Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2012

OMB No 1545-1150

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

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Department of the Treasury

at the end of the year may use this form.

| Inte | nal Revent | ue Service | Fine organization ma | y nave to use a copy of this r | eturn to satisfy state re | porting requir | ements. | , | | | |
|------------|--|---|---|-------------------------------------|-----------------------------|--|------------|----------------------------------|--|-------------|--|
| Α | For the | 2012 calend | dar year, or tax year beginnin | g , and e | ending | | | | | | |
| В | Check if a | eck if applicable C Name of organization | | | | | | D Employer identification number | | | |
| | Address | change | | | | | | | | | |
| | Name cha | ange | | <u>46-1565628</u> | | | | | | | |
| X | Initial retu | urn | Number and street (or P O box, if mail | is not delivered to street address) | | Room/suite | E | Telep | hone number | | |
| | Terminate | ed | | | | | | | | | |
| | Amended | d return | City or town, state or country, and ZIP | + 4 | | | F | Grou | p Exemption | | |
| X | Application | on pending | CAYCE | SC 29 | 033 | | | Numl | ber 🕨 | | |
| G | Accour | nting Method | X Cash Accrual Ot | her (specify) > | | Н С | heck > | · [X] | if the organization | ıs not | |
| i | Websit | te: ► N/A | | | | re | equired | to atta | ach Schedule B | | |
| J | Tax-exe | empt status (c | heck only one) — 501(c)(3) X | 501(c)(4) ((insert no.) | 4947(a)(1) or | 527 (I | Form 99 | 90, 99 | 0-EZ, or 990-PF) | | |
| ĸ | Check | ▶ If the | e organization is not a section 5 | 09(a)(3) supporting organiza | ation or a section 527 | organization a | nd its g | ross | receipts are norma | ally | |
| | not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if | | | | | | | | | | |
| | the org | janization cho | oses to file a return, be sure to | file a complete return | | | | | | | |
| L | Add line | es 5b, 6c, and 7 | b, to line 9 to determine gross rece | eipts. If gross receipts are \$200, | 000 or more, or if total as | ssets (Part II, | | | | | |
| _ | | column (B) bel | ow) are \$500,000 or more, file Form | m 990 instead of Form 990-EZ | | | | ▶ \$ | | | |
| F | Part i | Reven | ue, Expenses, and Cha | nges in Net Assets o | r Fund Balances | (see the ins | truction | ns for | Part I) | | |
| | | Check | if the organization used Sch | edule O to respond to ar | ny question in this P | art I | | | · | | |
| | 1 | Contributions, | gifts, grants, and similar amounts re | eceived | | | | 1 | NO ACTIVIT | Y. | |
| | 2 | Program se | rvice revenue including governi | ment fees and contracts | | | | 2 | | | |
| | 3 | Membership | dues and assessments | | | | | 3 | | | |
| | 4 | Investment | income | | 1 | | | 4 | | | |
| | 5a | Gross amou | int from sale of assets other tha | an inventory | 5a | | | | | | |
| | b | Less cost of | r other basis and sales expens | es | 5b | | | | 1 | | |
| | С | Gain or (loss) | from sale of assets other than inver- | tory (Subtract line 5b from line 5 | a) | | | 5c | | | |
| | 6 | Gaming and | fundraising events | | | | | | | | |
| e | a | 6 March Oaksadula Oaf assadan than | | | | | | | | | |
| Revenue | - [| \$15,000) | | | 6a | | | | | | |
| Ş. | b | Gross incor | ne from fundraising events (not | including \$ | of contribut | tions | | | | | |
| | 1 | from fundra | ising events reported on line 1) | (attach Schedule G if the | , , | | { | | | | |
| | | sum of such | gross income and contribution | s exceeds \$15,000) | 6b | | | | | | |
| | С | | expenses from gaming and fur | · · | _6c | | | | | | |
| | d | Net income | or (loss) from gaming and fund | raising events (add lines 6a | and 6b and subtract | | | | | | |
| | | line 6c) | | | 1 1 | | | 6d | ļ | | |
| | 7a | Gross sales | of inventory, less returns and | allowances | 7a | | | | | | |
| <i>}</i> | Ь | | f goods sold | | 7b | | | | | | |
| , | c | Gross profit | or (loss) from sales of inventor | y (Subtract line 7b from line | 7a) | | | 7c | | | |
| | 8 | Other reven | ue (describe in Schedule O) | | | | | 8 | | | |
| _ | 9 | | ue. Add lines 1, 2, 3, 4, 5c, 6d, | | | | • | 9 | | 0 | |
| Expenses | 10 | | similar amounts paid (list in Sc | hedule O) | Spring States States | The state of the s | | 10 | | | |
| | 11 | | d to or for members | | 7.3 | CFIVER | , | 11 | | ····- | |
| | 12 | | her compensation, and employ | | . (0) | | <u>_</u> = | 112 | | | |
| | 13 | | il fees and other payments to in | | S NOV | 9 | RS-OSC | 13 | | | |
| | 14 | | rent, utilities, and maintenance | | - NOV | 2 5 2013 | 15 | 14 | | | |
| | 13 | _ | blications, postage, and shippir | g | | | 78 | 15 | | | |
| | 16 | • | nses (describe in Schedule O) | | CGE C | EN. UT | . O | 16 | | | |
| Net Assets | 17 | | nses. Add lines 10 through 16 | 476 | | , - 1 | | 17 | | 0 | |
| | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with | | | | | | 18 | | | |
| | 19 | | | | (A)) (must agree with | | | 4.0 | | | |
| | | | figure reported on prior year's | | | | | 19 | | | |
| | | | ges in net assets or fund balance | | 20 | | | 20 | | | |
| | 21 | Net assets | or fund balances at end of year | Combine lines 18 through 2 | 20 | | | 21 | | 0 | |

