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DLN: 93492318014734

OMB No 1545-1150

Form 990-EZ

Department of the Treasury

**Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation)

**Short Form** 

▶ Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

► Information about Form 990-EZ and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Open to Public

Intern	al Reven	ue Service					inspection
			r year, or tax year beginning 01-01-2013 , and ending 12-31	-2013			
		f applicable change	C Name of organization CONSERVATION VOTERS OF SC		D Employ	er ide	entification number
┢,	lame c	change			58-2420	0153	
<u>`</u> _`	iame ci nitial re	nange eturn	Number and street (or P O box, if mail is not delivered to street address) Room/s PO BOX 50632	uite	<b>E</b> Telephoi	ne nur	nber
	emina					(803)	799-0716
		ed return	City or town, state or province, country, and ZIP or foreign postal code		<b>F</b> Group Ex		
		ion pending	COLUMBIA, SC 292500632		Number		► 8290
<b>~</b> ^		ting Mathad	Cash ✓ Accrual Other(specify) ►		I If the	_	inization is <b>not</b>
GA	ccoun	iting Method 1	Casil 1. Accidal Other (specify)		0,990-E		
I W	ebsite	: F www.cvsc	ORG	ĺ	·	•	·
J Ta:	x-exen	npt status(check	only one)? 501(c)(3) 501(c)(4) ◀(insert no ) 4947(a)(1) or 527				
<b>K</b> Fo	orm of	organization	Corporation Trust Association Other				
			7b, to line 9 to determine gross receipts If gross receipts are \$200,0 0 or more, file Form 990 instead of Form 990-EZ	00 or more, or	ıf total ass 14 \$ ♣	•	•
	art I	Revenue	, Expenses, and Changes in Net Assets or Fund Balanc	es (see the in	structions	for P	Part I)
		Check if the	e organization used Schedule O to respond to any question in this Part	Ι			্য
	1	Contributions	, gifts, grants, and similar amounts received			1	78,012
	2	Program serv	ice revenue including government fees and contracts			2	30,000
	3	Membership o	dues and assessments			3	
	4	Investment ır	ncome			4	
	5a	Gross amount	t from sale of assets other than inventory	5a			
œ.	ь		other basis and sales expenses	5b			
큳	_   c		L from sale of assets other than inventory (Subtract line 5b from line 5a			5c	
Revenue	6		undraising events	,			
	a	=	e from gaming (attach Schedule G if greater than \$15,000)	. 1			
			L	6a			
	b		e from fundraising events (not including \$37,012 of contribution of contributions	ons			
		sum of such g	ross income and contributions exceeds \$15,000)	6b	40,975		
	c	Less directe	expenses from gaming and fundraising events	6с	11,907		
	d	Net income o	r (loss) from gaming and fundraising events (add lines 6a and 6b and s	ubtract line 6 c	)	6d	29,068
	7a	Gross sales o	of inventory, less returns and allowances	7a			
	ь	Less cost of	goods sold	7b			
	c	Gross profit o	r (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	O ther revenue	e (describe in Schedule O )			8	
	9		a. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		•	9	137,080
	10	Grants and sı	milar amounts paid (list in Schedule O)			10	
	11		to or for members			11	
	12	Salaries, othe	er compensation, and employee benefits			12	96,171
S.	13		fees and other payments to independent contractors			13	7,141
S 13	14		ent, utilities, and maintenance			14	17,291
Expenses	15		ications, postage, and shipping			15	5,418
ш	16		es (describe in Schedule O)			16	5,416
	17		es. Add lines 10 through 16		<b>.</b>	17	131,437
u^	18					18	5,643
NetAssets	19		fund balances at beginning of year (from line 27, column (A)) (must a				2,2.3
Ą	-		gure reported on prior year's return)		_	19	8,432
Š	20	•	es in net assets or fund balances (explain in Schedule O)		·	20	-98
_	1						
	21	iver assets of	fund balances at end of year Combine lines 18 through 20		· · <del>-</del>	21	13,977

