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Form **990-EZ**

OMB No 1545-1150 2009

Department of the Treasury

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 and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form
The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

		enue Service		The diganization may have to use a copy of this return to satisfy state reporting requirements			
A	For the	2009 calenç	lar year	or tax year beginning 10/21/09 , and ending 06/30/10			
В	Check if	applicable	Please	C Name of organization D	Emp	loyer identification number	
\Box	Address	change	use IRS		27-1337213		
П	Name cl	hange	label or print or	CORNERSTONES OF SCIENCE			
X	Initial ref	•	type.	Number and street (or P O box, if mail is not delivered to street address) Room/suite E	Tele	phone number	
Ħ	Termina		See	PO BOX 955		7-208-8975	
H	Amende		Specific			up Exemption	
H			instruc- tions.	BRUNSWICK ME 04011		nber •	
				zations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting me		X Cash Accrual	
	- 360			npleted Schedule A (Form 990 or 990-EZ). Other (specify)	aiou	Casii Accidai	
	Wahait	. b 2020		rnerstonesofscience.org	1 .5 45.		
Ϊ.	_	empt status (ch		e) — X 501(c) (3) 4 (insert no)	ch Sc	e organization is not hedule B (Form 990,	
<u>у</u> К	Check	Empt status (ci		ganization is not a section 509(a)(3) supporting organization and its gross receipts are normal			
r.)00 F7 or For			-		
				eturn is not required, but if the organization chooses to file a return, be sure to file a complete r	e tuiii	65 000	
				to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ			
	art I			penses, and Changes in Net Assets or Fund Balances (See the instruc		67,048	
	1	•		nts, and similar amounts received		07,040	
	2	•		enue including government fees and contracts	2		
	3	Membership	dues a	nd assessments	3		
	4	Investment	income	, ,	4	45	
	5a	Gross amou	ınt from	sale of assets other than inventory 5a			
	b	Less cost o	r other b	asis and sales expenses 5b			
	С	Gain or (loss)	from sale	of assets other than inventory (Subtract line 5b from line 5a)	5c		
E E	6	Special events	s and acti	vities (complete applicable parts of Schedule G). If any amount is from gaming , check here			
Revenue	a	Gross reven					
æ	ł	reported on	line 1)	6a			
	b	Less direct	expense	s other than fundraising expenses 6b			
	С	Net income	or (loss)	from special events and activities (Subtract line 6b from line 6a)	6c		
	7a	Gross sales	of inver	tory, less returns and allowances 7a			
	ь	Less cost o	f goods	sold 7b			
	c	Gross profit	or (loss	from sales of inventory (Subtract line 7b from line 7a)	7c		
	8	Other reven	ue (desc	ribe ▶	8		
	9	Total reven	ue. Add	lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	67,093	
PA	10		•	mounts paid (attach schedule) RECEIVEL	10		
SCANN SCANN	11	Benefits pai		The state of the s	11		
D	12	•		1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	12		
	13			ensation, and employee benefits d other payments to independent contractors	13	5,618	
				liting and maintanance	14	3,859	
	15			s, postage, and shipping	15		
	16			scribe > See Statement 1	16	8,174	
	17			d lines 10 through 16	17	17,651	
_	18			r the year (Subtract line 17 from line 9)	18	49,442	
इ	19			alances at beginning of year (from line 27, column (A)) (must agree with			
Net Assets	"			ported on prior year's return)	19		
Ä	20	-		t assets or fund balances (attach explanation) See Statement 2	20	229,230	
ž	21			alances at end of year Combine lines 18 through 20	21	278,672	
F	art II			ets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of F			
	· · · · · · ·	<u> </u>	J.I.	(See the instructions for Part II) (A) Beginning of year	7,7,7	(B) End of year	
22	Cash	savings, and	investm		22	278,672	
		ind buildings			23		
		assets (descr	iha 🕨	See Statement 3	24		
	Total a	,	INC P) O	25	278,672	
		issets iabilities (des	cribo 🏲		26	0	
				s (line 27 of column (B) must agree with line 21)	27	278,672	
				Reduction Act Notice see the senarate instructions	-1	Form 990-EZ (2009)	

