Form 990 or 990-EZ) 2013

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.)

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	171,888.	230,600.	277,104.	409,850.	1,089,442.
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.	409,850.	1,089,442.
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						
6	shown on line 11, column (f) ATCH 1 Public support. Subtract line 5 from line 4.						1,057,653.
<u>6</u> Sec	tion B. Total Support						31,789.
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4		171,888.	230,600.	277,104.	409,850.	1,089,442.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
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						1,089,442.
12	Gross receipts from related activities, etc. (s	see instructions) .			l	12	
13	First five years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2013 (li		•			14	%
15	Public support percentage from 2012					15	%
16a	331/3% support test - 2013. If the o	-					
	this box and stop here. The organization						
b	331/3% support test - 2012. If the c						
	check this box and stop here. The orga						
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	-
	Part IV how the organization meets t			-			
	organization						· · · · P 🗀
b	10%-facts-and-circumstances test - 2		-				
	15 is 10% or more, and if the organization						-
	Explain in Part IV how the organizati				-	-	
18	supported organization Private foundation. If the organization						
10	C						
	instructions						<u></u>

Schedule A (Form 990 or 990-EZ) 2013

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

(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							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees							
	received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise							
	sold or services performed, or facilities							
	furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either paid							
	to or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3							
	received from disqualified persons							
b	Amounts included on lines 2 and 3							
	received from other than disqualified persons that exceed the greater of \$5,000							
	or 1% of the amount on line 13 for the year							
с	Add lines 7a and 7b							
8	Public support (Subtract line 7c from							
	line 6.)							
Sec	tion B. Total Support	1	1		1			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e)2013	(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 organization	n's first, second,	third, fourth, or	fifth tax year a	as a s	ection 501	(c)(3)
	organization, check this box and stop here	<u></u>		<u></u>	<u></u>			<u></u> ▶
Sec	tion C. Computation of Public Sup							
15	Public support percentage for 2013 (line 8	, column (f) divide	ed by line 13, colur	mn (f))		15		%
16	Public support percentage from 2012 Sche	edule A, Part III, lir	ne 15			16		%
Sec	tion D. Computation of Investme					· · · ·		
17	Investment income percentage for 2013 (li					17		%
18	Investment income percentage from 2012					18		%
19 a	331/3% support tests - 2013. If the or	ganization did no	ot check the box	k on line 14, and	d line 15 is mor	e than	331/3 %, a	and line
	17 is not more than 331/3%, check the	nis box and stop	p here. The org	anization qualifie	s as a publicly	suppo	rted organi	zation
b	331/3% support tests - 2012. If the orga							
	line 18 is not more than 331/3%, check		•	• ·		•••	0	
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b				
JSA	1 1 000				5	schedu	le A (Form 9	90 or 990-EZ) 2013

SCHEDULE O (Form 990 or 990-EZ)

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.



Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PHILIPSTOWN.INFO, INC.

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.

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

ATTACHMENT 1

Schedule O (Form 990 or 990-EZ) 2013	Page 2
Name of the organization	Employer identification number
PHILIPSTOWN.INFO, INC.	45-4403312
<u>A</u>	TTACHMENT 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	172,963.	138,370.	34,593.	
REPORTING/WRITER EXPENSE	10,650.	8,520.	2,130.	
PHOTOGRAPHY EXPENSE	295.	236.	59.	
OTHER CONTRACTOR EXPENSE	75,114.	60,091.	15,023.	
TOTALS	259,022.	207,217.	51,805.	