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

Check if the organization used	Schedule O to respond to	any question in th	us Part II	<u></u>	<u></u>
		Γ	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments .			10,055	22	12,501
23 Land and buildings				23	
24 Other assets (describe in Schedule O	)		1,708	24	1,476
25 Total assets			11,763	25	13,977
26 Total liabilities (describe in Schedule	0)		3,331	26	
27 Net assets or fund balances (line 27 o	f column (B) <b>must</b> agree wı	th line 21)	8,432	27	13,977
Part III Statement of Program Check if the organization used					<b>Expenses</b> equired for section 501
What is the organization's primary exempt TO PRESERVE AND ENHANCE THE QUA CONSERVATION AND ENVIRONMENTA OFFICIALS, POLITICAL CANDIDATES A Describe the organization's program service measured by expenses In a clear and con-	LITY OF LIFE OF ALL SO L PROTECTION TOP PRI ND VOTERS e accomplishments for eac cise manner, describe the	ORITIES WITH So ch of its three larg	C'S ELECTED est program services, as	org 49 opt	(3) and 501(c)(4) panizations and section 47(a)(1) trusts, cional for others)
benefited, and other relevant information for <b>28</b> INFLUENCING ENVIRONMENTAL POI	· · ·	TH THE LEGISLAT	TIVE AND EXECUTIVE	+-	1
LEVELS, INCLUDING LOBBYING FOR LE				28a	34,717
29 EDUCATING VOTERS ABOUT CONSE WEB PUBLICATIONS AND NEWSLETTER	COMMUNICATIONS	•		,	
<u> </u>	s amount includes foreign	<u> </u>		29a	38,574
30 DEVELOPING POLITICAL AND ELECT POSITIONS, MEETING WITH CANDIDAT (Grants \$ ) If the		ST VOTING TREN	IDS	30a	23,144
31 Other program services (describe in Sc (Grants \$ ) If thi	hedule O ) s amount includes foreign	grants, check here	· <b>&gt;</b>	31a	
32 Total program service expenses (add lin				32	96,435
Part IV List of Officers, Directors, Tru Check if the organization used	stees, and Key Employees	(list each one even if	not compensated — see the in		ns for Part IV)
(a) Name and title	<b>(b)</b> Average hours per week devoted to position	(c)Reportabl compensatio (Forms W-2/10 MISC) (if not p enter -0-)	n contributions t 99- employee benefit p	to olans,	(e) Estimated amount of other compensation
See Additional Data Table					
	1				1