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Form 990-EZ (2009) CORNERSTONES OF SCIENCE	27	-1337213			Page 2
Part III. Statement of Program Service Accomplishments (See the instruc	tions for Part I	II.)	Ex	penses
What is the organization's primary exempt purpose?			(1	Required '	for section
See Statement 4			5	01(c)(3) a	and 501(c)(4)
Describe what was achieved in carrying out the organization's exempt purposes. In			٥	rganizatio	ons and section
manner, describe the services provided, the number of persons benefited, or other	relevant information	for	4	947(a)(1)	trusts, optional
each program title			fo	or others)
28 See Statement 5					
(0 + - 0 + - + - + - + - + - +		_	_		11 620
(Grants \$) If this amount includes foreign grants, cl	neck here		28a	+	11,639
25					
				,	
(Grants \$) If this amount includes foreign grants, cl	nack hara				
30	ieck fiele		250	-	
•					
(Grants \$) If this amount includes foreign grants, cl	neck here	•	│	, [
31 Other program services (attach schedule)			·		
(Grants \$) If this amount includes foreign grants, cl	neck here	<u> </u>	31a	ı <u> </u>	
32 Total program service expenses (add lines 28a through 31a)			▶ 32		11,639
Part IV List of Officers, Directors, Trustees, and Key Employees. List ea					
(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contri employee be	nefit plans &	(e) Expense account and
(u) Name and address	devoted to position	enter -0)	deferred cor		other allowances
Mr. Lee Grodzins	President				
	 	0		0	0
Mr. Barry Logan	Vice Preside				
	 	0		0	
Mr. Edward Sullivan	Treasurer				
V- 0 M 0-443	-	0	-	0	0
Mr. C. Thomas Settlemire		,	ļ	o	o
Ms. Jocelyn Hubbell	Executive Di	 			
MS. DOCETYN NAMEDELL	40.00	0	[٥	0
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Form **990-EZ** (2009)

organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed tion of each activity		V	
		Yes	No
	33		X
ny changes made to the organizing or governing documents? If "Yes," attached a conformed copy of	33		
inges	34		X
panization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported			
990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
organization have unrelated business gross income of \$1,000 or more or was it subject to section	ĺ		
) notice, reporting, and proxy tax requirements?	35a		X
" has it filed a tax return on Form 990-T for this year?	35b		
organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
he year? If "Yes," complete applicable parts of Schedule N	36		X
nount of political expenditures, direct or indirect, as described in the instr			
organization file Form 1120-POL for this year?	37b		X
organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
th loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
complete Schedule L, Part II and enter the total amount involved			
. 501(c)(7) organizations Enter			
n fees and capital contributions included on line 9	_		
terminal transfer of the second secon	_		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	- 1		
	1		
	40b		X
	40-	·	X
•	408		Λ.
	7-20	0_0	975
	, _0		,,,
	011		
time during the calendar year, did the organization have an interest in or a signature or other authority			
- ,			
inancial account in a toreign country (such as a bank account, securities account, or other financial		Yes	No
inancial account in a foreign country (such as a bank account, securities account, or other financial t)?	42b	Yes	No X
	42b	Yes	No X
1)?	42b	Yes	
t)? " enter the name of the foreign country	42b	Yes	
t)? " enter the name of the foreign country instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank pancial Accounts.		Yes	
t)? " enter the name of the foreign country	42b 42c	Yes	X
t)? " enter the name of the foreign country in instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank nancial Accounts. Itime during the calendar year, did the organization maintain an office outside of the U S ?		Yes	X
"enter the name of the foreign country in enter the name of the foreign country in instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank inancial Accounts. It is during the calendar year, did the organization maintain an office outside of the U S ? "enter the name of the foreign country		Yes	Х
"enter the name of the foreign country in enter the name of the foreign country in instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank nancial Accounts. It is during the calendar year, did the organization maintain an office outside of the U S? "enter the name of the foreign country 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		Yes	Х
"enter the name of the foreign country in enter the name of the foreign country in instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank nancial Accounts. It is during the calendar year, did the organization maintain an office outside of the U S? "enter the name of the foreign country 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		Yes	Х
"enter the name of the foreign country in enter the name of the foreign country in instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank nancial Accounts. It is during the calendar year, did the organization maintain an office outside of the U S? "enter the name of the foreign country 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			x •
"enter the name of the foreign country Implication of the structions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank stancial Accounts. It is during the calendar year, did the organization maintain an office outside of the U S? "enter the name of the foreign country Implication of the structure of the			x •
"enter the name of the foreign country Implication of the structions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank structions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank structions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank structions and the calendar year, did the organization maintain an office outside of the U S ? "enter the name of the foreign country Implication of the calendar year, did the organization maintain and office outside of the U S ? "enter the name of the foreign country Implication of the calendar year, did the organization maintain and office outside of the U S ? "enter the name of the foreign country Implication of the U S ? "enter the name of the foreign country Implication of the U S ? "enter the name of the foreign country Implication of the U S ? "enter the name of the foreign country Implication of the U S ? "enter the name of the foreign country Implication of the U S ? "enter the name of the foreign country Implication of the U S ? "enter the name of the foreign country Implication of the U S ? "enter the name of the foreign country Implication of the U S ? "enter the name of the U S ? "enter the name of the foreign country Implication of the U S ? "enter the name of the foreign country Implication of the U S ? "enter the name of the foreign country Implication of the U S ? "enter the name of the foreign country Implication of the U S ? "enter the name of the foreign country Implication of the U S ? "enter the name of the foreign country Implication of the U S ? "enter the name of the foreign country Implication of the U S ? "enter the name of the foreign country Implication of the U S ? "enter the name of the foreign country Implication of the U S ? "enter the name of the foreign country Implication of the U S ? "enter the name of the foreign country Implication of the U S ? "enter the name of the	42c		X No
	"has it filed a tax return on Form 990-T for this year? organization undergo a liquidation, dissolution, termination, or significant disposition of net assets the year? If "Yes," complete applicable parts of Schedule N nount of political expenditures, direct or indirect, as described in the inistr organization file Form 1120-POL for this year? organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were choloans made in a prior year and still outstanding at the end of the period covered by this return? complete Schedule L, Part II and enter the total amount involved 1501(c)(7) organizations. Enter in fees and capital contributions included on line 9 or public use of club facilities 1501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under 1501(c)(3) organizations. Enter amount of the organization engage in any section 4955 \$\infty\$ 1501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit in during the year or is it aware that it engaged in an excess benefit transaction with a disqualified in a prior year, and that the transaction has not been reported on any of the organization's prior 990-E2? If "Yes," complete Schedule L, Part I is 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on alton managers or disqualified persons during the year under sections 4912, and 4958 is 501(c)(4) organizations. Enter amount of tax on line 40c is seed by the organization. First enter amount of tax on line 40c is seed by the organization. First enter amount of tax on line 40c is seed by the organization. First enter is filed in the particular of the p	"has it filed a tax return on Form 990-T for this year? organization undergo a liquidation, dissolution, termination, or significant disposition of net assets the year? If "Yes," complete applicable parts of Schedule N organization file Form 1120-POL for this year? organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were chi loans made in a prior year and still outstanding at the end of the period covered by this return? 38b 1501(c)(7) organizations Enter in fees and capital contributions included on line 9 receipts, included on line 9, for public use of club facilities 1501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4955 \(\) 1501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit thor during the year or is it aware that it engaged in an excess benefit transaction with a disqualified in a prior year, and that the transaction has not been reported on any of the organization's prior 990-E27 if "Yes," complete Schedule L, Part I 40b 1501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on any of the organization's prior 990 or 990-E27 if "Yes," complete Schedule L, Part I 40b 1501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on any of the organization's prior 990 or 990-E27 if "Yes," complete Schedule L, Part I 40c 1501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c rised by the organization Inizations At any time during the tax year, was the organization a party to a prohibited tax shelter thor? If "Yes," complete Form 8886-T \$40e "has it filed a tax return on Form 990-T for this year? organization undergo a liquidation, dissolution, termination, or significant disposition of net assets the year? If "Yes," complete applicable parts of Schedule N nount of political expenditures, direct or indirect, as described in the instr organization file Form 1120-POL for this year? organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were the loans made in a prior year and still outstanding at the end of the penod covered by this return? 38b 1501(c)(7) organizations Enter in fees and capital contributions included on line 9 39a 39a 39b 39b 501(c)(3) organizations Enter amount of tax imposed on the organization during the year undersignification during the year undersignification during the year or is it aware that it engaged in an excess benefit transaction with a disqualified in a prior year, and that the transaction has not been reported on any of the organization's prior 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b 1501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on alton managers or disqualified persons during the year under sections 4912, and 4958	

