Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

| | AI | For the | 2013 calend | lar year, or tax year beginning | January 1 | , 2013, and | ending | Decembe | r 31 , 20 13 | | |
|-----------------------|--|--|---|--|----------------------------------|--------------|---------------|--|----------------------------|--|--|
| B Check if applicable | | oplicable | C Name of organization | | | | | entification number , | | | |
| | | Address o | hange | Conservative Leadership Project | • | | | 46-1 | 569628 | | |
| | | Name cha | - | Number and street (or P O box, if mail is | not delivered to street address) | Ro | om/suite | E Telephone n | umber | | |
| | _ | Initial retu Terminate | | 1300 12th Street | | | | | | | |
| | = | Amended | - | City or town, state or province, country, | and ZIP or foreign postal code | | | F Group Exe | mption | | |
| | = | | n pending | Cayce, SC 29033-3204 | | | | Number ► | | | |
| | G / | Account | ting Method: | ✓ Cash | pecify) ► | | Н | Check ► 🗹 | if the organization is not | | |
| | 1.1 | | | | | | | ach Schedule B | | | |
| | JT | J Tax-exempt status (check only one) — ☐ 501(c)(3) | | | | | (Form 990, 99 | 0-EZ, or 990-PF). | | | |
| | | Form of organization ☐ Corporation ☐ Trust ☐ Association ☐ Other | | | | | | | | | |
| | | | dd lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets | | | | | | | | |
| | | Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ | | | | | | | | | |
| / | $\geq P$ | art I | | ie, Expenses, and Changes i | | | | | s for Part I) | | |
| ' 1 | \sum_{i} | | | f the organization used Schedul | | uestion in t | his Part I | | <u></u> <u>.</u> | | |
| I | KINNED | 1 | | ons, gifts, grants, and similar amo | | | | 1 | 185000 | | |
| - 1 | \overline{Z} | \ 2 | • | service revenue including governn | | | | 2 | 0 | | |
| | M | ∖ 3 | | nip dues and assessments | | | | 3 | 0 | | |
| 1 | | 4 | Investment | | · · · · · · · · · · | | | 4 | 364 | | |
| | 150 | 5a | | ount from sale of assets other tha | • | 5a | | 0 | | | |
| | \vdash | | <u> </u> | or other basis and sales expense | | 5b | | 0 5.0% | | | |
| | \mathcal{T} | / c | • | ss) from sale of assets other than | inventory (Subtract line 5 | b from line | 5a) | 5c | 0 | | |
| | | ∤ 6 | _ | nd fundraising events | | | | 15. 3. 1 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | | | |
| | | ′ a | | come from gaming (attach Sch | nedule G if greater tha | 1 1 | | 2 - 1 | | | |
| | Revenue Revenue | | \$15,000) . | | | 6a | | O | | | |
| | ``` | b | | ome from fundraising events (not | | | ntribution | s 12 1 | | | |
| | ď |) | | raising events reported on line 1) ch gross income and contribution | | | | Ç. | | | |
| ` | | \ | | | • | 6b 6c | | 0 | | | |
| Ċ | D | d | | ct expenses from gaming and fun ne or (loss) from gaming and fun | | | h and sub | tract | | | |
| 2, | 1 | " | line 6c) | le or (loss) from gaming and fun | idiaising events (add line | S oa and o | o and suc | 6d | | | |
| Υ, | ĭ | 70 | • | es of inventory, less returns and a | llowanoes | 7a | | 146.5 | 0 | | |
| 以 | u | 7a | | | illowances | 7b | | 0 | | | |
| | | b | | fit or (loss) from sales of inventory | | | | 7c | | | |
| | | 8 | | enue (describe in Schedule O) . | | | | 8 | | | |
| - | | 9 | | enue. Add lines 1, 2, 3, 4, 5c, 6d, | | | | . ▶ 9 | 185364 | | |
| 2034 | <u> </u> | 10 | | d similar amounts paid (list in Sch | | ····· | <u> </u> | 10 | 105304 | | |
| ` • | | 11 | | aid to or for members | | | | | 0 | | |
| Ωලි 9 | - S | 12 | | other compensation, and employe | | | | | 0 | | |
| | | 13 | | nal fees and other payments to inc | | | | | 0 | | |
|) | e de la compansión de l | 14 | | ey, rent, utilities, and maintenance | | | | | 0 | | |
| 、, | ू क् र | 15 | | bublications, postage, and shippin | | | | | 0 | | |
| 1 | | 1 | | enses (describe in Schedule O) | | | | | 0 | | |
| 181 | ಟ | 17 | | enses. Add lines 10 through 16 | | | | | 0 | | |
| | SNARABNETED OCT | 18 | Excess or | (deficit) for the year (Subtract line | e 17 from line 9) | | | 18 | | | |
| 7 | 3 | 19 | | s or fund balances at beginning | | | | | | | |
| 5456x | ES S | | | ar figure reported on prior year's i | | | | · · 19 | | | |
| 5 | * | 20 | Other char | nges in net assets or fund balance | es (explain in Schedule O |) | | | | | |
| ٠,١ | | 21 | | s or fund balances at end of year. | | | | | 185364 | | |

For Paperwork Reduction Act Notice, see the separate instructions.

