efile GRAPHIC print - DO NOT PROCESS As Filed Data -

A For the 2012 calendar year, or tax year beginning 01-01-2012

DLN: 93492130002203

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

## **Short Form Return of Organization Exempt From Income Tax**

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

(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

Open to Public

Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

and ending 12-31-2012

**Inspection** 

B Check if applicable			C Name of organization CORNERSTONE POLICY RESEARCH		D Employer identification number				
		change			02-051	5032			
	lame cl nitial re		Number and street (or P O box, if mail is not delivered to street address) Room/suite PO Box 4683		<b>E</b> Telephoi	ne nur	nber		
	emina					(603)	228-4794		
	mende	ed return	City or town, state or country, and ZIP + 4 Manchester, NH 03108						
<b>□</b>	pplicati	ion pending	Hullerester, Mil 03100		Number <b>-</b>				
		ting Method	▼ Cash	heck Fequired to	o attach:	Sche			
			only one) — 501(c)(3) 501(c)( ) ◀(Insert no ) 4947(a)(1) or 527						
norr inst L A c	nally i ructio dd line	not more than ins) But if the es 5b, 6c, and (B) below) are	nization is not a section 509(a)(3) supporting organization or a section 527 of \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990 organization chooses to file a return, be sure to file a complete return 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or m \$500,000 or more, file Form 990 instead of Form 990-EZ  , Expenses, and Changes in Net Assets or Fund Balances (see	0-N (e-ponore, or if	total ass  + \$ 5  tructions	may ets ( 4,91 for P	Part II, line 25,		
	•	Check if th	e organization used Schedule O to respond to any question in this Part I			• •			
	1		, gifts, grants, and similar amounts received			1	54,909		
	2	Program serv	ice revenue including government fees and contracts			2	0		
	3	Membership	lues and assessments			3	0		
	4	Investment I	ncome			4	6		
	5a	Gross amoun	t from sale of assets other than inventory		0				
Шe	b		ess cost or other basis and sales expenses						
Revenue	С	Gain or (loss		5c	0				
Ř	6	Gaming and f							
	а	Gross income	0						
	b	Gross income from fundrais							
		sum of such (	ross income and contributions exceeds \$15,000) 6b		0				
	С	Less direct	expenses from gaming and fundraising events 6c		0				
	d	Net income o	r (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	line 6c)	)	6d	0		
	7a	Gross sales	finventory, less returns and allowances		0				
	b	Less cost of	goods sold		0				
	С	Gross profit o	r (loss) from sales of inventory (Subtract line 7b from line 7a)			<b>7</b> c	0		
	8	O ther revenu	e (describe in Schedule O)			8	0		
	9	Total revenue	Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶	9	54,915		
	10	Grants and s	mılar amounts paıd (lıst ın Schedule O)			10	0		
	11	Benefits paid	to or for members			11	0		
	12	Salaries, othe	er compensation, and employee benefits			12	21,491		
Ses	13	Professional	ees and other payments to independent contractors			13	12,792		
Expenses	14	Occupancy, r	ent, utilities, and maintenance			14	0		
EX	15	Printing, publ	ications, postage, and shipping		<b>15</b> 2,92		2,920		
	16	O ther expens	es (describe in Schedule O)			<b>16</b> 15,094			
	17	Total expens	es. Add lines 10 through 16		<b>•</b>	17	52,297		
Ď	18	Excess or (de	ficit) for the year (Subtract line 17 from line 9)			18	2,618		
ssets	19	Net assets o	fund balances at beginning of year (from line 27, column (A)) (must agree wit	th			_		
et A		end-of-year f	gure reported on prior year's return)			19	35,277		
ž	20	O ther change	s in net assets or fund balances (explain in Schedule O)			20	0		
	21	Net assets o	fund balances at end of year Combine lines 18 through 20		. •	21	37,895		