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| Form 990-EZ (2012) CONSERVATIVE LEADERS | | JT 46-15 | 65628 | | Page 2 | |
|--|--|-----------------------------|--|---------|--|--|
| Part II Balance Sheets (see the instructions for P | · | | | | | |
| Check if the organization used Schedule O to | o respond to any | question in this Part I | <u> </u> | , | | |
| | (A) Beg | ginning of year | (B) End of year | | | |
| 22 Cash, savings, and investments | | | 0 | 22 | | |
| 23 Land and buildings | | 0 | 23 | | | |
| 24 Other assets (describe in Schedule O) | | 0 | 24 | | | |
| 25 Total assets | | 0 | 25 | 0 | | |
| 26 Total liabilities (describe in Schedule O) | | | 0 | 26 | 0 | |
| 27 Net assets or fund balances (line 27 of column (B) must agree | | <u> </u> | 0 | 27 | 0 | |
| Part III Statement of Program Service Accom | • | | | | Expenses | |
| Check if the organization used Schedule O to | o respond to any | question in this Part I | II X | 1 | quired for section | |
| What is the organization's primary exempt purpose? | | | | 1 | (c)(3) and 501(c)(4) | |
| SEE SCHEDULE O | | - | | | anizations and section | |
| Describe the organization's program service accomplishments for | | | | | 7(a)(1) trusts, optional | |
| as measured by expenses. In a clear and concise manner, describ | | rided, the number of | | for (| others) | |
| persons benefited, and other relevant information for each progran | n title | | | ļ , | | |
| 28 N/A | | | | 1 1 | | |
| | | | | 1 | | |
| | | | , P**1 | | | |
| (Grants \$) If this amount includes | foreign grants, che | ck here | > | 28a | | |
| 29 | | | | 1 | | |
| | | | | | | |
| | | | , r | l | | |
| (Grants \$) If this amount includes | foreign grants, che | ck here | <u> </u> | 29a | | |
| 30 | | | | | | |
| | | | | | | |
| | | | , h | | | |
| (Grants \$) If this amount includes | foreign grants, che | ck here | | 30a | | |
| 31 Other program services (describe in Schedule O) | | | | ١١ | | |
| (Grants \$) If this amount includes | | ck here | | 31a | | |
| 32 Total program service expenses (add lines 28a through 31a Part IV List of Officers, Directors, Trustees, and Key E | | h one even if not compe | neated (see the | 32 | ions for Part IV/ | |
| Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp | ond to any question | n in this Part IV | insated (see the | mstruct | lons for Fait 1V) | |
| | (b) Average | (c) Reportable compensation | (d) Heath ber contributions to e | nefits, | (a) Estimated amount of | |
| (a) Name and title | hours per week devoted to position | (Forms W-2/1099-MISC) | I benefit plans. | and | (e) Estimated amount of other compensation | |
| DIGUADD OILINI | | (If not paid, enter -0-) | deferred compe | nsation | | |
| RICHARD QUINN | 0.00 | o | | C | 0 | |
| PRESIDENT | 0.00 | 0 | | | · · · · · · · · · · · · · · · · · · · | |
| JAMES BURNS | 0.00 | o | | C | 0 | |
| SECRETARY | 0.00 | | | | <u>'</u> | |
| RICHARD QUINN | 0.00 | | | C | | |
| TREASURER | 0.00 | 0 | | | 0 | |
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| DAA | | | | | Form 990-EZ (2012) | |