Form 3	90-Т	EX	empt Organiz (and pro	ation oxy ta:	ອບ§ k un	der sectio	come n 6033(i ax Ketu e))	m	OMB No. 1545-0687
		For cale	ndar year 2013 or other tax	year begin	ning_	07/01,201;	3, and endi		20 ¹⁴ .	21 3
Department of		► In	formation about Form 9	990-T and	its ins	ate instructions. structions is avai	ilable at w	vw.irs.gov/form	990t.	
Internal Reven	eck box if	► Do	o not enter SSN numbers of Name of organization (ay be made public me changed and se				Open to Public Inspection for 501(c)(3) Organizations Only over identification number
	dress changed				ux II Hai	ne changed and se		5.)		byees' trust, see instructions.)
B Exempt ur	nder section		PHILIPSTOWN.II	NFO. TI	NC .					
<u> </u>	C)(3)	Print	Number, street, and room			. box, see instructio	ons.		45-4	403312
408(e		or								ated business activity code
408A		Туре	69 MAIN STREE	Т					(See in	structions.)
529(a			City or town, state or prov	ince, countr	y, and Z	ZIP or foreign postal	l code			
	e of all assets		COLD SPRING, I	NY 105	16				5418	00
at end of y	/ear	F Gro	up exemption number (S	ee instruct	ions.)	▶				
	5,819.	G Che	ck organization type	X 501	(c) co	rporation	501(c) trust	401(a)	trust Other trus
			rimary unrelated business							
During f	the tax year,	was the	corporation a subsidiary	in an affili	iated g	roup or a parent-	subsidiary o	controlled group?	· · · · ·	▶Yes X N
If "Yes,	" enter the na		identifying number of the							
	oks are in care		CHRISTINE BOCK		NOR			ie number 🕨 🖇		9-5584
			or Business Income)	1	(A) Inco	me	(B) Exper	nses	(C) Net
1a Gros	s receipts or s	ales								
	eturns and allowa			Balance 🕨						
			ule A, line 7)		2					
			2 from line 1c		3					
	•		ttach Form 8949 and Scl		4a					
			Part II, line 17) (attach Form		4b					
			rusts		4c					
			ps and S corporations (attach		5					
					6 7					
			come (Schedule E)		8					
			nts from controlled organizations		0 9					
			1(c)(7), (9), or (17) organization ncome (Schedule I)		10					
•	•		lule J)		11	47	7,538.	c	94,696.	47,15
			tions; attach schedule.)		12		,	-		
			ough 12		13	47	7,538.	ç	94,696.	-47,158
			Taken Elsewhere (S		-				-	
			be directly connect					, ,		,
			directors, and trustees (S					/	14	
	s and licenses	s							19	
19 Taxe	ritable contrib	utions (S	See instructions for limitat	tion rules.)					20	
20 Char		. –	4562)							
20 Char 21 Depr					- 4		22a		22b	
20 Char 21 Depr 22 Less	depreciation	claimed	on Schedule A and elsev			_				
20 Char 21 Depr 22 Less 23 Depl	depreciation etion	claimed	on Schedule A and elsev							
 20 Char 21 Depr 22 Less 23 Depl 24 Cont 	depreciation etion ributions to d	claimed leferred o	on Schedule A and elsev						24	
20 Char 21 Depr 22 Less 23 Depl 24 Cont 25 Emp	depreciation etion ributions to d loyee benefit	claimed leferred of programs	on Schedule A and elsev compensation plans	 	· · ·		· · · · · ·	 	24 25	
20 Char 21 Depr 22 Less 23 Depl 24 Cont 25 Emp 26 Exce	depreciation etion ributions to d loyee benefit ess exempt ex	claimed leferred o programs penses (S	on Schedule A and elsev compensation plans s Schedule I)	· · · · · · ·	 		· · · · · · ·		24 25 26	
20 Char 21 Depr 22 Less 23 Depl 24 Cont 25 Emp 26 Exce 27 Exce	depreciation etion ributions to d loyee benefit ess exempt ex ess readership	claimed leferred of programs penses (S	on Schedule A and elsev compensation plans s Schedule I) chedule J)	· · · · · · · · · · · · · · · · · · ·	· · · ·		· · · · · · · ·	· · · · · · · · · · · ·	24 25 26 27	
20 Char 21 Depr 22 Less 23 Depl 24 Cont 25 Emp 26 Exce 27 Exce 28 Other	depreciation etion ributions to d loyee benefit ess exempt ex ess readership er deductions	claimed leferred o programs penses (S costs (S (attach s	on Schedule A and elsev compensation plans	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		· · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	24 25 26 27 28	
