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efile GRAPHIC print - DO NOT PROCESS As Filed Data -

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

C Name of organization

DLN: 93492127001213

D Employer identification number

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

B Check if applicable

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

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

, and ending 12-31-2012

Open to Public Inspection

		change	CPR-ACTION	25-1914	1600	
	Name cl	-	Number and street (or P O box, if mail is not delivered to street address) Room/suite PO Box 4683	E Telephor	ne nur	nber
_	initial re Fermina		FO BOX 4063	1	(603)	228-4794
_		ed return	City or town, state or country, and ZIP + 4	F Group Ex	kempt	ion
_		on pending	Manchester, NH 03108	Number		•
				_		
6 ^	ccoun	oting Method	Cash ✓ Accrual Other (specify) ► required t			inization is not dula B
U A	ccoun	iting Method	(Form 99			
ΙW	ebsite	e: 🕨 www nhoorners	stone org			
J Ta	x-exem	npt status(check	only one)— 501(c)(3) 501(c)(4) ◀(insert no) 4947(a)(1) or 527			
<u>к</u> с	heck I	▶ If the orga	nization is not a section 509(a)(3) supporting organization or a section 527 organizat	ion and it	s gro	ss receipts are
			\$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-p organization chooses to file a return, be sure to file a complete return	ostcard)	may	be required (see
LA	dd line	es 5b, 6c, and 1	7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or it \$500,000 or more, file Form 990 instead of Form 990-EZ	f total ass ►\$5		
	art I		, Expenses, and Changes in Net Assets or Fund Balances (see the ins			
	41 C I	Check if the	e organization used Schedule O to respond to any question in this Part I			
		<u> </u>				
	1	Contributions	, gifts, grants, and similar amounts received		1	57,291
	2	Program serv	ice revenue including government fees and contracts		2	0
	3	Membership	dues and assessments		3	0
	4	Investment in	ncome		4	1
	5a	Gross amoun	t from sale of assets other than inventory 5a	0		
Ē	b	Less cost or	other basis and sales expenses	0		
Revenue	С	Gain or (loss)	from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
å	6	Gaming and fi	undraising events			
	a	Gross income	from gaming (attach Schedule G if greater than \$15,000) . 6a	0		
	ь		from fundraising events (not including \$ <u>0</u> of contributions ng events reported on line 1) (attach Schedule G if the			
		sum of such g	ross income and contributions exceeds \$15,000)	0		
	С	Less directe	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)	1	6d	0
	7a	Gross sales o	of inventory, less returns and allowances	0		
	ь	Less cost of	goods sold	0		
	c	Gross profit o	r (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	O ther revenue	e (describe in Schedule O)		8	0
	9	Total revenue	. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	•	9	57,292
	10	Grants and sı	mılar amounts paid (list in Schedule O)		10	0
	11	Benefits paid	to or for members		11	0
	12	Salaries, othe	er compensation, and employee benefits		12	14,826
ě,	13	Professional f	ees and other payments to independent contractors		13	8,706
Expenses	14	Occupancy, r	ent, utilities, and maintenance		14	183
<u></u>	15	Printing, publ	cations, postage, and shipping		15	12,772
_	16	O ther expens	es (describe in Schedule O)		16	17,737
	17	Total expense	es. Add lines 10 through 16	•	17	54,224
<u>–</u>	18	Excess or (de	ficit) for the year (Subtract line 17 from line 9)		18	3,068
NetAssets	19	Net assets or	fund balances at beginning of year (from line 27, column (A)) (must agree with			
Ą			gure reported on prior year's return)		19	4,065
ž	20	O ther change	s in net assets or fund balances (explain in Schedule O)		20	0
	21	Net assets or	fund balances at end of year Combine lines 18 through 20	. •	21	7,133
						l