	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				
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 C	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 <b>\rightarrow</b> 37a 23,144				
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 •, 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		Νo	
41	List the states with which a copy of this return is filed F SC				
42a	The organization's books are in care of <b>CONSERVATION VOTERS OF SC</b> Telephone no			-0716	
	Located at PO BOX 50632 701 WHALEY STREET COLUMBIA, SC ZIP + 4	_ 29	9250		
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Vac	No	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No 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.			1	
C	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		Νo	
	If "Yes," enter the name of the foreign country 🕨				
	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			▶┌	
			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	
	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			
45a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$ ?	45a		No	
	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	(2013)						Yes	Page 4
44 5 111							res	NO
	organızatıon engage, dırectly tes for publıc office? If "Yes,'				or in opposition to	46	Yes	
Part VI	Section 501(c)(3) orga	anizations only				1		
<i>F</i>	All section 501(c)(3) orga		questions 47-49b ar	nd 52,	and complete the	tables	s for lir	nes 50
	and 51 Check if the organization use	ed Schedule O to respond t	o any question in this P	art V I				Г
	<u> </u>	·			<u> </u>	<u></u>	Yes	No
	organization engage in lobby ' complete Schedule C, Part		ction 501(h) election in		during the tax year?	47		
<b>48</b> Is the or	rganızatıon a school as desc	rihed in section 170/h)/1)	(A)(u)? If "Yes " comple	ata Sch	edule F	48		
						49a		
	organızatıon make any transf					49b		
<b>b</b> If "Yes,"	' was the related organization	n a section 527 organizati	on <sup>7</sup>					
	e this table for the organizates) who each received more							
	and title of each employee	(b) Average	(c) Reportable		Health benefits,	<b>(e)</b> Es	tımated	
		hours per week devoted to position	compensation (Forms W-2/1099- MISC)	emplo	ontributions to byee benefit plans, and deferred compensation	of othe	rcompe	ensatioi
				<u> </u>	- Compensation			
				1				
<b>f</b> Total n	number of other employees p	aid over \$100,000				<b>-</b>		
<b>51</b> Complet of compe	number of other employees p te this table for the organizat ensation from the organizatio (a) Name and business addr	non's five highest compens on Ifthere is none, enter "	None "		who each received in Type of service		an \$10 Compen	
<b>51</b> Complet of compe	e this table for the organizat ensation from the organization	non's five highest compens on Ifthere is none, enter "	None "					
<b>51</b> Complet of compe	e this table for the organizat ensation from the organization	non's five highest compens on Ifthere is none, enter "	None "					
<b>51</b> Complet of compe	e this table for the organizat ensation from the organization	non's five highest compens on Ifthere is none, enter "	None "					
<b>51</b> Complet of compe	e this table for the organizat ensation from the organization	non's five highest compens on Ifthere is none, enter "	None "					•
<b>51</b> Complet of compe	e this table for the organizat ensation from the organization	non's five highest compens on Ifthere is none, enter "	None "					
51 Complet of comps  d Total n 52 Did th	e this table for the organizat ensation from the organization	contractors each receiving	none " ontractor  g over \$100,000 n 501(c)(3) organizatio	(b)	Type of service  ▶ 4947(a)(1)		Compen	sation
d Total n  52 Did th nonex	te this table for the organizations and the organization from the organization (a) Name and business address and the organization of other independent e organization complete Sch	contractors each receiving edule A? <b>NOTE:</b> All Section attach a completed Sched	nontractor  g over \$100,000	ns and	Type of service	(c) C	Compen  Yes	sation
d Total n  52 Did th nonex	te this table for the organization from the organization (a) Name and business address.  In the control of the	contractors each receiving edule A? <b>NOTE:</b> All Section attach a completed Sched	nontractor  g over \$100,000	ns and	Type of service	(c) C	Compen  Yes	sation
d Total n  52 Did th  nonex  Juder penalties knowledge and knowledge.	number of other independent e organization from the organization (a) Name and business addrage of the organization complete Schempt charitable trusts must belief, it is true, correct, and other independent	contractors each receiving edule A? <b>NOTE:</b> All Section attach a completed Sched	nontractor  g over \$100,000	ns and	Type of service	(c) C	Compen  Yes	sation
d Total n  52 Did th nonex  Juder penalties knowledge and knowledge.	te this table for the organization from the organization (a) Name and business addroid (a) Name and business addroid (b) Name and business addroid (c) Name	contractors each receiving edule A? NOTE: All Section attach a completed Scheduse examined this return, including the complete. Declaration of present attach as a complete complete.	nontractor  g over \$100,000	ns and	Type of service	(c) C	Compen  Yes	sation
d Total n  52 Did th nonex  Juder penalties knowledge and knowledge.	number of other independent e organization from the organization (a) Name and business addrage of the organization complete Schempt charitable trusts must belief, it is true, correct, and other independent	contractors each receiving edule A? NOTE: All Section attach a completed Scheduse examined this return, including the complete. Declaration of present attach as a complete complete.	nontractor  g over \$100,000	ns and	Type of service	(c) C	Compen  Yes	sation
d Total n  52 Did th nonex  Juder penalties knowledge and knowledge.	number of other independent e organization from the organization (a) Name and business address  number of other independent e organization complete Sch empt charitable trusts must s of perjury, I declare that I have belief, it is true, correct, and of  ****** Signature of officer  ANN TIMBERLAKE EXECUTIVE DIR Type or print name and title  Print/Type preparer's name	contractors each receiving edule A? NOTE: All Section attach a completed Scheduse examined this return, including the complete. Declaration of present attach as a complete complete.	ontractor  g over \$100,000	ns and	Type of service  4947(a)(1)  nd statements, and ton all information of the long terms of the long term	(c) C	Compen  Yes	sation
d Total n 52 Did th nonex Juder penalties mowledge and mowledge.  Sign Here	number of other independent enganization from the organization (a) Name and business address and the organization complete. So of perjury, I declare that I have belief, it is true, correct, and the organization complete. So of perjury of the organization complete such as the organization complete. The organization complete is a so of perjury, I declare that I have belief, it is true, correct, and the organization complete.	contractors each receiving edule A? NOTE: All Section attach a completed Sched complete. Declaration of present complete.	ontractor  g over \$100,000	ns and edules a is based	Type of service  4947(a)(1)  nd statements, and to all information of the control	o the bef which	Compen  Yes	sation
d Total n 52 Did th nonex  Juder penalties knowledge and knowledge.	te this table for the organizations at the organization from the organization (a) Name and business address.  The organization completes and the organization completes are the organization completes and organ	contractors each receiving edule A? NOTE: All Section attach a completed Sched complete. Declaration of present complete. Declaration of present completes are also supported by the complete of the complete complete. Preparer's signature through the complete complete complete complete complete complete.	ontractor  g over \$100,000	ns and	Type of service  4947(a)(1)  nd statements, and to all information of Date  Check for self-employed PTIN P0103	(c) C  the bef f which	Compen  Yes	sation

