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btal expenses. Add lines 10 through 16 17 31,11 access or (deficit) for the year (Subtract line 17 from line 9) 18 9,26 bet assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 18 9,26 ad-of-year figure reported on prior year's return) 19 26,01 ther changes in net assets or fund balances (explain in Schedule O) 20	7a b c 8 9 10 11 12 13	 Less cost of Gross profit of Other revenue Total revenue Grants and si Benefits paid Salaries, othe Professional Occupancy, revenue 	of inventory, less returns and f goods sold or (loss) from sales of invent ue (describe in Schedule O) e. Add lines 1, 2, 3, 4, 5c, 6d imilar amounts paid (list in S l to or for members er compensation, and employ fees and other payments to i rent, utilities, and maintenan	d allowances	7a 7b	<u> </u>	0 0 7c 8 9 10 . 11 . 12 . 13 . 14	40,37 16,01 3,35	
Access or (deficit) for the year (Subtract line 17 from line 9) 18 9,26 Set assets or fund balances at beginning of year (from line 27, column (A)) (must agree with ind-of-year figure reported on prior year's return) 19 26,01 ther changes in net assets or fund balances (explain in Schedule O) 20 20	7a b c 8 9 10 11 12 13 14	 Less cost of Gross profit of Other revenue Total revenue Grants and su Benefits paid Salaries, othe Professional Occupancy, r Printing, publ 	of inventory, less returns and f goods sold or (loss) from sales of invent ue (describe in Schedule O) e. Add lines 1, 2, 3, 4, 5c, 6d imilar amounts paid (list in S l to or for members er compensation, and employ fees and other payments to in rent, utilities, and maintenan lications, postage, and shipp	d allowances	7a 7b	<u> </u>	0 0 7c 8 9 10 . 11 . 12 . 13 . 14 . 15	40,37 16,01 3,35 1,76	
et assets or fund balances at beginning of year (from line 27, column (A)) (must agree with ind-of-year figure reported on prior year's return)	7a b c 9 10 11 12 13 14 15	 Less cost of Gross profit of Other revenue Total revenue Grants and si Benefits paid Salaries, othe Professional Occupancy, r Printing, publ Other expense 	of inventory, less returns and f goods sold or (loss) from sales of invent ue (describe in Schedule O) e. Add lines 1, 2, 3, 4, 5c, 6d imilar amounts paid (list in S l to or for members er compensation, and employ fees and other payments to in rent, utilities, and maintenan lications, postage, and shipp ses (describe in Schedule O)	d allowances	7a 7b	<u> </u>	0 0 7c 8 9 10 . 11 . 12 . 13 . 13 . 14 . 15 . 16	40,37 16,01 3,35 1,76 9,98	
id-of-year figure reported on prior year's return) 19 26,01 ther changes in net assets or fund balances (explain in Schedule O) 20	7a b c 8 9 10 11 12 13 14 15 16	 Less cost of Gross profit of Other revenue Total revenue Grants and site Benefits paid Salaries, othe Professional Occupancy, in Printing, publi Other expense Total expense 	of inventory, less returns and f goods sold or (loss) from sales of invent ue (describe in Schedule O) e. Add lines 1, 2, 3, 4, 5c, 6d imilar amounts paid (list in S l to or for members	d allowances	7a 7b	<u> </u>	0 0 7c 8 9 10 . 11 . 12 . 13 . 14 . 15 . 16 . 17	40,37 16,01 3,35 1,76 9,98 31,11	
ther changes in net assets or fund balances (explain in Schedule O)	7a b c 8 9 10 11 12 13 14 15 16 17 18	 Less cost of Gross profit of Other revenue Total revenue Grants and si Benefits paid Salaries, othe Professional Occupancy, r Printing, publ Other expense Total expense Excess or (design of the set of the	of inventory, less returns and f goods sold or (loss) from sales of invent ue (describe in Schedule O) e. Add lines 1, 2, 3, 4, 5c, 6d imilar amounts paid (list in S l to or for members er compensation, and employ fees and other payments to in rent, utilities, and maintenan lications, postage, and shipp ses (describe in Schedule O) res. Add lines 10 through 16 eficit) for the year (Subtract	d allowances	7a)		0 0 7c 8 9 10 . 11 . 12 . 13 . 14 . 15 . 16 . 17	40,37 16,01 3,35 1,76 9,98 31,11	
	7a b c 8 9 10 11 12 13 14 15 16 17	Less cost of Gross profit of Other revenue Total revenue Grants and su Benefits paid Salaries, othe Professional Occupancy, r Printing, publ Other expense Excess or (de Net assets of	of inventory, less returns and f goods sold or (loss) from sales of invent ue (describe in Schedule O) e. Add lines 1, 2, 3, 4, 5c, 6d imilar amounts paid (list in S l to or for members it o or for members	d allowances	7a)		0 0 7c 8 9 9 10 . 11 . 12 . 13 . 14 . 15 16 . 17 . 18	40,37 16,01 3,35 1,76 9,98 31,11 9,26	
et assets or fund balances at end of year Combine lines 18 through 20	7a b c 8 9 10 11 12 13 14 15 16 17 18	 Less cost of Gross profit of Other revenue Total revenue Grants and si Benefits paid Salaries, othe Professional Occupancy, r Printing, publ Other expense Total expense Excess or (de Net assets of end-of-year f 	of inventory, less returns and f goods sold or (loss) from sales of invent ie (describe in Schedule O) e. Add lines 1, 2, 3, 4, 5c, 6d imilar amounts paid (list in S l to or for members er compensation, and employ fees and other payments to in rent, utilities, and maintenan lications, postage, and shipp ses (describe in Schedule O) res. Add lines 10 through 16 eficit) for the year (Subtract r fund balances at beginning figure reported on prior year's	d allowances	7a)		0 0 7c 8 9 10 . 11 . 12 . 13 . 14 . 15 . 16 17 . 18 . 19	40,37 16,01 3,35 1,76 9,98 31,11 9,26 26,01	
et assets or fund balances at end of year Combine lines 18 through 20	7a b c 8 9 10 11 12 13 14 15 16	 Less cost of Gross profit of Other revenue Total revenue Grants and si Benefits paid Salaries, othe Professional Occupancy, r Printing, publ Other expense 	of inventory, less returns and f goods sold or (loss) from sales of invent ue (describe in Schedule O) e. Add lines 1, 2, 3, 4, 5c, 6d imilar amounts paid (list in S l to or for members er compensation, and employ fees and other payments to in rent, utilities, and maintenan lications, postage, and shipp ses (describe in Schedule O)	d allowances	7a 7b	<u> </u>	0 0 7c 8 9 10 . 11 . 12 . 13 . 13 . 14 . 15 . 16		