Check if the organization used	Schedule O to respond to	any question in thi	s Part II		
		Γ	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments		[	31,697	7 22	34,315
23 Land and buildings			C	23	0
24 Other assets (describe in Schedule O		[	3,580	24	3,580
25 Total assets			35,277	25	37,895
26 Total liabilities (describe in Schedule	0)		C	26	0
27 Net assets or fund balances (line 27 of	f column (B) <b>must</b> agree wı	th line 21)	35,277	7 <b>27</b>	37,895
Part III Statement of Program		•	· —		Expenses equired for section 501
What is the organization's primary exempt TO PRESERVE, PROTECT AND PROMOTIONAL HONOR, SUPPORT AND BUILD TR	E TRADITIONAL FAMILY		VIDE RESOURCES	org 49	(3) and 501(c)(4) anizations and section 47(a)(1) trusts, conal for others)
Describe the organization's program service measured by expenses. In a clear and conditions benefited, and other relevant information for	ise manner, describe the				
28 PRESERVING NEW HAMPSHIRE'S TRAENTERPRISE THROUGH EDUCATIONAL (Grants \$ 0) If the				28a	35,793
(Grants \$ ) If thi	s amount includes foreign	grants, check here	▶┌	29a	
30					
(Grants \$ ) If the	s amount includes foreign	grants, check here	▶┌	30a	
<b>31</b> Other program services (describe in Sci (Grants \$ ) If thi	hedule O ) s amount includes foreign	grants, check here	▶┌	31a	
32 Total program service expenses (add line				32	35,793
Part IV List of Officers, Directors, True Check if the organization used					
(a) Name and title	<b>(b)</b> A verage hours per week devoted to position	(c)Reportable compensation (Forms W-2/109 MISC) (if not pa enter -0-)	contributions 19- employee benefit	to plans, l	(e) Estimated amount of other compensation
See Additional Data Table					

	instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part	v		<u>୮</u>
			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 Schedule O (see instructions)	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Νo
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Νo
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		Νo
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨 🔭 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		Νo
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Νo
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9 39a			
b	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			
	section 4911 ▶			
b	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	40b		No
c	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	All organizations 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 ASHLEY PRATTE Telephone no	<b>►</b> (60	3)228-	4794
	Located at PO Box 4683 Manchester, NH ZIP + 4	0.3	3108	
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
Ī	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	<b>No</b> No
	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 the U S $\ref{S}$	42c		Νo
	If "Yes," enter the name of the foreign country 🕨			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year			<b>▶</b> Γ
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
_	Did the organization receive any payments for indoor tanning services during the year?	44c		No
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an</i>			1110
u	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Νo
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 Form 990-EZ (see instructions)	45b		No