#### Software ID: Software Version:

**EIN:** 58-2420153

Name: CONSERVATION VOTERS OF SC

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
ANN TIMBERLAKE  EXEC DIR	40 00	82,000		
JOHN MOOD CO CHAIRMAN	0 25	0		
JENNIE PEZE <b>S</b> DIRECTOR	0 25	0		
CHARLES PATRICK	0 25	0		
CHRIS PRACHT <b>D</b> DIRECTOR	0 25	0		
JAY JAMES <b>S</b> CHAIRMAN	0 25	0		
WILKINS BYRD DIRECTOR	0 25	0		
ELLIOTT CLOSE	0 25	0		
EMMA RUTH BRITTAIN	0 25	0		
GAIL RICHARDSON DIRECTOR	0 25	0		
D DELORES LOGAN	0 25	0		
HARRY SHEALY PHD	0 25	0		
ALAN RUNYAN DIRECTOR	0 25	0		
FRANK HOLLEMAN	0 25	0		
CODY SMITH	0 25	0		

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter-0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
CHILDS CANTEY THRASHER  CHILDS CANTEY THRASHER	0 25	0		
NATHAN GALBREATH  DIRECTOR	0 25	0		
ARNOLD NAMIROW DIRECTOR	0 25	0		

DLN: 93492318014734

# Political Campaign and Lobbying Activities

OMB No 1545-0047

Open to Public **Inspection** 

Department of the Treasury Internal Revenue Service

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

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. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

	nme of the organization INSERVATION VOTERS OF SC			Employer id	lentification number
				58-24201	
Pai	rt I-A Complete if th	ne organization is exempt u	nder section 501	(c) or is a section 5	27 organization.
1	Provide a description of	the organization's direct and indirec	t political campaign ac	tivities in Part IV	
2	Political expenditures			▶	\$ 23,144
3	Volunteer hours				
Dai	TTTB: Complete if the	ne organization is exempt u	nder section 501	(c)(3)	
1		excise tax incurred by the organizat			- ¢
2	·	excise tax incurred by organization			- ¢
3		red a section 4955 tax, did it file For	_		↑ — Yes
- 4a	Was a correction made?		, _ , , ,		Γ Yes Γ No
ь	If "Yes," describe in Par	tIV			, 155 , 115
		ne organization is exempt u	nder section 501	(c), except section	501(c)(3).
1	Enter the amount directl	y expended by the filing organization	n for section 527 exem	npt function activities 🕨	\$
2	Enter the amount of the	filing organization's funds contribute	d to other organization	ns for section 527	
	exempt function activities	es		•	\$
3	Total exempt function ex	openditures Add lines 1 and 2 Ente	r here and on Form 11	20-POL, line 17b	\$
4	Did the filing organizatio	n file <b>Form 1120-POL</b> for this year?			☐ Yes   ✓ No
5	organization made paym amount of political contr	ses and employer identification numents. For each organization listed, elebations received that were promptly dor a political action committee (PA).	nter the amount paid fi y and directly delivered	rom the filing organizatior d to a separate political o	s's funds Also enter the rganization, such as a
	<b>(a)</b> Name	( <b>b)</b> Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0	and promptly and
	CONSERVATION VOTERS OF ITH CAROLI	PO BOX 50632 701 WHALEY STREET COLUMBIA,SC 29201	16-1623647		

Sch	nedule C (Form 990 or 990-EZ) 2013					Page <b>2</b>
Pä	art II-A Complete if the organization	is exempt under	section 501(	c)(3) and file	ed Form 5768	
_	under section 501(h)).		Link in Doub TV an	- h - 66:1: - h - d		a adduses FIN
٠.	Check ► If the filing organization belongs to a expenses, and share of excess lobb		iist in Part IV ea	ch amiliated gro	up members nam	e, address, EIN,
3	Check ► ☐ If the filing organization checked bo		l" provisions app	ly		
	Limits on Lobbying E (The term "expenditures" means ar		l <b>.</b> )		(a) Filing organization's totals	( <b>b)</b> Affiliated group totals
La	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
ь	Total lobbying expenditures to influence a legisl	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	o)		Γ		
d	O ther exempt purpose expenditures			Γ		
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount is columns	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lir	ue 1f)				
h	Subtract line 1g from line 1a If zero or less, ent	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t	he instructions fo	ection do not r lines 2a thro	havè to con ough 2f on p		ne five
	Lobbying Exp	enditures During	4-Year Avera ⊤	ging Period	1	1
	Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					

e Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

Pa		zation is exempt under section 501(c)(3) and has I ion under section 501(h)).	ТОИ			<u>'</u>	age <b>J</b>
For e		pelow, provide in Part IV a detailed description of the lobbying	(6	a)		(b)	
activ		relow, provide in talk IV a decaned description of the lossying	Yes	No	4	moui	nt
1		ion attempt to influence foreign, national, state or local fluence public opinion on a legislative matter or referendum,					
а	Volunteers?						
b	Paid staff or management (include com	pensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?						
d	Mailings to members, legislators, or th	e public?					
е	Publications, or published or broadcast	t statements?					
f	Grants to other organizations for lobby	ing purposes?					
g	Direct contact with legislators, their st	affs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, con	ventions, speeches, lectures, or any similar means?					
i	O ther activities?						
j	Total Add lines 1c through 1i						
2a b	Did the activities in line 1 cause the or If "Yes," enter the amount of any tax in	ganization to be not described in section 501(c)(3)?					
c		ncurred by organization managers under section 4912					
d		tion 4912 tax, did it file Form 4720 for this year?					
		zation is exempt under section 501(c)(4), section !	501(c	\ <u>\</u> \(5). (	or se	ectio	n
	501(c)(6).			,,,,			
				_		Yes	No
1	Were substantially all (90% or more) d	ues received nondeductible by members?			1		
2	Did the organization make only in-hous	e lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry ove	r lobbying and political expenditures from the prior year?			3		
Pa		zation is exempt under section 501(c)(4), section ! r (a) BOTH Part III-A, lines 1 and 2, are answered " es."					
1	Dues, assessments and similar amoun		1				
2	Section 162(e) nondeductible lobbying expenses for which the section 527(f)	and political expenditures (do not include amounts of political 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		line 2c exceeds the amount on line 3, what portion of the excess er to the reasonable estimate of nondeductible lobbying and					
	political expenditure next year?	, ,	4				
5	Taxable amount of lobbying and politic	al expenditures (see instructions)	5				
Р	art IV Supplemental Informa	tion					
	ovide the descriptions required for Part I- irt II-B, line 1 Also, complete this part fo	A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grour any additional information	ıp lıst),	Part II	[-A,I	ne 2,	and
	Return Reference	Explanation					
SCH		ELOPING POLITICAL AND ELECTORAL STRATEGIES, INCLUDI DIDATE POSITIONS, MEETING WITH CANDIDATES AND ANAL IDS					

Schedule e (Form 330 of 330 EZ)		raye <del>-r</del>
Part IV Supplemental:	Information (continued)	
Return Reference	Explanation	
-		
	I .	

Schedule D (Form 990) 2013

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DLN: 93492318014734

OMB No 1545-0047

**SCHEDULE G** (Form 990 or 990-EZ) **Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

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Department of the Treasury Internal Revenue Service

about Schedule G (Form 990 or 990-FZ) and its instructions is at www.irs.gov/form990