Form 990-EZ (2010)					Page 2
Part II Balance Sheets					_
Check if the organization used	Schedule O to respond to	any question in t	hıs Part II	<u>.</u>	<u></u>
(See the instruc	tions for Part II)		(A) Beginning of year		(B) End of year
22 Cash, savings, and investments			22,433	22	31,697
23 Land and buildings			0		0
24 Other assets (describe in Schedule O)		3,580		3,580
25 Total assets	,	•	26,013		35,277
26 Total liabilities (describe in Schedule	\cdots	• • •	0	+ +	0
•	•	th luna 21 \	-		
27 Net assets or fund balances (line 27 o Part IIII Statement of Program			26,013	<u> 27 </u>	35,277 Expenses
Check if the organization used What is the organization's primary exempt TO PRESERVE, PROTECT AND PROMOT THAT HONOR, SUPPORT AND BUILD TR Describe the organization's program servic measured by expenses In a clear and com- benefited, and other relevant information for 28 PRESERVING NEW HAMPSHIRE'S TRA	I Schedule O to respond to purpose? E TRADITIONAL FAMILY ADITIONAL FAMILY VAL e accomplishments for eac cise manner, describe the s or each program title	any question in f VALUES TO PR UES th of its three larg services provided	OVIDE RESOURCES gest program services, as I, the number of persons	(c) or <u>c</u> 49	equired for section 501)(3) and 501(c)(4) ganizations and section 47(a)(1) trusts, tional for others)
ENTERPRISE THROUGH EDUCATIONAL (Grants \$ 0) If thu	EFFORTS s amount includes foreign (grants, check hei	re 🕨 🦵	28a	22,071
29					,
(Grants \$) If the If t	s amount includes foreign (grants, check hei	re 🕨 🦵	29a	
(Grants \$) If thi 31 O ther program services (describe in Sc	s amount includes foreign (re▶┌	30a	
	s amount includes foreign g			31a	1
32 Total program service expenses (add lin	es 28a through 31a) 🛛 .		⊳	32	22,071
Part IV List of Officers, Directors, Tru Check if the organization used			• •		ons for Part IV)
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensa (If not pair enter -0)	ition (d) Contribution d, employee benefit p	s to lans &	
See Addıtıonal Data Table					