| Form | 990-EZ (2012) CONSERVATIVE LEADERSHIP PROJECT 46-1565628 | | P | age 3 |
|----------|--|------|--------------|--------------|
| Pa | rt V Other Information (Note the Schedule A and personal benefit contract statement requirements in the | | **** | |
| | instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V | | | <u> </u> |
| | | | Yes | No |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a | | ! | 7. |
| | detailed description of each activity in Schedule O | 33 | | X |
| 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 | 1 ,4 | | _V |
| 25- | change on Schedule O (see instructions) | 34 | - | X |
| SSa | Did the organization have unrelated business gross income of \$1,000 or more during the year from business | 35a | | х |
| L | activities (such as those reported on lines 2, 6a, and 7a, among others)? If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | | <u> </u> |
| b | | 350 | | |
| С | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, | 35c | | Х |
| 36 | reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets | 330 | | <u> </u> |
| 36 | during the year? If "Yes," complete applicable parts of Schedule N | 36 | | x |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions | " | | 1 |
| b | Did the organization file Form 1120-POL for this year? | 37b | Ì | Х |
| 38a | Did the organization hie Form 1120-FOE for this year. Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were | 0.0 | | 1 |
| Jua | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | Х |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b | 102 | | |
| 39 | Section 501(c)(7) organizations Enter | 1 | | |
| а | Initiation fees and capital contributions included on line 9 | | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b | 7 | | |
| | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under | 7 | | |
| | 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 | | X |
| С | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on | | | |
| | organization managers or disqualified persons during the year under sections 4912, | | | |
| | 4955, and 4958 | | | |
| d | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c | | | |
| | reimbursed by the organization | | | |
| е | 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 | <u> </u> | X |
| 41 | List the states with which a copy of this return is filed ▶ NONE | | | |
| 42a | The organization's books are in care of ▶ Telephone no | | | |
| | TID. () | | | |
| | Located at ► ZIP + 4 ► | | <u> </u> | 1 |
| þ | At any time during the calendar year, did the organization have an interest in or a signature or other authority over | 405 | Yes | No X |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | | <u> </u> |
| | 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 ? | 42c | 1 | Х |
| · | If "Yes," enter the name of the foreign country | | | |
| 43 | 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 | | X |
| 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 | <u> </u> | X |
| С | Did the organization receive any payments for indoor tanning services during the year? | 44c | ļ | X |
| d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an | 1 | 1 | |
| | explanation in Schedule O | 44d | | - |
| 45a | | 45a | _ | X |
| 45b | | | 1 | |
| | meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of | | 1 | |
| | Form 990-EZ (see instructions) | 45b | 1 | X |

| Form | 990-EZ (2012) | CONSERVATIVE | LEADERSH | IP PROJE | CT | 46-15 | 65628 | | _ F | Page 4 | |
|------------|--|--|---|--|--|--------------------|--|------------|----------|--------------------------|--|
| 46 | | zation engage, directly or indire | | | s on beh | alf of or in oppo | sition | | Yes | No | |
| Pa | Art VI Sec All s 50 a | for public office? If "Yes," cometion 501(c)(3) organizate section 501(c)(3) organization 51 eck if the organization used | itions only ons must answ | er questions 47 | | · | • | nes | <u> </u> | <u> </u> | |
| 47 | | zation engage in lobbying activ | vities or have a se | ection 501(h) elec | tion in ef | fect during the t | ax | | Yes | No | |
| 48 | year? If "Yes," complete Schedule C, Part II Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | | | | | | 47 | | | |
| 49a b | 49a Did the organization make any transfers to an exempt non-charitable related organization? | | | | | | | 49a 49b | + | | |
| 50 | | table for the organization's five | - | | (other th | han officers, dire | ectors, trustees and key | L 43D | 1 | <u> </u> | |
| | employees) wi | ho each received more than \$ | 100,000 of compe | | , | | | | | | |
| | (a) | Name and title of each employee paid more than \$100,000 | | (b) Average 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 | 1 ' ' | | d amount of pensation | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| f 51 | Complete this \$100,000 of co | of other employees paid over table for the organization's five ompensation from the organization address of each independent con | e highest compen ation. If there is no | one, enter "None | nt contra | 1 | received more than | (c) Comp | ensation | n | |
| | (a) Hamb and | | | | | | | V | | | |
| | | | | | | | | | | | |
| | | | | ···· | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| d 52 | Did the organi | of other independent contractorization complete Schedule A? | Note All section | 501(c)(3) | | | | | | | |
| | er penalties of per | naritable trusts must attach a c jury, I declare that I have examine plete_Declaration of preparer (oth | d this return, includi | ing accomp | | | | | | | |
| Sig Hei | re | gnature of officer RICHARD QUINN upper or print name and title | | | | | | | | | |
| Use | parer Firm's na | 500 50777 | ON & ASSO OR STREET , SC 292 | ., SUI 201 | | | | | | | |

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 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

CONSERVATIVE LEADERSHIP PROJECT

Employer identification number 46-1565628

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

TO PROMOTE CIVIC EDUCATION AND ENHACEMENT OF SOUTH CAROLINA CITIZENS'

KNOWLEDGE OF PUBLIC POLICY ISSUES THAT IMPACT THEIR LIVES AND ADVOCATE FOR IMPROVED AND INCREASED CIVIC DISCOURSE.