20 Char 21 Depr 22 Less 23 Depl 24 Cont 25 Emp 26 Exce 27 Exce 28 Othe 29 Tota	depreciation etion ributions to d loyee benefit ess exempt ex ess readership er deductions I deductions.	claimed leferred o programs penses (S costs (S (attach s Add line	on Schedule A and elsev compensation plans s Schedule I) chedule J) schedule) s 14 through 28	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	24 25 26 26 27 28 28	
20 Char 21 Depr 22 Less 23 Depl 24 Cont 25 Emp 26 Exce 27 Exce 28 Othe 29 Tota 30 Unre	depreciation etion ributions to d loyee benefit ess exempt ex ess readership er deductions I deductions.	claimed leferred of programs penses (\$ costs (S (attach s Add line ss taxab	on Schedule A and elsev compensation plans s Schedule I) chedule J) schedule) s 14 through 28 le income before net	operating	loss	deduction. Sub	tract line	29 from line	24 25 26 27 28 29 13 30	-47,15
20 Char 21 Depr 22 Less 23 Depl 24 Cont 25 Emp 26 Exce 27 Exce 28 Othe 29 Tota 30 Unre 31 Net of	depreciation etion ributions to d loyee benefit ess exempt ex ess readership er deductions I deductions. elated busine operating loss	claimed leferred o programs penses (S costs (S (attach s Add line ss taxab	on Schedule A and elsev compensation plans s Schedule I) chedule J) chedule) is 14 through 28 ile income before net on (limited to the amoun	operating to on line 30	loss)	deduction. Sub	tract line	29 from line	24 25 26 27 28 29 13 30 31	
20 Char 21 Depr 22 Less 23 Depl 24 Cont 25 Emp 26 Exce 27 Exce 28 Othe 29 Tota 30 Unre 31 Net of 32 Unre	depreciation etion ributions to d loyee benefit ess exempt ex ess readership er deductions I deductions . elated busine operating loss elated busines	claimed leferred o programs penses (\$ costs (S (attach s Add line ss taxable s deducti ss taxable	on Schedule A and elsev compensation plans S Schedule I) chedule J) chedule) is 14 through 28 ile income before net on (limited to the amoun e income before specific	operating at on line 3(c deductior	loss)	deduction. Sub	tract line line 30	29 from line	24 25 26 27 28 29 13 30 31 32	-47,158
20 Char 21 Depr 22 Less 23 Depl 24 Cont 25 Emp 26 Exce 27 Exce 28 Othe 29 Tota 30 Unre 31 Net of 32 Unre 33 Spect	depreciation etion ributions to d loyee benefit ess exempt ex ess readership er deductions I deductions. lated busines perating loss elated busines cific deduction	claimed leferred o programs penses (\$ costs (S (attach s Add line ss taxable s deducti ss taxable n (Gener	on Schedule A and elsev compensation plans S Schedule I) chedule J) achedule) as 14 through 28 ele income before net on (limited to the amoun e income before specific ally \$1,000, but see line	operating nt on line 30 deductior 33 instruc	loss 0) n. Subt	deduction. Sub ract line 31 from or exceptions.)	tract line	29 from line	24 25 26 27 28 29 13 30 31 32 33	-47,158 -47,158 1,000
20 Char 21 Depr 22 Less 23 Depl 24 Cont 25 Emp 26 Exce 27 Exce 28 Othe 29 Tota 30 Unre 31 Net of 32 Unre 33 Spector 34 Unre	depreciation etion ributions to d loyee benefit ess exempt ex ess readership er deductions I deductions alated busines perating loss alated busines cific deduction alated busines	claimed leferred o programs penses (S costs (S (attach s Add line ss taxable s deducti ss taxable n (Gener ss taxa	on Schedule A and elsev compensation plans S Schedule I) chedule J) chedule) is 14 through 28 ile income before net on (limited to the amoun e income before specific	operating at on line 30 deduction 33 instruc line 33 fr	loss D) n. Subt tions fe	deduction. Sub ract line 31 from or exceptions.) ne 32. If line 3	tract line line 30	29 from line ater than line 3	24 25 26 27 28 29 13 30 31 32 333	-47,15