Form	990-EZ (2011)			Page 3
Ра	Other Information (Note the statement requirements in the instructions for Part V.)			
	Check if the organization used Schedule O to respond to any question in this Part V			1
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on	34		No
35	Schedule O (see instructions)			
а	Form 990-T	25-		N.
b	activities (such as those reported on lines 2, 6a, and 7a, among others)? If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in	35a		No
c	Schedule O	35b		
36	notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during	35c		No
	the year? If "Yes," complete applicable parts of Schedule N	36		No
		276		N.
	Did the organization file Form 1120-POL for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
Ь	section 4911 0 , section 4912 0 , section 4955 0 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 0			
		40b		No
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
e	<i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41	List the states with which a copy of this return is filed 🕨 NH	- /		
42a	The organization's books are in care of WENDY WARCHOLIK Telephone no	• <u>(60</u>	3)228	-4794
	PO Box 4683 Located at Manchester, NH ZIP + 4	• 0	3108	
D	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	42b	Yes	No No
	account)? If "Yes," enter the name of the foreign country 🕨			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
с	At any time during the calendar year, did the organization maintain an office outside of the U S γ	42c		No
	If "Yes," enter the name of the foreign country 🕨			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041— Check here	••	•••	▶□
A A -	Did the exampletion maintain any dense adviced funded 16 "Ver" From 000 must be severabled with a f		Yes	No
44 a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of			
b	Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form990-EZ	44a		No
с	Did the organization receive any payments for indoor tanning services during the year?	44b		No
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation	44c		No
45a	<i>in Schedule O</i> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d		
	_ , , , , , , , , , , , , , , , , , , ,	45a		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If Yes,' Form 990 and Schedule R may need to be completed instead of Form990-EZ (see instructions)	45b		No

Form	990-EZ (2011)			Page 4
			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 🔞	46		No
Pa	t VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trust All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must a 47-49b and 52.		-	stions
	Check if the organization used Schedule O to respond to any question in this Part VI			.Г
			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year?	47	Yes	
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		No
Ь	If "Vec " was the related organization a section 527 organization?	49b		

- **b** If "Yes," was the related organization a section 527 organization?
- Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None " 50

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
f Total number of other employees pa	ıd over \$100,000			•

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d	Total number of other independent contractors each receiving over \$10
52	Did the organization complete Schedule A? NOTE: All Section 501(c)(3
	must attach a completed Schedule A

52	Did the organization complete Schedule /	<u>~</u> ·	140	,	~ "	Je	LIOI	1.50	T(C	・ハー
	must attach a completed Schedule A 🛛 .		•	•	•	•	• •		ı	•

Sign Here	Signature of officer Wendy Warcholik Executive Director Type or print name and title	
Paid	Preparer's signature	Date
Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4	