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Form 990-EZ	(2012)						Page <b>4</b>
						Yes	No
<b>46</b> Did the	organization engage, directly	or indirectly, in political c	ampaign activities on be				
candida	tes for public office? If "Yes,"	complete Schedule C, Par	t I 📆		46		No
	Section 501(c)(3) orga			150 1 1 1			
	All section 501(c)(3) orga and 51			•		s for III	ies 50
(	Check if the organization used	d Schedule O to respond to	o any question in this Pa	art VI		<u></u>	<u> </u>
						Yes	No
	organization engage in lobbyi						
If "Yes,	" complete Schedule C, Part I	159			. 47	Yes	
<b>48</b> Is the o	rganızatıon a school as descr	ibed in section 170(b)(1)(	A)(II)? If "Yes," comple	te Schedule E .	. 48		No
<b>49a</b> Did the	organization make any transfe	ers to an exempt non-char	ritable related organizati	ion?	. 49a		Νo
<b>b</b> If"Yes,'	" was the related organization	a section 527 organization	on?		. 49b		
<b>50</b> Complet	te this table for the organizati	on's five highest compens	ated employees (other)	than officers directors tri	ıstees a	and kev	
	ees) who each received more						
` '	d title of each employee paid re than \$100,000	<b>(b)</b> A verage hours per week	(c) Reportable compensation	(d) Health benefits, contributions to	1		amount ensation
1110	re than \$100,000	devoted to position	(Forms W-2/1099-	employee benefit plans,	0.00.00	соттр	
			MISC)	and deferred compensation			
LONE							
NONE							
			1				
<b>f</b> Total r	number of other employees pa	nd over \$100,000 .			<u> </u>		
			atod independent centri		▶	an #10	0.000
<b>51</b> Complet	number of other employees pa te this table for the organizati ensation from the organizatio	on's five highest compens		actors who each received	▶more th	an \$10	0,000
<b>51</b> Complet of comp	te this table for the organizati	on's five highest compens n If there is none, enter "I	None "	actors who each received  (b) Type of service		an \$10	
51 Complet of comp (a) Nam	te this table for the organizati ensation from the organizatio	on's five highest compens n If there is none, enter "I	None "				
51 Complet of comp (a) Nam	te this table for the organizati ensation from the organizatio	on's five highest compens n If there is none, enter "I	None "				
51 Complet of comp (a) Nam	te this table for the organizati ensation from the organizatio	on's five highest compens n If there is none, enter "I	None "				
51 Complet of comp (a) Nam	te this table for the organizati ensation from the organizatio	on's five highest compens n If there is none, enter "I	None "				
51 Complet of comp (a) Nam	te this table for the organizati ensation from the organizatio	on's five highest compens n If there is none, enter "I	None "				
51 Complet of comp (a) Nam	te this table for the organizati ensation from the organizatio	on's five highest compens n If there is none, enter "I	None "				
51 Complet of comp (a) Nam	te this table for the organizati ensation from the organizatio	on's five highest compens n If there is none, enter "I	None "				
51 Complet of comp (a) Nam	te this table for the organizati ensation from the organizatio	on's five highest compens n If there is none, enter "I	None "				
51 Complet of comp (a) Nam	te this table for the organizati ensation from the organizatio	on's five highest compens n If there is none, enter "I	None "				
51 Complet of comp  (a) Nam	te this table for the organization ensation from the organization e and address of each indepe	on's five highest compens n If there is none, enter "I ndent contractor paid mor	None " e than \$100,000				
51 Complete of composition (a) Name NONE	te this table for the organizati ensation from the organizatio	on's five highest compens If there is none, enter "I ndent contractor paid mor	None " e than \$100,000				
51 Complet of comp  (a) Nam  NONE  d Total r  52 Did th	te this table for the organization ensation from the organization e and address of each indepe	on's five highest compens If there is none, enter "I ndent contractor paid mor	None " e than \$100,000  i over \$10 n 501(c)(3				
51 Complet of comp  (a) Nam  NONE  d Total r  52 Did th nonex	te this table for the organization ensation from the organization e and address of each independent of other independent of organization complete Scherempt charitable trusts must a	on's five highest compens n If there is none, enter "I ndent contractor paid more contractors each receiving edule A? <b>NOTE:</b> All Section attach a completed Sched	e than \$100,000 y over \$10 n 501(c)(3 ule A				
d Total r  52 Did th nonex	te this table for the organization ensation from the organization e and address of each indeped and each inde	on's five highest compens If there is none, enter "I ndent contractor paid mor contractors each receiving edule A? NOTE: All Section attach a completed Sched	e than \$100,000  over \$10  n 501(c)(3 ule A				
51 Complete of composition (a) Name NONE  d Total response Did the nonex	te this table for the organization ensation from the organization e and address of each indeperation and address of each indeperation e and address of each indeperation each indeperation complete School enganization complete School empt charitable trusts must also of perjury, I declare that I have	on's five highest compens If there is none, enter "I ndent contractor paid mor contractors each receiving edule A? NOTE: All Section attach a completed Sched	e than \$100,000  over \$10  n 501(c)(3 ule A				
51 Complete of composition (a) Name NONE  d Total response Did the nonex	te this table for the organization ensation from the organization e and address of each indeperation and address of each indeperation e and address of each indeperation each indeperation complete School enganization complete School empt charitable trusts must also of perjury, I declare that I have	on's five highest compens If there is none, enter "I ndent contractor paid mor contractors each receiving edule A? NOTE: All Section attach a completed Sched	e than \$100,000  over \$10  n 501(c)(3 ule A				
d Total r  52 Did th nonex  Juder penalties mowledge and mowledge.	te this table for the organization ensation from the organization e and address of each indeperation and address of each indeperation e and address of each indeperation each indeperation complete School enganization complete School empt charitable trusts must also of perjury, I declare that I have	on's five highest compens If there is none, enter "I ndent contractor paid mor contractors each receiving edule A? NOTE: All Section attach a completed Sched	e than \$100,000  over \$10  n 501(c)(3 ule A				
d Total r 52 Did th nonex Inder penalties nowledge and nowledge.	number of other independent of organization from the organization e and address of each independent of other indep	on's five highest compens If there is none, enter "I ndent contractor paid mor contractors each receiving edule A? NOTE: All Section attach a completed Sched	e than \$100,000  over \$10  n 501(c)(3 ule A				
d Total r  52 Did th nonex  Juder penalties knowledge and knowledge.	number of other independent of the organization from the organization e and address of each independent of the organization complete. So the organization complete scheening the organization complete scheening that I have belief, it is true, correct, and organization complete. So of perjury, I declare that I have belief, it is true, correct, and organization complete. So of perjury, I declare that I have belief, it is true, correct, and organization complete.	on's five highest compens If there is none, enter "I ndent contractor paid mor contractors each receiving edule A? NOTE: All Section attach a completed Sched	e than \$100,000  yover \$10  n 501(c)(3  ule A  uding accovarer (other				
51 Complete of comp  (a) Nam  NONE  d Total r  52 Did th nonex	number of other independent of the organization e and address of each independent of the organization of the organization of the organization complete. So the organization complete Schele or	on's five highest compens If there is none, enter "I ndent contractor paid more contractors each receiving edule A? NOTE: All Section attach a completed Sched re examined this return, incling complete. Declaration of prep	e than \$100,000  yover \$10  n 501(c)(3  ule A  uding accovarer (other				
d Total r 52 Did th nonex Inder penalties mowledge and mowledge.	number of other independent of the organization and address of each independent of the organization of the organization of the organization complete. So the organization complete Schele organization complete schele organization complete schele organization complete schele organization complete. So of perjury, I declare that I have belief, it is true, correct, and consider the organization of the organiz	on's five highest compens If there is none, enter "I ndent contractor paid more contractors each receiving edule A? NOTE: All Section attach a completed Sched re examined this return, incling complete. Declaration of prep	e than \$100,000  yover \$10  n 501(c)(3  ule A  uding accovarer (other				
d Total r 52 Did th nonex Inder penalties mowledge and mowledge.  Sign lere	number of other independent of the organization e and address of each independent of the organization of the organization of the organization complete. So the organization complete Schele or	on's five highest compens If there is none, enter "I ndent contractor paid more contractors each receiving edule A? NOTE: All Section attach a completed Sched re examined this return, incling complete. Declaration of prep	e than \$100,000  yover \$10  n 501(c)(3  ule A  uding accovarer (other				