Form §	990-T (20	013) PHILIPSTOWN	N.INFO, IN	IC.			45	5-4403312	Page 2	
Part	: 111	Tax Computation								
35	Organi	zations Taxable as Corporations.	See instruction	ns f	or tax computa	ation. Controlled gr	oup			
	-	rs (sections 1561 and 1563) check here				-				
		our share of the \$50,000, \$25,000, and				ets (in that order):				
	(1) \$	(2)\$		(3) \$, , ,				
b	Enter o	rganization's share of: (1) Additional 5% tax (not more than \$	611.7	50)	\$				
		tional 3% tax (not more than \$100,000)								
							▶ 35	c		
	Trusts				tax computati			Ŭ		
		ount on line 34 from: Tax rate schedule						8		
		ax. See instructions								
39	Total A	tive minimum tax dd lines 37 and 38 to line 35c or 36, which	ever annlies				38			
		Tax and Payments		<u></u>				,		
		tax credit (corporations attach Form 1118;	tructo ottooh Eor		16) 40					
	•				· · · · · -					
		redits (see instructions)								
		I business credit. Attach Form 3800 (see inst								
		or prior year minimum tax (attach Form 880								
		edits. Add lines 40a through 40d								
		t line 40e from line 39						<u> </u>		
		xes. Check if from: Form 4255 Form 8						2		
		x. Add lines 41 and 42			1	• • • • • • • • • • •	43	3	0	
		nts: A 2012 overpayment credited to 2013								
b	2013 es	stimated tax payments			44	b				
С	Tax dep	osited with Form 8868				c				
d	Foreign	organizations: Tax paid or withheld at source	e (see instructior	ns) .	44	d				
е	Backup	withholding (see instructions)			44	e				
f	Credit f	or small employer health insurance premium	is (Attach Form 8	8941)	44	f				
g	Other c	redits and payments:	n 2439							
	E F	orm 4136 Othe	er		Total 🕨 44	g				
45	Total pa	ayments. Add lines 44a through 44g					45	5		
46	Estimat	ed tax penalty (see instructions). Check if Fo	orm 2220 is attac	ched.			46	3		
		. If line 45 is less than the total of lines 43						7		
48	Overpa	yment. If line 45 is larger than the total of li	nes 43 and 46,	enter	amount overpaid		48	3		
		e amount of line 48 you want: Credited to 2014 es				Refunde)		
Part	V	Statements Regarding Certain	Activities a	and	Other Inform	nation (see instru	ictions)			
1	At any t	time during the 2013 calendar year, did the	organization ha	ave a	n interest in or a	signature or other au	thority ov	er a financial	Yes No	
	account	t (bank, securities, or other) in a foreign count	try? If YES, the c	organ	ization may have	to file Form TD F 90-2	22.1, Rep	ort of Foreign		
	Bank an	d Financial Accounts. If YES, enter the name	of the foreign c	ountr	ry here 🕨				X	
2	During t	the tax year, did the organization receive a c	distribution from	n, or v	was it the grantor	of, or transferor to, a	a foreign t	rust?	X	
	If YES, s	see instructions for other forms the organizat	ion may have to	file.						
3	Enter th	he amount of tax-exempt interest received or	r accrued during	the ta	ax year 🕨 \$					
Sche	edule	A - Cost of Goods Sold. Enter me	ethod of invent	tory	valuation <					
		ry at beginning of year _ 1				d of year	6			
	Purchas			7		ds sold. Subtract				
		labor 3]	-	5. Enter here and				
4 a	Additior	nal section 263A costs		1	Part I, line 2		7			
		schedule) 4a		8		of section 263A			Yes No	
		osts (attach schedule) 4b		1		uced or acquired	•			
		dd lines 1 through 4b 5		1		ion?			X	
	Under	penalties of perjury, I declare that I have examined t			mpanying schedules a	and statements, and to the				
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.									
Here								he IRS discuss the preparer sh		
		ature of officer	Date		Title		_	tructions)? X Ye		
		Print/Type preparer's name	Preparer's sig	gnatur		Date		PTIN		
Paid									74499	
Prep	arer	Firm's name PATTISON KOSKEY	HOWE & DIT	ССТ	CDA DC		self-emplo	-employed 1200074499 n's EIN ▶ 14-1746505		
Use	Only	Firm's name ► PA'I'I'I SON KOSKEY Firm's address ► 2880 ROUTE 9, SU								
		VALATIE, NY 121					Phone no.		90-T (2013)	
		VALAILE, NI 121	.0I					F0111 33	, u - i (2013)	