efi	le GF	RAPHIC	print - D	O NOT PROCESS	As File	ed Data -					92131001082
		OULE		Public (Charity S	Status a	nd Publi	c Suppo	ort	ОМ	BNº 1545-0047
Depart	ment of th	ne Treasury le Service								ZUII Open to Public	
				Attach to	Form 990 or l	Form 990-EZ	. 🕨 See sepa	rate instruct			Inspection
		ne organiz NE POLICY							Employer	identificatio	on number
									02-0516	032	
Ра	rt I	Reaso	on for Pu	ublic Charity Sta	tus (All org	ganizations	must com	plete this p	art.) See i	Instructions	
The	organı	ızatıon ıs	not a priva	te foundation becaus	seitis (For	lınes 1 throu	gh 11, checl	< only one bo	ox)		
1	Γ	A churc	h, convent	ion of churches, or a	ssociation of	fchurches s	ection 170(b	o)(1)(A)(i).			
2	Γ	A schoo	l describe	d in section 170(b)(1	L)(A)(ii). (At	tach Schedu	ıle E)				
3	Γ	A hospı	tal or a co	operative hospital se	rvice organiz	zatıon descrı	bed in sectic	on 170(b)(1)	(A)(iii).		
4	Γ			h organization opera ity, and state	ted ın conjun	iction with a	hospıtal des	cribed in sec	ction 170(b)	(1)(A)(iii). I	Enter the
5	Г			perated for the benefi		e or universit	y owned or c	perated by a	a governmer	ntal unit desc	cribed in
	_			(A)(iv). (Complete P							
6				r local government o							
7	I	describ	ed in	at normally receives (A)(vi) (Complete P		al part of its	support from	a governme	ental unit or	from the gen	eral public
8	Г			t described in sectio		A)(vi) (Com	nplete Part I	τ)			
9	ন			at normally receives					butions, mei	mbership fee	s, and gross
	,			vities related to its e							
				ross investment inco							
				ganızatıon after June						,	
10	Г			ganized and operate							
11	Г	An orga one or r the box	nızatıon or nore public	ganized and operate ly supported organiz les the type of supp b Type I	d exclusively ations descr	for the bene bed in secti	efit of, to per on 509(a)(1 complete line	form the fund) or section es 11e throu	ctions of, or 509(a)(2) s gh 11h	See section !	
e	Г	other th section	an foundat 509(a)(2)		her than one	or more pub	licly support	ed organizat	tions describ	bed in sectio	n 509(a)(1) or
f g		check t	nıs box	received a written d 2006, has the organ						III supporti	ng organization,
			g persons?							、	
				rectly or indirectly c governing body of th				persons des	scribea in (ii		Yes No
				er of a person descri						110	(ii)
				lled entity of a perso			hove?				(iii)
h				ing information about						119	
				(iii)	(iv)						
(i) Name suppo		e of	Type of Is f organization organiz (ii) (described on col (i))		Type of Is the Did you notify the		ion in	(vi Is tl organıza col (ı) or	he tıon ın	(vii) A mount of	
	organiz			or IRC section (see	your gove docume		suppor		in the l	-	support?
_				instructions))	Yes	No	Yes	No	Yes	No	
Tota	1										

Sch	edule A (Form 990 or 990-EZ) 2011						Page 2
	Part II Support Schedule (Complete only if you under Part III. If the	ou checked the	box on line 5,	7, or 8 of Part	I or if the organ	nization failed t	o qualify
S	ection A. Public Support	2 organization				euse complete	rute iii.
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
-	by each person (other than a						
	governmental unit or publicly						
	supported organization) included or	1					
	line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7						
12	through 10) Gross receipts from related activiti	es, etc (See inst	tructions)	1	1	12	I
13	First Five Years If the Form 990 is			l third fourth or	fifth tay year ac a		
13	check this box and stop here		ion s mst, second	i, tinia, ioartii, or		501(c)(5) organ	
S	ection C. Computation of Pul	olic Support F	Percentage				
14	Public Support Percentage for 201	1 (lıne 6 column	(f) divided by line	11 column (f))		14	
15	Public Support Percentage for 201) Schedule A, Pa	art II, line 14			15	
16a	33 1/3% support test—2011. If the				l line 14 is 33 1/3%	% or more, check	
b	and stop here. The organization qua 33 1/3% support test—2010. If the box and stop here. The organizatio	organization did	not check the bo	x on line 13 or 1	6a, and line 15 is	33 1/3% or more	₽, check this ■
17a	10%-facts-and-circumstances test is 10% or more, and if the organization medorganization medorganization	— 2011. If the org tion meets the "f	anization did not facts and circums	check a box on l tances" test, ch	eck this box and s	top here. Explain	
Ь	10%-facts-and-circumstances test 15 is 10% or more, and if the organ Explain in Part IV how the organiza	nization meets th	e "facts and circu	umstances" test,	, check this box ar	nd stop here.	. ,
18	supported organization Private Foundation If the organizat instructions						″►Γ ►Γ
	macrucciona						er 1