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492130002203

**Employer identification number** 

OMB No 1545-0047

### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

CORNERSTONE POLICY RESEARCH

Department of the Treasury Internal Revenue Service

### **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.

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

Inspection

									02-05160					
	rt I			blic Charity Sta						<u>istructions</u>				
The c	rganı		-	te foundation becaus	· ·		= -	· •	-					
1	Г		=	on of churches, or a				ection 170(	b)(1)(A)(i).					
2	Γ	A scho	ol described	in <b>section 170(b)(</b> 1	L <b>)(A)(ii).</b> (At	tach Sched	ule E )							
3	Γ	A hosp	ital or a coo	perative hospital se	rvice organiz	zatıon descr	ribed in <b>sectio</b>	on 170(b)(1	)(A)(iii).					
4	Γ			h organization opera	ted ın conjun	ction with a	ı hospıtal des	cribed in <b>se</b>	ction 170(b)(	1)(A)(iii). E	nter the			
_	_			ty, and state							<del></del>			
5	ı	_	•	erated for the benefi	_	or universi	ity owned or c	perated by	a government	al unit desc	ribed in			
	_			(A)(iv). (Complete P	•									
6	<u> </u>			local government o	-			` ' '	,, ,, ,					
7		_		at normally receives		•	support from	a governm	ental unit or fi	om the gen	eral public			
	$\vdash$			on 170(b)(1)(A)(vi). : described in <b>sectio</b> i			mploto Bart I	т \						
8 9	<u> </u>			at normally receives					hutians mami	harchin faac	and gross			
9	Į*	_		•					· ·	-	-			
		•		ities related to its e	•	-			` '					
		-	-					-		tax) II o III b t	ax) from businesses			
40	_			=	-		509(a)(2). (Complete Part III )							
10	<u> </u>			ganızed and operate										
11	ļ	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See <b>section 509(a)(3).</b> Check												
				bes the type of supp						ee <b>section</b> 2	(a)(b). Check			
				<b>b</b>						n-functiona	ally integrated			
е	Γ	By che	cking this b	ox, I certify that the	organization	ıs not cont	rolled directly	y or indirect	tly by one or n	nore disqua	ified persons			
				on managers and ot	her than one	or more pul	blicly support	ed organiza	itions describ	ed in sectio	n 509(a)(1) or			
_			1509(a)(2)			f th . ID	)C +b - b . b	T I T		TTT	<b>.</b>			
Т			rganization this box	received a written d	etermination	from the 18	(S that it is a	iype i, iyp	be II, or Type	III support	ing organization,			
g				2006, has the organ	ızatıon accer	oted any gift	t or contributi	on from any	of the		,			
_			ng persons?	, -	·	, 5		,						
		(i) A p	erson who d	irectly or indirectly o	controls, eith	er alone or	together with	persons de	escribed in (ii)		Yes No			
		and (111	) below, the	governing body of th	ne supported	organızatıo	n?			11g	ı(i)			
		(ii) A f	amıly memb	er of a person descr	ıbed ın (ı) ab	ove?				11g	(ii)			
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)	above?			11g	(iii)			
h		Provide	e the follown	ng information about	the support	ed organizat	tion(s)				_			
	) Nan		(ii) EIN	(iii) Type of	(iv) Is		(v) Did you		(vi) Is		(vii) A mount of			
	uppoi			organization	organizati		the organi		organizati		monetary			
organiz		ation		(described on lines 1- 9 above	col (i) lıs your gove		ın col (i) o		col (i) orgain the U		support			
				or IRC section	docume	-	Suppor		lii tile o	5.				
				(see										
				instructions))	Yes	No	Yes	No	Yes	No	1			
							1.03		1.03					
											1			
Tatal	1						+		+					