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization  (i) Name and address of individual or entity (fundraiser)  (ii) Activity (fundraiser)  (iii) Did from activity (fundraiser)  (iv) Amount paid to (or retained by) fundraiser listed in col (i)  (vi) Amount paid to (or retained by) fundraiser listed in col (ii)  (vi) Gross receipts from activity fundraiser listed in col (ii)  (vi) Amount paid to (or retained by) organization  (vii) Amount paid to (or retained by) fundraiser listed in col (ii)  (vii) Amount paid to (or retained by) organization  (viii) Activity from activity from activity from activity from activity fundraiser listed in col (ii)  (vii) Amount paid to (or retained by) organization  (viii) Activity from activity from activity from activity fundraiser listed in col (ii)  (vii) Amount paid to (or retained by) organization  (viii) Activity from activity from activity fundraiser listed in col (iii)  (vii) Amount paid to (or retained by) organization  (viii) Activity from activity f	Name of the organization			Employer iden	tification number
Indicate whether the organization raised funds through any of the following activities. Check all that apply Indicate whether the organization raised funds through any of the following activities. Check all that apply Indicate whether the organization raised funds through any of the following activities. Check all that apply Indicate whether the organization raised funds through any of the following activities. Check all that apply Indicate whether the organization is easier and indicated the solicitations Internet and email solicitation internet such solicit and including officers, directors, trustees Internet solicitation of government grants Internet and email solicitations Internet and emails solicitations Internet and emails solicitations Inter	CONSERVATION VOTERS OF SC			58-2420153	
Mail solicitations    Internet and email solicitations   F   Solicitation of powerment grants   Solicitation of powerment grants				o Form 990, Part IV	, line 17.
b   Therenet and email solicitations   f   Solicitation of government grants   c   Phone solicitations   g   Special fundraising events   2a   Did he organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?   Yes   No   b   If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization    (i) Name and address of individual or entity (fundraiser have custody or control of contributions?   Yes   No    1   Yes   No	1 Indicate whether the organization raised for	unds through any of the	following activities Che	ck all that apply	
g   Special fundraising events  d   Tin-person solicitations  2a   Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?   Yes   No    If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization  (i) Name and address of individual or entity (fundraiser have custody or control of contributions?   Yes   No    1   Yes   No    4   Yes   No    6   7	<b>a</b> Mail solicitations	е	Solicitation of non-	government grants	
2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  b If "ves," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization  (i) Name and address of individual or entity (fundraiser have custody or control of contributions?  (ii) Name and address of individual or entity (fundraiser have custody or control of contributions?  Yes No  Yes No  1	<u> </u>	f		<del>-</del>	
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  In Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization  (i) Name and address of individual or entity (fundraiser) with a contributions?  Yes  No  Yes  No  1  2  3  4  5  6  7  8  9  10  10  10  10  10  10  10  10  10		g	Special fundraising	g events	
to be compensated at least \$5,000 by the organization  (i) Name and address of individual or entity (fundraiser)  (ii) Activity  (iii) Did from activity  (or retained by) organization  (v) Amount paid to (or retained by) organization  (or retained by) organization  (or retained by) organization  (vi) Amount paid to (or retained by) organization  (or retained by) organization  (or retained by) organization  (vi) Amount paid to (or retained by) organization  (or					Γ Yes Γ No
Individual or entity (fundraiser)    fundraiser have control of co			ers) pursuant to agreeme	ents under which the fu	ndraiser is
1 2 3 4 5 6 7 8 9 10 10 Total	ındıvıdual	fundraiser have custody or control of contributions?		(or retained by) fundraiser listed in	(or retained by)
3 4 5 6 7 8 9 10 Total	1	Tes No			
4 5 6 7 8 9 10 Total	2				
5 6 7 8 9 10 Total	3				
6 7 8 9 10 Total	4				
7 8 9 10 Total	5				
8 9 10 Total	6				
9 10 Total	7				
Total	8				
Total	9				
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from	10				
		<b>.</b>			
		registered or licensed t	l o solicit contributions oi	has been notified it is	exempt from

		events with gross receipts g		ions and gross income	, 011 1 01111 330 EZ, 111	ies I and ob. List
			(a) Event #1  FUNDRAISING LUN	<b>(b)</b> Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	77,983	7		77,987
æ	2	Less Contributions	37,012	2		37,012
<u>~</u>	3	Gross income (line 1 minus line 2)	40,97	5		40,975
	4	Cash prizes				
မှာ	5	Noncash prizes				
Expenses	6	Rent/facility costs				
页	7	Food and beverages .				
Direct	8	Entertainment				
Δ	9	Other direct expenses .	11,90	7		11,907
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)		(11,907)
	11	Net income summary Subtract li	ne 10 from line 3, columr	n (d)		29,068
Par	t II	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or rep	
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
Teg T	4	Rent/facility costs				
ੂ	5	Other direct expenses				
	6	Volunteerlabor			<b>│ Yes</b> % <b>│ No</b>	
	7	Direct expense summary Add line	s 2 through 5 ın column (	d)	•	
	8	Net gaming income summary Subt	ract line 7 from line 1, co	olumn (d)		
9 a b	Ist	ter the state(s) in which the organiza the organization licensed to operate No," explain	gaming activities in eac	h of these states?		「Yes 「No
10a b		re any of the organization's gaming Yes," explain	licenses revoked, susper	nded or terminated during	the tax year?	· · Fyes F No