	dule A (Form 990 or 990-EZ) 2011							Page 3
Pa	ITT III Support Schedule (Complete only if you Part II. If the organiz	u checked the b	ox on line 9 of	Part I or if the	organization fa			under
Se	ction A. Public Support				4 1			
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2	011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	41,768	55,196	127,749	51,399		40,361	316,473
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	3,490	2,729	7,920	0		0	14,139
3	purpose 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	45,258	57,925	135,669	51,399		40,361	330,612
-	Amounts included on lines 1, 2,	,					,	,
74	and 3 received from disqualified persons							
b	A mounts 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 8	Add lines 7a and 7b Public Support (Subtract line 7c							
	from line 6)							330,612
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2	011	(f) Total
9 10a	n) Amounts from line 6 Gross income from interest,	45,258	57,925	135,669	51,399		40,361	330,612
104	dividends, payments received on securities loans, rents, royalties and income from similar sources	48	30	32	14		14	138
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
с	Add lines 10a and 10b	48	30	32	14		14	138
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)				57			57
13	Total support (Add lines 9, 10c, 11 and 12)	45,306	57,955	135,701	51,470		40,375	330,807
14	First Five Years If the Form 990 is check this box and stop here	for the organization	n's first, second,	thırd, fourth, or fı	fth tax year as a	501(c)(3) organız	zation, ►
Se	ction C. Computation of Pub							
15	Public Support Percentage for 2011	L (line 8 column (f)) divided by line 1	L3 column (f))		15		99 941 %
16	Public support percentage from 201	LO Schedule A, Pa	rt III, line 15			16		99 91 %
Se 17	ction D. Computation of Inv Investment income percentage for				(f))			0.042.00
17	Investment income percentage for	-		-	\' <i>11</i>	17		0 042 %
	33 1/3% support tests—2011. If the	e organızatıon dıd ı	not check the bo	x on line 14, and				
b	more than 33 1/3%, check this box 33 1/3% support tests—2010. If the	e organization did i	not check a box o	on line 14 or line	19a, and line 16	ıs more	than 331	
20	18 is not more than 33 1/3%, check Private Foundation If the organizat							n ▶ ▶

Schedule A (Form 990 or 990-EZ) 2011

Part IV Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE A, PART III, LINE 12, OTHER INCOME DESCRIPTION OF OTHER REVENUE 2010 MISCELLANEOUS INCOME - AMOUNT \$57

Schedule A (Form 990 or 990-EZ) 2011

efile GRAPHIC pr	int - DO NO	T PROCESS	As Filed Data -			DL	N: 93492131	001082
SCHEDULE C		Political C	ampaign and	Lobbying A	Activitie	es	OMBNo 1	545-0047
(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	For Organi	► Com	t From Income Tax plete if the organization m 990 or Form 990-EZ	on is described b	elow.		7 20 Open to Inspe	
			B (1941) B					
If the organization an then	iswered "Ye	s," to Form 990	, Part IV, Line 3, or Fe	orm 990-ez, Pa	rt V, line 4	6 (Political Ca	impaign Activi	ties),
 Section 501(c)(3) org Section 501(c) (other Section 527 organization and Section 501(c)(3) org Section 501(c)(3) org If the organization and Section 501(c)(4), (5) 	than section 5 tions Complete iswered "Ye anizations that anizations that iswered "Ye	01(c)(3)) organiz Part I-A only s," to Form 990 t have filed Form t have NOT filed F s," to Form 990	ations Complete Parts , Part IV, Line 4, or Fo 5768 (election under se form 5768 (election under , Part IV, Line 5 (Prov	I-A and C below orm 990-EZ, Pa ection 501(h)) Co der section 501(h	n t VI, line 4 complete Part n)) Complet	17 (Lobbying : II-A Do not co e Part II-B Do r	omplete Part II-B not complete Par	
Name of the organiza	tion					Employer ider	ntification numb	er
CORNERSTONE POLICY RE	ESEARCH					02-0516032		
Part I-A Comple	te if the or	ganization is	exempt under se	ection 501(c) or is a			on.
in opposition to d			t and indirect politica art IV	l campaıgn activ	vities on be	half of or		
2 Political expendi	tures					•	\$	
3 Volunteer hours								
Part I-B Comple	te if the or	ganization is	exempt under se	ection 501(c)(3).			
1 Enter the amount	t of any excise	e tax incurred by	the organization unde	r section 4955		•	\$	
2 Enter the amount	t of any excise	e tax incurred by	organization manager	s under section	4955	►	\$	
3 If the organization	on incurred a s	ection 4955 tax	, dıd ıt file Form 4720	for this year?			∏ Yes	∏ No
4a Was a correction	made?						∏ Yes	∏ No
b If "Yes," describ								
Part I-C Comple							1(c)(3).	
			g organization for sect				\$	
exempt funtion a	ctivities	-	ds contributed to othe	-		►	\$	
3 Total exempt fun	iction expendi	tures Add lines	1 and 2 Enter here an	d on Form 1120)-POL, line	17b 🕨	\$	
4 Did the filing orga	anızatıon file F	Form 1120-POL fo	or this year?				∏ Yes	∏ No
organization mad amount of politic	5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.							
(a) Name	2	(b)	Address	(c) EIN	filing or	unt paıd from ganızatıon's one, enter -0-	(e) A mount of contributions and promp directly deliv separate p organization enter -	s received otly and vered to a political i If none,
		<u> </u>						