	(Complete only if you on Part III. If the organization	checked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ition failed to q	ualify under
S	ection A. Public Support	rtion rails to qu	anny ander the	tests listed bel	ow, picase con	piete i di c III.)	
	endar year (or fiscal year beginning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(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	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4						
S	ection B. Total Support						
Cal	endar year (or fiscal year beginning in) ►	<b>(a)</b> 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	( <b>d)</b> 2011	<b>(e)</b> 2012	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
9	dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated						
	business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	<b>Total support</b> (Add lines 7 through						
12	10) Gross receipts from related activiti	ı es, etc (see ınst	ructions)	ı	ı	12	I
13	First five years. If the Form 990 is this box and stop here	for the organizat	ion's first, second		•	501(c)(3) organ	ızatıon, check
S	ection C. Computation of Pub						
14	Public support percentage for 2012			11, column (f))		14	
15	Public support percentage for 2011	Schedule A, Pa	rt II, line 14			15	
	33 1/3% support test—2012. If the and stop here. The organization qua 33 1/3% support test—2011. If the	ilifies as a public	ly supported orga	inization		•	▶□
U	box and <b>stop here.</b> The organization				, and time 15 is 53	1/370 01 111010, 011	F □
17a	10%-facts-and-circumstances test- is 10% or more, and if the organiza in Part IV how the organization mee	<b>–2012.</b> If the org tion meets the "f	anızatıon dıd not acts-and-cırcum	check a box on lı stances" test, ch	eck this box and	<b>stop here.</b> Explair	n orted
b	organization  10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization	nization meets th	e "facts-and-cırc	umstances" test	, check this box a	nd <b>stop here.</b>	•F :ly •F
18	<b>Private foundation.</b> If the organizationstructions	ion did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and see	<b>▶</b> □

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

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

Se	ction A. Public Support							_
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	( <b>d)</b> 2011	(e) 2	012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	55,196	127,749	51,399	40,361		54,909	329,614
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	2,729	7,920	0	0		0	10,649
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 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	57,925	135,669	51,399	40,361		54,909	340,263
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 8	Add lines 7a and 7b <b>Public support</b> (Subtract line 7c from line 6)							340,263
Se	ction B. Total Support	•				•		
Cale	ndar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 20	)12	(f) Total
9	in) ► A mounts from line 6	57,925	135,669	51,399	40,361	(-)	54,909	340,263
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	30	32	14	14		6	96
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c 11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	30	32	14	14		6	96
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			57				57
13 14	Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is to	57,955 for the organizatio	135,701 n's first, second,	51,470 thırd, fourth, or f	40,375 Ifth tax year as a	501(c)(3	54,915 3) organı:	340,416 zation,
_	check this box and stop here							<u>▶</u>
	ction C. Computation of Public support percentage for 2012			13 column (f))				
15 16	Public support percentage for 2012  Public support percentage from 201			Lo, column (T))		15 16		99 955 %
	ction D. Computation of Inve		· ·	Α		10		JJ J41 70 ————
17	Investment income percentage for 2				n (f))	17		0 028 %
18	Investment income percentage from				. , ,	18		0 042 %
19a	33 1/3% support tests—2012. If the more than 33 1/3%, check this box a	organization did r	not check the box	on line 14, and l		han 33 1/3		