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| Pa | t II Balance Sheets (see the instructions | for Part II) | | | | |
|---------|---|------------------------------------|-----------------------------|---|-------------|-----------------------------------|
| | Check if the organization used Schedule | e O to respond to a | ny question in this | Part II | | 🖂 |
| | | | | (A) Beginning of year | | (B) End of year |
| 22 | Cash, savings, and investments | | [| 0 | 22 | 185364 |
| 23 | Land and buildings | | [| 0 | 23 | 0 |
| 24 | Other assets (describe in Schedule O) | | [| 0 | 24 | 0 |
| 25 | Total assets | | [| 0 | 25 | 185364 |
| 26 | Total liabilities (describe in Schedule O) | | [| 0 | 26 | 0 |
| _27_ | Net assets or fund balances (line 27 of column | n (B) must agree wit | h line 21) | 0 | 27 | 185364 |
| Par | Statement of Program Service Accom | nplishments (see th | ne instructions for l | Part III) | | Evnosoo |
| | Check if the organization used Schedule | O to respond to a | ny question in this | Part III | (Re | Expenses quired for section |
| What | is the organization's primary exempt purpose? | Social welfare; publi | c education re: gov't | and policy | | (c)(3) and 501(c)(4) |
| Desc | ribe the organization's program service accompl | ishments for each o | f its three largest p | rogram services. | | anizations and section |
| as m | easured by expenses. In a clear and concise n | nanner, describe the | e services provided | d, the number of | | 7(a)(1) trusts, optional others.) |
| perso | ons benefited, and other relevant information for e | ach program title. | | | | |
| 28 | | | | | | |
| | | | | | | |
| | | | | | | |
| | (Grants \$) If this amount | includes foreign gra | ants, check here . | ▶ 🗌 | 28a | a |
| 29 | | | | | | |
| | | | | | | |
| | | | | | | |
| | (Grants \$) If this amount | includes foreign gra | ints, check here . | ▶ 🗆 | 29 a | a 0 |
| 30 | | | | | | |
| | | | | | | |
| | | | | | | |
| | (Grants \$) If this amount | ıncludes foreign gra | ints, check here . | ▶ 🗆 | 30 a | a 0 |
| 31 | Other program services (describe in Schedule O) | | | | | |
| | (Grants \$) If this amount | includes foreign gra | ints, check here . | ▶ 🗆 | 31a | 0 |
| | Total program service expenses (add lines 28a | | | | 32 | |
| Par | · · · · · · · · · · · · · · · · · · · | | | | stru | ctions for Part IV) |
| | Check if the organization used Schedule | O to respond to a | | Part IV | | <u> </u> |
| | | (b) Average | (c) Reportable compensation | (d) Health benefits, contributions to employe | e (e) | Estimated amount of |
| | (a) Name and title | hours per week devoted to position | (Forms W-2/1099-MISC) | benefit plans, and | 1. | other compensation |
| | | | (if not paid, enter -0-) | deferred compensation | 4_ | |
| Charl | es Condon | 4 | | | | |
| Direc | or | 1 | 0 | | 0 | 0 |
| | Willoughby | | | | | |
| Direc | | 1 | 0 | | <u> </u> | 0 |
| | rd Quinn | - | : | | | |
| | or, President & Secretary | 1 | 0 | | <u> </u> | 0 |
| | ca Mustian | 1 | | | | |
| Treas | | 5 | 0 | | <u> </u> | 0 |
| | olph Lowell | 1_ | | | | |
| Vice F | resident | 2 | 0 | | 4_ | 0 |
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| Part | | | | _ |
|--------|--|------------|----------------|--|
| | instructions for Part V) Check if the organization used Schedule O to respond to any question in this | Part | V | 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 | 103 | \ \ |
| 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 | | 1 |
| 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 | | 1 |
| 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 | | |
| С | 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 | | 1 |
| 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 | | 1 |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0 | | | 1 2 |
| b | Did the organization file Form 1120-POL for this year? | 37b | 11 | / |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | and the second | <u>√</u> |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved | | | |
| 39 | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 | 變 | | I A |
| a b | Gross receipts, included on line 9, for public use of club facilities | | 建 | EVZ. |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: | 32.5 | | |
| 700 | section 4911 ► ; section 4912 ► ; section 4955 ► | | | 1 |
| b | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit | 2 1 1 | | |
| - | 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 | Seriel. | 1 |
| С | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on | 生生 | ling and | 11/4 |
| | organization managers or disqualified persons during the year under sections 4912, | 7 5 5 | T. | , A & |
| | 4955, and 4958 | | | |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c | 2000 F | | |
| | reimbursed by the organization | | | 7-47 |
| 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 | Sé inc | 1 |
| 41 | List the states with which a copy of this return is filed ► South Carolina | | | |
| 42a | | 303-79 | | |
| | Located at ► 1300 12th Street, Cayce, SC ZIP + 4 ► | 29033 | | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | Yes | No |
| | | 42b | 5- 4- | √ |
| | 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 | | | 1 |
| | and Financial Accounts. | 本数 | Carrie T | 100 |
| ^ | At any time during the calendar year, did the organization maintain an office outside the U.S.? | 42c | 1 | inter- |
| C | If "Yes," enter the name of the foreign country: ▶ | 420 | | |
| 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 | | . 1 | ▶ ⊔ |
| | and enter the amount of tax-exempt interest received of 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 | \$ | 168 | No |
| _ | completed instead of Form 990-EZ | 44a | in in it | ✓ |
| b | completed instead of Form 990-EZ | 44b | | <i>✓</i> |
| c d | Did the organization receive any payments for indoor tanning services during the year? | 44c 44d | , X | √ (5 ₇ 5 ⁷ |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | ✓ |
| 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) | - 5. | | 4 4 - 23 |
| | | 1 - TUD | · I | |