Pa	Section 501(c)(3) organizations and section 4947 501(c)(3) organizations and section 4947(a)(1) nor					ıh
	and complete the tables for lines 50 and 51	iexempt chantat	he trusts must	answer questi	JIIS 40-40	D
16	Did the organization engage in direct or indirect political campaign activities	on behalf of or in op	position to		Yes	No
	candidates for public office? If "Yes," complete Schedule C, Part I		,		46	X
١7	Did the organization engage in lobbying activities? If "Yes," complete Scheo	dule C, Part II			47	X
18	Is the organization operating a school as described in section 170(b)(1)(A)(Schedule E		48	X
l9a	Did the organization make any transfers to an exempt non-chantable relate	d organization?			49a	X
b	If "Yes," was the related organization a section 527 organization?				49b	
50	Complete this table for the organization's five highest compensated employ	ees (other than office	ers, directors, truste	es and key		
	employees) who each received more than \$100,000 of compensation from	the organization If th	ere is none, enter '			
	(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) Expen account a other allowa	nd
Non	9					
			-			
f	Total number of other employees paid over \$100,000	<u> </u>	<u>l</u>			
51	Complete this table for the organization's five highest compensated indepe \$100,000 of compensation from the organization. If there is none, enter "No		o each received mo	ore than		
	(a) Name and address of each independent contractor paid more than \$100,000	(b	Type of service	(c) C	Compensation	
No	one					
d	Total number of other independent contractors each receiving over \$100,00	00 🕨				
			lulas and statements		luntuuladaa	
Sig	With the state of			preparer has any kno		
Her	Signature of officer MR. EDWARD H. SULLIVAN Type or print name and title	TRE	ASURER			
	Preparer's	Date	Check if self-		ntifying Number (S	See instr
Pai		12/1				
	parer's Firm's name (or yours Office of Cornelia (C. Viek, CI	PA.		1-0514	497
USE	Only of self-employed), 5 Bank Street			Phone		
	address, and ZIP+4 Brunswick, ME 0401:				<u>-725-8</u>	<u> </u>
Мау	the IRS discuss this return with the preparer shown above? See instructions	S			X Yes	No
						/ /2000

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.

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

OMB No 1545-0047

2009

			CORNERSTONES	OF SCIENCE					21-	<u>-133</u>	<u> </u>		_
P	art l	Reas	on for Public Charity	Status (All organizations	must c	complet	e this	part.)	See ir	struct	tions.		
Γhe	orga	nization is not	a private foundation because	e it is (For lines 1 through 11, o	check only	one box)						_
1		A church, coa	nvention of churches, or ass	ociation of churches described	ın sectior	170(b)(1)(A)(i).						
2		A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	П			ce organization described in sec	ction 170	(b)(1)(A)(i	iii).						
4	П			d in conjunction with a hospital			•)(1)(A)(i	ii). Ente	er the ho	ospital's nam	ie.	
		city, and state	=	,			•		•		•	·	
5		-		of a college or university owned	or operate	ed by a g	overnme	ental uni	t descri	bed in			
	ш	_	b)(1)(A)(iv). (Complete Part	•	o. opo	, 3							
6	\Box	•		overnmental unit described in s	ection 17	'0/h)/1\/A	1/v1						
7	H		-	substantial part of its support from				from the	genera	al public	•		
•	لــا	_	section 170(b)(1)(A)(vi). (C		om a gove	ciitai	dint or	TOTT THE	genera	n public	•		
8	\Box			170(b)(1)(A)(vi). (Complete Part	11.5								
9	X	=		1) more than 33 1/3 % of its sup	•	contribut	ione ma	mbarab	ın foos	and ar	000		
3		_											
		· ·		npt functions—subject to certain	•		•						
		• •	•	nd unrelated business taxable in	•			i) iioiii L	jusines:	562			
10		-	*	0, 1975 See section 509(a)(2)			•						
	H			exclusively to test for public safe						_			
11	Ш	_	-	exclusively for the benefit of, to	•						_		
				ed organizations described in s					-	secuon			
				he type of supporting organizati		•	וופטוו פשוו	— ·					
_		a Type		c Type III–Function	. •		u 1		e III–Ot				
е	لبا			anization is not controlled direc and other than one or more put	-								
			section 509(a)(2)	and other than one of more put	Juciy Supp	Jonea Org	jariizatio	ns desc	iibea iii	Section	1		
f			, , , ,	ermination from the IRS that it is	a Type I	Type II	or Type	III supp	odina				
•			check this box	mination from the 113 that it is	a type i,	Type II, t	or Type	iii suppi	Julig				\Box
_				tion accepted any gift or contrib	ution from	any of th	30						
g		following per	_	mon accepted any gift of contrib	ation non	i ally of th	ic						
				ontrols, either alone or together	with ners	one descr	abed in (u\				Yes	No
			•	f the supported organization?	with perso	Jiis desci	ibed iii (·· <i>)</i>			1100		110
			member of a person descri	•							11g(i		
		•	•	described in (i) or (ii) above?							11g(
h			•	he supported organization(s)							(1,8/	<u>'''/I</u>	1
	Name	of supported	(ii) EIN	(iii) Type of organization	(h) is the c	organization	(v) Did v	ou notify	(vi)	ls the	(vii) A	mount of	
١٠,		anization	(11)	(described on lines 1–9	1 ' '	sted in your		ization in	organizat	ion in col	, ,	pport	
				above or IRC section	governing	document?		of your oort?		zed in the S ?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
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								_					
										•			
					 	-							
													
Tota	al												

Schedule A (Form 990 or 990-EZ) 2009 CORNERSTONES OF SCIENCE 27-1337213 Page 2 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.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007(d) 2008 (e) 2009 (f) Total Amounts from line 4 R Gross income from interest, 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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 15 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

Page 3

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.)