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Fo	orm 990 or 990-EZ) 2012 Page <b>4</b>
Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
<u> </u>	Explanation
SCHEDULE A,	PART III, LINE 12, OTHER INCOME DESCRIPTION OF OTHER INCOME 2010 MISCELLANEOUS INCOME - AMOUNT

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93492130002203

### OMB No 1545-0047

**SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** CORNERSTONE POLICY RESEARCH 02-0516032 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes 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 (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

section 4911 tax for this year?

┌ Yes ┌ No

# Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

Check	·►□	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN
		expenses, and share of excess lobbying expenditures)

B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals	
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	584	
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)	3,311	
c	Total lobbying expenditures (add lines 1a and 1i	o)	3,895	
d	Other exempt purpose expenditures		48,402	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	52,297	
f	Lobbying nontaxable amount Enter the amount f	10,459		
	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 lin	e 1f)	2,615	
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	r-0-	0	
j	If there is an amount other than zero on either lii	ne 1h or line 1i, did the organization file Form 4720	reporting	

# 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)	<b>(a)</b> 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	<b>(d)</b> 2012	<b>(e)</b> Total			
2a	Lobbying nontaxable amount	19,221	14,595	6,222	10,459	50,497			
b	Lobbying ceiling amount (150% of line 2a, column(e))					75,746			
c	Total lobbying expenditures	13,154	8,104	2,584	3,895	27,737			
d	Grassroots nontaxable amount	4,805	3,649	1,556	2,615	12,625			
e	Grassroots ceiling amount (150% of line 2d, column (e))					18,938			
f	Grassroots lobbying expenditures	2,499	1,216	388	584	4,687			

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has No filed Form 5768 (election under section 501(h)).	ОТ			1 4	ge <b>S</b>
For	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	( 8	1)		(b)	
activ		Yes	No	1	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					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	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?					
j	Total Add 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					
c	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 50501(c)(6).	01(c	)(5), (	or s	ection	1
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 505(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible 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				
C	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?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				

Part IV **Supplemental Information** 

Identifier

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference

Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492130002203

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047
2012
Open to Public

Inspection

Name of the organization CORNERSTONE POLICY RESEARCH	Employer identification number		
	02-0516032		

ldentifier	Return Reference	Explanation
F99Z_P01_S00_L08		Form 990-EZ, Part 1, Line 4 - OTHER INVESTMENT INCOME. DESCRIPTION OF PROPERTY. INTEREST - AMOUNT \$6 Form 990-EZ, Part V, Line 42a - 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, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.
F99Z_P01_S00_L16	,	Description, Amount^INSURANCE EXPENSE, 1493 OFFICE EXPENSE, 1568 PROGRAM EXPENSE, 3449 MANAGEMENT AND GENERAL, 8334 DONATIONS AND CONTRIBUTIONS, 250^Total, 15094^
F99Z_P02_S00_L24	Form 990-EZ, Part II, Line 24	Description, EOY Amount^DUE FROM - RELATED PARTY, 3580^Total, 3580^

### **Additional Data**

**Software ID:** 12000197

**Software Version:** v1.00

**EIN:** 02-0516032

Name: CORNERSTONE POLICY RESEARCH

#### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	<b>(b)</b> A verage hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099- MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SHANNON MCGINLEY CHAIRMAN	5	0	0	0
MICHAEL COMPITELLO DIRECTOR	1	0	0	
CHARLIE MCKINNEY DIRECTOR	1	0	0	0
FREDERICK AFSHAR DIRECTOR	1	0	0	0
GARRY HAMILTON DIRECTOR	1	0	0	0
WENDY WARCHOLIK EXECUTIVE DIRECTOR	40	19,477	0	0