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990. Cat No 50084S Schedule C (Form 990 or 990-EZ) 2011

Sc	hedule C (Form 990 or 990-EZ) 2011			Page 2
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	
	expenses, and share of excess lobb	an affiliated group (and list in Part IV each affilia bying expenditures) x A and "limited control" provisions apply	ated group member's name,	, address, EIN,
	Limits on Lobbying E (The term "expenditures" means a	expenditures	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lobbying)	388	
b	Total lobbying expenditures to influence a legisl	atıve body (dırect lobbyıng)	2,196	
С	Total lobbying expenditures (add lines 1a and 1	ס)	2,584	
d	O ther exempt purpose expenditures		28,525	
е	Total exempt purpose expenditures (add lines 1	c and 1d)	31,109	
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both	6,222	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lir	ne 1f)	1,556	
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -	0	
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -	0	
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form 4	720 reporting	⊤Yes ⊤No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total				
2a	Lobbying non-taxable amount	14,132	19,221	14,595	6,222	54,170				
Ь	Lobbying ceiling amount (150% of line 2a, column(e))					81,255				
C	Total lobbying expenditures	500	13,154	8,104	2,584	24,342				
d	Grassroots non-taxable amount	3,533	4,805	3,649	1,556	13,543				
e	Grassroots ceiling amount (150% of line 2d, column (e))					20,315				
f	Grassroots lobbying expenditures	500	2,499		388	4,603				

Schedule C (Form 990 or 990-EZ) 2011

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(election under section 501(h)).					
		()	a)	(b)		
		Yes	No	/	Amoun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		I			
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
с	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	O ther activities? If "Yes," describe in Part IV					
j	Total lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6)	501(c)(5),	or s	ectio	n
	501(c)(6).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		ſ	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		F	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		F	3		
Pai	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				ectio	n
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				

- 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?
- 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier Return Reference Explanation

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efile GRAPHIC pr	int - DO NOT	PROCESS	As Filed Data -		DLN:	93492131001082		
SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ OMB No 1545-0 2011 Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.								
Name of the organizati CORNERSTONE POLICY RES	fication number							
ldentifier	Return Reference			Explanation				
F99Z_P01_S00_L04 Form 990-EZ, Part I, Line 4 OTHER INVESTMENT INCOME DESCRIPTION OF PROPERTY INTEREST - AMOUNT \$14								
F99Z_P01_S00_L16	Form 990-EZ, Part I, Line 16	EXPENSE, 33		E EXPENSE, 1334 OFFICE EXPENSE, 1421 PROGRAM ND GENERAL, 3132 DONATIONS AND				

Description, EOY Amount^DUE FROM - RELATED PARTY, 3580^Total, 3580^

DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT

INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS THE ORGANIZATION DID NOT, DURING

THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL

BENEFIT CONTRACT THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS,

F99Z P02 S00 L24

F99Z_P05_S00_L42a Form 990-EZ,

Form 990-EZ,

Part II, Line 24

Part V, Line

42a

Software ID:11000129Software Version:v1.00EIN:02-0516032Name:CORNERSTONE POLICY RESEARCH

Form 990-EZ, Special Condition Description:

Special Condition Description orm 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees								
SHANNON MCGINLEY 4 BALSAM COURT BEDFORD,NH 03110	CHAIRMAN 5	0	0	0				
MICHAEL COMPITELLO 72 BIRKDALE ROAD BEDFORD,NH 03110	DIRECTOR 1	0	0	0				
CHARLIE MCKINNEY 4 NORTHFIELD ROAD AMHERST,NH 03031	DIRECTOR 1	0	0	0				
FREDERICK AFSHAR 135 RIVERWALK WAY MANCHESTER,NH 03101	DIRECTOR 1	0	0	0				
GARRY HAMILTON 45 MYLES DRIVE AUBURN,NH 03032	DIRECTOR 1	0	0	0				
KEVIN SMITH PO Box 4683 Manchester,NH 03108	EXECUTIVE DIRECTOR 40	12,921	0	0				