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|----------------|--|-------------------------------|-----------------------------|-----------------|------------------|--|----------|--------|
| 4 6 | Did the organization engage, directly or i | ndirectly in nelitical a | nampaian activities on | hobalf of or in | oppositi | on (d.) | Yes | No |
| 40 | to candidates for public office? If "Yes," | complete Schedule C | . Part I | benan or or in | oppositi | on 46 | | - 1 |
| Part | | | , | | | | <u> </u> | |
| | All section 501(c)(3) organization | ns must answer que | estions 47-49b and | 52, and comp | olete the | tables f | or lin | es |
| | 50 and 51. | | | | | | | |
| | Check if the organization used Sc | hedule O to respond | d to any question in t | his Part VI . | <u> </u> | <u> </u> | 154 | , |
| 47 | Did the organization engage in lobbying | activities or have a | section 501(h) electio | n in effect dur | ing the t | av 🗀 | Yes | No |
| ••• | year? If "Yes," complete Schedule C, Pai | | | | | 47 | Į | |
| 48 | Is the organization a school as described i | in section 170(b)(1)(A)(| ii)? If "Yes," complete | Schedule E . | | 48 | - | |
| 49a | Did the organization make any transfers | , , , , , , , | | | | 49a | | |
| b | If "Yes," was the related organization a se | • | | | | 49b | | |
| 50 | Complete this table for the organization's | | | | | | | |
| | employees) who each received more that | | T | (d) Health ben | | , enter "N | ione." | |
| | (a) Name and title of each employee | (b) Average hours per week | (c) Reportable compensation | 1 ' ' | | (e) Estimated amount of other compensation | | |
| | | devoted to position | (Forms W-2/1099-MISC) | compensati | | otner con | npensai | lion |
| None | | | | | | | | |
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| | | | | <u> </u> | | | | |
| | Total number of other employees paid ov | | | | L L | | | |
| 51 | Complete this table for the organization \$100,000 of compensation from the organization | | | contractors w | no eacn | receivea | more | tnar |
| | | | | | (c) Compensation | | | |
| | (a) Name and business address of each independent | dent contractor | (b) Type of serv | ice | (c) (| Jompensati | on | |
| None | | | 1 | | | | | |
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| d | Total number of other independent contra | actors each receivir | | | | | | |
| 52 | Did the organization complete Schedule | | | | | | | |
| | nonexempt charitable trusts must attach | | | | | | | |
| | penalties of perjury, I declare that I have examined this | | | | | | | |
| true, co | rrect, and complete Declaration of preparer (other tha | n oπicer) is based on all i | | | | | | |
| Sign | Signature of officer | A 11 A | | | | | | |
| Here | Richard Quinn, Director | | | | | | | |
| | Type or print name and title | - M | | | | | | |
| Paid | Print/Type preparer's name | Preparer's signature | | | | | | |
| Paid Prep | 16 A . 16 | 1910 | | | | | | |
| Use | arci - | r & Murphy, LLP | | | | | | |

Use Only

Firm's address ▶ 2512 Devine Street Columbia, SC 29205

May the IRS discuss this return with the preparer shown above? Se