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported

Does	s the organization operate gaming activit	ies with nonmembers	· · · · · · · · · · · · · · · · · · ·	1:						
12			or a member of a partnership or other entity							
	formed to administer charitable gaming?									
13	Indicate the percentage of gaming activ		Yes	NO						
a			13a	%						
ь				<del></del>						
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records									
	·		5 5							
	Name 🟲									
	Address ►									
15a	Does the organization have a contract v									
				No						
b	,	•	e organization 🟲 \$ and the							
	amount of gaming revenue retained by t	:he third party 🟲 \$								
C	If "Yes," enter name and address of the	If "Yes," enter name and address of the third party								
	Name 🟲									
	Address 🏲									
16	Gaming manager information									
	Name 🕨									
	Gaming manager compensation ▶ \$									
	Description of services provided 🟲									
	<del></del>		_							
	Director/officer	Employee	Independent contractor							
17	Mandatory distributions									
а	Is the organization required under state	e law to make charitab	ole distributions from the gaming proceeds to							
retain the state gaming license?										
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent									
	in the organization's own exempt activi		·							
Pa		b, 15c, 16, and 17b	planations required by Part I, line 2b, columns (iii) and (v), b, as applicable. Also complete this part to provide any	and						
	Return Reference	•	Explanation							

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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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public

Inspection

Name of the organization
CONSERVATION VOTERS OF SC

Employer identification number
58-2420153

#### 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10	CONSERVATION VOTERS PAC 0 701 WHALEY STREET COLUMBIA SC 29201
FORM 990-EZ, PART I, LINE 16	EXPENSES TRAVEL 5,282 NON-INVESTMENT DEPRECIATION 134 TOTAL 5,416
FORM 990-EZ, PART I, LINE 20	BOOK / TAX DEPRECIATION DIFFERENCE -98
FORM 990-EZ, PART II, LINE 24	7,239 7,239 LESS ACCUMULATED DEPRECIATION 5,531 5,763 TOTAL 1,708 1,476
FORM 990-EZ, PART II, LINE 26	PAYROLL TAXES 0 0 DUE TO CVSC EDUCATION FUND 3,331 0
FORM 990-EZ, PART III	TO PRESERVE AND ENHANCE THE QUALITY OF LIFE OF ALL SOUTH CAROLINIANS BY MAKING CONSERVATIO  N AND ENVIRONMENTAL PROTECTION TOP PRIORITIES WITH SC'S ELECTED OFFICIALS, POLITICAL CANDIDATES AND VOTERS

DLN: 93492318014734 OMB No 1545-0172 Depreciation and Amortization (Including Information on Listed Property) Department of the Treasury Internal Revenue Service (99) See separate instructions. ► Attach to your tax return. Sequence No 179 Business or activity to which this form relates **Identifying number** INDIRECT DEPRECIATION Name(s) shown on return CONSERVATION VOTERS OF SC 58-2420153 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. 500,000 1 Total cost of section 179 property placed in service (see instructions) • • • • • • 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- · · · · · · Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married 5 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 . . . . . 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2014 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 instructions ) Special depreciation allowance for qualified property (other than listed property) placed in service during 14 Property subject to section 168(f)(1) election 15 MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2013 · · · · · · 134 If you are electing to group any assets placed in service during the tax year into one or more general Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method deduction period property service only—see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs 27 5 yrs MM S/L h Residential rental property 27 5 yrs ММ S/L ΜМ i Nonresidential real 39 yrs property ΜМ Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year MMS/L 40 yrs Summary (see instructions.) Part IV 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter 22 here and on the appropriate lines of your return Partnerships and S corporations—see instructions • • 134 23 For assets shown above and placed in service during the current year, enter the