Sea	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					67,048	67,048
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					67,048	67,048
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					1	
	exceed the greater of \$5,000 or 1% of the	i					
	amount on line 13 for the year				<u> </u>		
	Add lines 7a and 7b			ļ			
8	Public support (Subtract line 7c from line 6)				1		67,048
	tion B. Total Support			T	T	,	
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6					67,048	67,046
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					45	45
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b					45	45
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
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)				<u> </u>	67,093	67,093
14	First five years. If the Form 990 is for the	•	t, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	<u>.</u> T
500	organization, check this box and stop here stion C. Computation of Public St		1000				▶ [3
				(6)	· · · · · ·	45	
15 16	Public support percentage for 2009 (line 8 Public support percentage from 2008 Sche		•	nn (1 <i>))</i>		15	% %
	etion D. Computation of Investme					[10]	
17	Investment income percentage for 2009 (li			3 column (f))		17	%
18	Investment income percentage from 2008	•	•	-, 20.2 (1)/		18	<u> </u>
19a	33 1/3 % support tests—2009. If the orga			e 14, and line 15 i	s more than 33 1/3		
	17 is not more than 33 1/3 %, check this b						, ▶ [
b	33 1/3 % support tests—2008. If the orga		=				_
	line 18 is not more than 33 1/3 %, check the						▶ [
20	Private foundation If the organization did	not check a box	on line 14, 19a or	19h check this he	ny and see instruct	ions	▶ [

Schedule A (Form 990 or 990-EZ) 2009 CORNERSTONES OF SCIENCE

27-1337213

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instructions.

-CO\$7213 CORNERSTONES OF SCIENCE

Federal Statements

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FYE: 6/30/2010

·27-1337213

Form 990-EZ General Footnote

Description

Prior to 2009, Cornerstones of Science was a subsidiary of the Curtis Memorial Library EIN 01-6000787. In splitting from the library there was some question as to whether the information recorded in the current return was included in the libraries' 990 filing for the period ended June 30, 2010. It was recently determined that the information included in this 990-EZ filing was not included in the libraries' 990 filing. T

* CO\$7213 CORNERSTONES OF SCIENCE

Federal Statements

FYE: 6/30/2010

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Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amou	ınt
Expenses	\$	
Office Exp		2,159
Travel		102
Insurance		400
Program Services		3,583
Miscellaneous		1,930
Total	\$	8,174

Statement 2 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description		Amount
Curtis Memorial Library spin off	\$_	229,230
Total	\$	229,230

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	 End of Year
Computer Less Accumulated Depreciation	\$	\$ 1,543 1,543

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Federal Statements

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Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

Cornerstones of Science connects children, teens, and adults to science and technology through superb books, programs, and opportunities for community invovlement in current scientific issues. To achieve this end, we partner primarily with public libraries.

Statement 5 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

Partnering with libraries in the States of Arizona, Maine, Massachusetts, North Carolina, and Texas to enhance the libraries' science book sections and to provide science related programs and services to the libraries' constituents as well as the general public.

Form 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

2009

Name(s) shown on return Identifying number CORNERSTONES OF SCIENCE 27-1337213 Business or activity to which this form relates Indirect Depreciation Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount. See the instructions for a higher limit for certain businesses 250,000 1 2 ,543 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 800,000 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property 6 (b) Cost (business use only) (c) Elected cost Computer 1,543 1,543 7 Listed property Enter the amount from line 29 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 1,543 9 Tentative deduction Enter the smaller of line 5 or line 8 1,543 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 ō 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2009 17 O If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recover (a) Classification of property placed in (business/investment use (e) Convention (f) Method (a) Depreciation deduction only-see instructions) 19a 3-year property b 5-year property 7-year property C d 10-year property 15-year property 20-year property 25-year property 25 yrs S/L h Residential rental 27 5 yrs S/L MM property 27 5 yrs MM S/L Nonresidential real 39 vrs MM S/L property MM S/L Section C-Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year S/L 12 yrs c 40-year MM S/L 40 yrs Part IV **Summary** (See instructions) 21 Listed property Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 1,543 and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 For assets shown above and placed in service during the current year, enter the 23