Docusign Envelope ID: BF0B7054-C2B8-4145-9A45-888189F440FB

CHAR500 Online	Annual Filing for Charitable Organizations	Open to Public Inspection
For new annual filings, and amendments	New York State Office of the Attorney General Charities Bureau - Registration Section 28 Liberty Street New York, NY 10005 charitiesnys.com	

Filing Type: (•) New Filing ( ) Amendment Filing Year: 2024

General Information

Current Organization Name: PHILMONT BEAUTIFICATION, INC.
Updated Name: N/A
NY Registration Number: 40-17-05
Registration Category: DUAL
Organization Type: Corporation
EIN: 205877789
Current Fiscal Year End: 12/31
Updated Fiscal Year End: N/A
Organization Email: INFO@PBINC.ORG
Organization's Phone: 5186970038
Tax Exempt Status: 501(c)(3)
Website: WWW.PBINC.ORG

Organization Address

Mailing Address	Principal Address	NY State Address
113 MAIN ST PO. BOX1072 PHILMONT NY 12565 UNITED STATES	113 MAIN ST PO. BOX1072 PHILMONT NY 12565 UNITED STATES	NA

Primary Contact Information

First Name: Sally Last Name: Baker Title: Executive Director
Phone: 5186970038 Email: info@pbinc.org

Organization Type

Type of IRS document filed with IRS: IRS990 Organization Type: Public

Third Party Preparer Information

First Name: Timothy P Last Name: Hoolihan Title: CPA
Firm Name: Van Norstrand & Hoolihan, CPA's P.C. Phone: 8458765200 Email: ying@vnhcpa.com

Third Party Address

Street: 187 E. Market St. Ste 202
City: Rhinebeck State: NY
Zip: 12572 Country: United States

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Registration Category

1. Does the organization conduct activity in New York State other than soliciting? This may include, but i**s not limited to**, maintaining an office, having employees or staff, or running a program.
   ◉ Yes ○ No
2. Does the organization have assets in New York State?
   ◉ Yes ○ No
3. Is the organization incorporated or formed in New York State?
   ◉ Yes ○ No
4. Has the organization received more than $25,000 in total contributions from New York State residents, foundations, corporations or government agencies or other entities in the period covered by this filing?
   ◉ Yes ○ No
5. Does the organization plan to receive more than $25,000 annually in total contributions from New York State residents, foundations, corporations, government agencies or other entities?
   ◉ Yes ○ No
6. Does the organization use a professional fundraiser or fundraising counsel?
   ○ Yes ◉ No

Based on your responses to the above questions, this organization's registration category remains as DUAL

Contribution Information

1. Did the organization solicit or receive contributions during the fiscal year in New York State?
   ◉ Yes ○ No
3. Choose the total contributions in New York State this fiscal year: $25,000-$99,999

Annual Exemptions

1. Were the total contributions from New York State, including residents, foundations, government agencies, etc. under $25,000 during the fiscal year?
   ○ Yes ○ No N/A
2. Did the organization use a professional fundraiser or fundraising counsel during the fiscal year?
   ○ Yes ○ No N/A
3. Were the organization's gross receipts under $25,000 and the market value of its assets under $25,000 during the fiscal year?
   ○ Yes ◉ No

Based on your responses to annual exemption questions, this organization is required to file under DUAL *during this fiscal year.*

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Financial Information

Type of IRS document filed with IRS: IRS990

Organization's total revenue: 94,603

Organization's total contributions: 88,003

Organization's total assets: N/A

Organization's net assets: 270,240

Organization's total revenue and contributions: N/A

Organization's total liabilities: N/A

Organization's total assets/ worth: N/A

Organization's total income: N/A

For this filing year, does your organization plan to complete any of the following with the New York State Charities Bureau?

☐ Closing ☐ Withdrawing ☐ Dissolving ☒ None

Is this your final filing with New York State? ○ Yes ○ No N/A

Filing Information

Did your organization use a professional fundraiser or fundraising counsel for fundraising activity in New York State?

○ Yes ◉ No

General Information	Description of Services	Description of Compensation
Name of Firm: N/A Type: N/A Reg Number: N/A Contract Start: N/A Contract End: N/A Amount Paid: N/A Phone : N/A Mailing Address: N/A	N/A	N/A
Name of Firm: N/A Type: N/A Registration ID: N/A Contract Start: N/A Contract End: N/A Amount Paid: N/A Phone : N/A Mailing Address: N/A	N/A	N/A
Name of Firm: N/A Type: N/A Registration ID: N/A Contract Start: N/A Contract End: N/A Amount Paid: N/A Phone : N/A Mailing Address: N/A	N/A	N/A

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Did the organization receive government grants during this fiscal year?

○ Yes ◉ No

Government Grant Agency	Grant Amount
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A

Documents

Attached organization's required documents:

- ☒ IRS document
- ☐ Certified Public Accountant's Audit Report
- ☐ Certified Public Accountant's Review Report
- ☐ Complete Certificate of Amendment or other document amending the name
- ☐ Other documents

Signatures

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

Role	First Name	Last Name	Email
Executive Director	Sally	Baker	info@pbinc.org
Treasurer	Kate	Martino	katem59@yahoo.com

Signature of Executive Director: Signed by: Sally Baker 5D8764B7DC61447... Date: 10/3/2025

Signature of Treasurer: Signed by: Kate Martino DE51161E0A2C487... Date: 10/3/2025