23

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation a	<u>nd Other I</u>	<u>nforma</u>	tion (C	aution	: See	the i	<u>instruc</u>	tions i	for lin	nits i	or pa	isseng	er au	tomol	oiles. <b>)</b>
<b>24a</b> Doyou have evider	nce to support	the business/in	vestment ι	ıse claıme	d? <b>F</b> Yes	Гио		2	<b>4b</b> If "Y	es," is t	the ev	ıdence	written?	Гүе	s F N	0
(a) Type of property (list vehicles first)	<b>(b)</b> Date placed in service	(c) Business/ investment use percentage	Cost o	<b>i)</b> r other sıs	(busines	(e) r depreca ss/investr e only)		(f) Recover period	y Me	( <b>g)</b> thod/ /ention		<b>(h</b> Deprec dedu	iation/		(i) Electe section cost	179
<b>25</b> Special depreciation allo 50% in a qualified busi	•		erty placed	in service (	during the	tax year	and u	ısed mor	e than	25						
6 Property used more	e than 50%	ın a qualıfıed	business	use						-	•			<u> </u>		
		%														
		%									+					
<b>7</b> Property used 50%	orless in a		siness us	<u> </u>	<u>I</u>			l			<u> </u>					
, ,		%							S/L -							
		%							S/L - S/L -		-					
<b>28</b> Add amounts in co	ı olumn (h), lır		jh 27 En	ter here	and on lii	ne 21,	page	1	28							
<b>29</b> Add amounts in c	olumn (ı), lın	e 26 Enterh	ere and c	n line 7,	page 1								29			
		Se	ction B	—Infor	mation	on U	se d	of Vel	icles				·			
omplete this section														a uahir	los	
you provided vehicles to					a)		пеес а <b>b)</b>	Пехсер	(c)	этгріеці <u>.</u>	ig triis (C		_	e)		f)
<b>30</b> Total business/in year ( <b>do not</b> inclu			ring the •		cle 1	Vehi		V	ehicle	3 \	Vehi	-	Vehi	-		icle 6
<b>31</b> Total commuting (	mıles drıven	during the ye	ear .													
<b>32</b> Total other persor	nal(noncomn	nuting) miles	drıven							$\neg$						
33 Total miles driven	during the y	ear Add line	s 30													
34 Was the vehicle a	vailable for p	ersonal use	•	Yes	No	Yes	No	Yes	s N	lo 1	es/	No	Yes	No	Yes	No
during off-duty ho																
<b>35</b> Was the vehicle u owner or related p	sed primarily	y by a more t	han 5%													
<b>36</b> Is another vehicle		r personal us	se? .													
Section	on C—Que	stions for	Emplo	yers W	ho Pro	vide \	Vehi	cles 1	or Us	e by	The	ir Er	nploy	ees		
nswer these questio % owners or related				eption to	comple	tıng Se	ction	B for v	ehicles	sused	by e	mploy	ees wh	o are	not mo	re thar
<b>37</b> Do you maintain a employees?	written poli	y statement	that prof	nibits all	personal • •	use of	vehi •	cles, ın	cluding	comn	nutın 	g, by '	your	Y	es	No
<b>20</b> D			*6-*				L l .							-		
<b>38</b> Do you maintain a employees? See t												your •				
<b>39</b> Do you treat all us	se of vehicle	s by employe	es as pe	rsonal us	e?											
<b>40</b> Do you provide movehicles, and reta				oyees, o	btaın ınfo	ormatio	n froi	m your	employ	ees al	bout	the us	se of			
, <b>41</b> Do you meet the r				automobi	le demor	nstratio	n us	e? (See	ınstru	ctions	) .					
Note: If your answ	ver to 37, 38	, 39, 40, or 4	l1 ıs "Ye	s," do no	t comple	te Sect	tion E	3 for the	cover	ed veh	nicles	5				
	rtization	· · ·			· ·											
(a) Description of c	osts	(b) Date amortizatio	n	( A mort			(	(d) Code		<b>(e)</b> nortiza period			A mo	( <b>f</b> ) rtızatı	on for	
	.0363	begins	<u> </u>	amo	unt		S 6	ection		ercenta			t	hıs ye	ar	
<b>42</b> A mortization of co	sts that beg	ııns durıng yo	ur 2013	tax year	(see ins	truction	ns)									
<b>43</b> Amortization of co	sts that beg	an before yo	ur 2013 1	tax year						. [	43					
44 Total Add amoun	ts in column	(f) See the i	nstructio	ns for wh	ere to re	nort					44					

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# **TY 2013 Compensation Explanation**

Name: CONSERVATION VOTERS OF SC

**EIN:** 58-2420153

Person Name	Explanation
ANN TIMBERLAKE	
JOHN MOOD	
JENNIE PEZE	
CHARLES PATRICK	
CHRIS PRACHT	
JAY JAMES	
WILKINS BYRD	
ELLIOTT CLOSE	
EMMA RUTH BRITTAIN	
GAIL RICHARDSON	
D DELORES LOGAN	
HARRY SHEALY PHD	
ALAN RUNYAN	
FRANK HOLLEMAN	
CODY SMITH	
CHILDS CANTEY THRASHER	
NATHAN GALBREATH	
ARNOLD NAMIROW	