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used	Schedule O to respond to	any question in this	Part II	<u></u>	
			A) Beginning of year		(B) End of year
22 Cash, savings, and investments			4,065	22	12,861
23 Land and buildings			0	23	0
24 Other assets (describe in Schedule O			0	24	0
25 Total assets			4,065	25	12,861
26 Total liabilities (describe in Schedule	0)		0	26	5,728
27 Net assets or fund balances (line 27 or	column (B) must agree wi	th line 21)	4,065	27	7,133
Part III Statement of Program	-	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Τ	Expenses
Check if the organization used		any question in this	Part III .		equired for section 501 (3) and 501(c)(4)
What is the organization's primary exempt TO PRESERVE, PROTECT AND PROMOTION THAT HONOR, SUPPORT AND BUILD TR	TRADITIONAL FAMILY		IDE RESOURCES	org 49	ganizations and section 47(a)(1) trusts, tional for others)
Describe the organization's program servic measured by expenses In a clear and cond benefited, and other relevant information fo	ise manner, describe the			l ob	donarior others)
28 PROVIDE AN ARRAY OF RESEARCH A THE MEDIA, FAITH-BASED ORGANIZAT (Grants \$ 0) If thi	IONS, AND THE GENERA	L PUBLIC	,	20	20.045
29	s amount includes foreign	grants, check here	· · · •	28a	28,315
30	s amount includes foreign s amount includes foreign	-	,	29a 30a	
31 Other program services (describe in Sci (Grants \$) If thi	nedule O) s amount includes foreign	grants, check here	▶┌	31a	
32 Total program service expenses (add line	es 28a through 31a) .		•	32	28,315
Part IV List of Officers, Directors, Tru Check If the organization used					
(a) Name and title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099 MISC) (if not paid enter -0-)		to olans,	(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		🗆
			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		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Co	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		No
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions • 37a			
b	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? \cdot . \cdot	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, section 4912, section 4955			
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
	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			-4794
	Located at ▶ PO Box 4683 Manchester, NH ZIP + 4	0.3	3108	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		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.			
c	At any time during the calendar year, did the organization maintain an office outside the U S $^{\circ}$	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 and enter the amount of tax-exempt interest received or accrued during the tax year			▶
			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	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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 Form 990-EZ (see instructions)	45b		No

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

	(2012)					Yes	Page 4
46 Did the	organization engage, directly	or indirectly, in political c	ampaign activities on b	ehalf of or in opposition to			
	tes for public office? If "Yes,"						No
	Section 501(c)(3) orga			d 50 and assessable the		. 6	50
	All section 501(c)(3) orgai and 51					S IOT III	ies 50
	Check if the organization used	d Schedule O to respond t	o any question in this P	art VI		 V	 Na
						Yes	No
	organization engage in lobbyii " complete Schedule C, Part I		ction 501(h) election in	-	. 47		
	rganization a school as descri		(A)(u)? If "Yes " comple	ete Schedule F	48		
	organization make any transfe				49a		
	" was the related organization				49b		
	te this table for the organization				ıstees a	nd kev	
employ	ees) who each received more t	than \$100,000 of comper	sation from the organiz	ation If there is none, ent	er "Non	e "	
	d title of each employee paid ore than \$100,000	(b) A verage hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	of othe	timated r compe	
f Total	number of other employees pa	nd over \$100,000			<u> </u>		
	. , .	, ,			<u> </u>		
51 Comple	number of other employees pa te this table for the organization pensation from the organization	on's five highest compens		actors who each received	▶more th	an \$10	0,000
51 Comple of comp	te this table for the organization	on's five highest compens n If there is none, enter "	None "	cactors who each received (b) Type of service		an \$10	
51 Comple of comp	te this table for the organization	on's five highest compens n If there is none, enter "	None "				
51 Comple of comp	te this table for the organization	on's five highest compens n If there is none, enter "	None "				
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51 Comple of comp	te this table for the organization	on's five highest compens n If there is none, enter "	None "				
51 Comple of comp	te this table for the organization	on's five highest compens n If there is none, enter "	None "				
51 Comple of comp (a) Nam	te this table for the organization	on's five highest compens n If there is none, enter " ndent contractor paid moi	None " Te than \$100,000	(b) Type of service			
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d Total for penaltien nowledge and	te this table for the organization ensation from the organization ne and address of each independent of other independent of organization complete Sche	on's five highest compens If there is none, enter " ndent contractor paid mon contractors each receiving edule A? NOTE: All Section attach a completed Sched	none " g over \$100,000 n 501(c)(3) organizatioule A uding accompanying scho	(b) Type of service	(c) C	Yes	sation
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Additional Data

Software ID: 12000197

Software Version: v1.00

EIN: 25-1914600

Name: CPR-ACTION

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

(a) Name and title	(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	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	12,831	0	0

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93492127001213

OMB No 1545-0047

2012

Open to Public Inspection

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.

Name of the organization CPR-ACTION

Employer identification number

25-1914600

ldentifier	Return Reference	Explanation
F99Z_P01_S00_L08	Form 990-EZ, Part I, Line 8	Form 990-EZ, Part i, Line 4 - OTHER INVESTMENT INCOME DESCRIPTION OF PROPERTY INTEREST - AMOUNT \$1
F99Z_P01_S00_L16	Form 990-EZ, Part I, Line 16	Description, Amount^INSURANCE EXPENSE, 975 PROGRAM EXPENSE, 3439 LOBBY ING EXPENSE, 265 DUES AND SUBSCRIPTIONS, 299 OFFICE EXPENSE, 5228 DONATIONS AND CONTRIBUTIONS, 25 MANAGEMENT AND GENERAL, 7506^Total, 17737^
F99Z_P02_S00_L26	Form 990-EZ, Part II, Line 26	Description, EOY Amount^ACCOUNTS PAYABLE,5686 PAYROLL LIABILITIES,42^Total,5728^