Page 3

Form 990-T (2013)	PHILIPS	STOWN.II	NFO, INC.				45-4	403312 Page 7	
Schedule C - Rent Incom (see instructions)	e (From Real Pi	roperty a	nd Personal Prope	erty	Leased W	ith Real Prope	erty)		
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accru	ed						
(a) From personal property (if the percentage of rent for personal property is more than 10% but not perce			rom real and personal pro age of rent for personal pro r if the rent is based on pro	vexceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)									
(2)									
(3)									
(4)									
Total		Total							
(c) Total income. Add totals of a here and on page 1, Part I, line	() (o). Enter		Enter			b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►		
Schedule E - Unrelated D			ee instructions)						
1 Description of de	abt-financed property		2. Gross income from		3. 🗆	eductions directly co debt-finar	onnected wi nced propert		
1. Description of debt-financed property			allocable to debt-financed property ((a) Straight line depreciation (attach schedule)		Other deductions attach schedule)	
(1)									
(2)									
(3)									
(4)									
 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed roperty (attach schedule) 		ole to property			ncome reportable 2 x column 6)	-	 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) 		
(1)	· · · · · · · · · · · · · · · · · · ·	,		%					
(2)				%					
(3)				%					
(4)				%					
Totals				•	Part I, line	e and on page 1, e 7, column (A).	Enter h Part I,	ere and on page 1, line 7, column (B).	
Total dividends-received deduc	tions included in co	lumn 8 🚬							
Schedule F - Interest, An	nuities, Royaltie	es, and R	ents From Contro	lled	l Organiza	tions (see instru	uctions)		
		E	xempt Controlled Or	gani	zations				
1. Name of controlled organization	2. Employer identification nur	nber 🤤	3. Net unrelated income 4. Total of spec		otal of specifie ayments made			6. Deductions directly connected with income in column 5	
(1)									
(2)				1					
(3)									
(4)									
Nonexempt Controlled Orga	inizations	1						1	
7. Taxable Income	8. Net unrelated (loss) (see instr		9. Total of specifie payments made		inclu	art of column 9 that i ded in the controlling ization's gross incom	cor	connected with income in	
(1)									
(2)									
(3)									
(4)									

Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Add columns 5 and 10.

Enter here and on page 1, Part I, line 8, column (A).

►

Totals

Form 990-T (2013)	PHILIPST	OWN.INFO	, IN	IC.				45-44	403312	Page 4
Schedule G - Investment Ir	ncome of a Sec	ction 501(c)	(7),	(9), or (17) Orga	nizat	ion (see inst	ructi	ions)		
1. Description of income 2. Amount of in		fincome	3. Deductions directly connected (attach schedule)			4. Set-asides (attach schedule)			5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)										
(2)										
(3)										
(4)										
	Enter here and Part I, line 9, c								Enter here and Part I, line 9,	
Totals										
Schedule I - Exploited Exe	empt Activity In	come, Othe	r Tha	an Advertising In	com	e (see instru	ctior	ns)		
1. Description of exploited activity	exploited activity exploited activity exploited activity activity exploited activity activity business income from trade or business business activity from trade or business business activity business activ		4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income		6. Expenses attributable to column 5		expe (column column more	es exempt enses 6 minus 5, but not e than mn 4).	
(1)										
(2)										
(3)										
(4)							<u> </u>			
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and page 1, Part line 10, col. (: I,					on pa	nere and age 1, line 26.	
Totals Schedule J - Advertising Ir	como (coo instr	uctions)								
Part I Income From Per	Iodicals Report	ted on a Col	nsoii	dated Basis			T			
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs		4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		6. Readership costs		costs (o minus col not mo	readership column 6 lumn 5, but ore than mn 4).
(1) ATCH 1										
(2)									-	
(3)				-			<u> </u>		-	
(4)							<u> </u>		-	
Totals (carry to Part II, line (5))	47,538.	94,6	96.	-47,158.						
Part II Income From Pe 2 through 7 on a I	riodicals Repo	rted on a S	epa	rate Basis (For e	each	periodical I	iste	d in Part	II, fill in c	columns
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs		4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		6. Readership costs		costs (o minus col not mo	readership column 6 lumn 5, but ore than mn 4).
(1)										
(2)									_	
(3)										
(4)										
Totals from Part I	47,538.	94,6	96.							
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 47, 538.	Enter here and page 1, Par line 11, col. (94, 6	t I (B).						on p	here and bage 1, , line 27.
Schedule K - Compensatio	n of Officers, D			ustees (see instru	uction	s)				
1. Name		2. Title			3. Percent of 4. Compen			ensation attribu		
(1) ATCH 2						540.1000	%			
(2)							%			
(3)						%				
(4)							%			
Total. Enter here and on page 1, F	Part II line 14	1					-70			
Enter here and on page 1, F										

45-4403312

SCHED J - PART I, ADVERTISING INCOME REPORTED ON A CONSOLIDATED BASIS										
			ATTACHMENT	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	47,538.	94,696.								
COLUMN TOTALS	47,538.	94,696.	-47,158-							

0

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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

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