

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

Table with 2 columns: (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Table with 2 columns: Description of program service, Expenses. Row 28: TO EDUCATE VOTERS OF ALABAMA ON ISSUES IMPORTANT TO CONSERVATIVE VOTERS. Rows 29-31: Other program services.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated (see the instructions for Part IV))

Check if the organization used Schedule O to respond to any question in this Part IV

Table with 5 columns: (a) Name and title, (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, (e) Estimated amount of other compensation. Row 1: AMY WATKINS, CUSTODIAN OF RECORDS.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V

Table with columns for question number, description, and Yes/No columns. Rows include questions 33 through 40e regarding significant activities, document changes, unrelated business income, and tax matters.

41 List the states with which a copy of this return is filed NONE
42a The organization's books are in care of AMY WATKINS Telephone no. 318-868-3348
Located at 3066 ZELDA ROAD PMB 303, MONTGOMERY, AL ZIP + 4 36106

Table with columns for question number, description, and Yes/No columns. Rows include questions 42b, 42c, and 43 regarding foreign accounts and tax-exempt interest.

Table with columns for question number, description, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, and controlled entities.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? Yes No
 If "Yes," complete Schedule C, Part I 46

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II 47
 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
 b If "Yes," was the related organization a section 527 organization? 49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (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 | (e) Estimated amount of other compensation |
|--|--|---|---|--|
| N/A | | | | |
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f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
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d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here 5-31-13
 Signature of officer Date
AMY WATKINS, CUSTODIAN OF RECORDS
 Type or print name and title

| | | | | | |
|-------------------------------|--|-------------------------|----------|---|-----------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | MARTY LEE | MARTY LEE | 05/31/13 | | P00187599 |
| | Firm's name ▶ JACKSON THORNTON & CO., P.C. | Firm's EIN ▶ 63-1035228 | | Phone no. (334) 834-7660 | |
| | Firm's address ▶ P. O. BOX 96 MONTGOMERY, AL 36101-0096 | | | | |

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE N
(Form 990 or 990-EZ)

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

OMB No 1545-0047

2012 2013

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
- ▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
- ▶ Attach to Form 990 or 990-EZ.

Open to Public
Inspection

Name of the organization **CONSERVATIVE COALITION FOR ALABAMA, INC.** Employer identification number **27-2894869**

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

| 1 | (a) Description of asset(s) distributed or transaction expenses paid | (b) Date of distribution | (c) Fair market value of asset(s) distributed or amount of transaction expenses | (d) Method of determining FMV for asset(s) distributed or transaction expenses | (e) EIN of recipient | (f) Name and address of recipient | (g) IRC section of recipient(s) (if tax-exempt) or type of entity |
|---|--|--------------------------|---|--|----------------------|-----------------------------------|---|
| | NONE | | 0. | | | | |
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| | Yes | No |
|--|-----|----|
| 2 Did or will any officer, director, trustee, or key employee of the organization | | |
| a Become a director or trustee of a successor or transferee organization? | | X |
| b Become an employee of, or independent contractor for, a successor or transferee organization? | | X |
| c Become a direct or indirect owner of a successor or transferee organization? | | X |
| d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution? | | X |
| e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III ▶ | | |

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.

OMB No 1545-0047

2012 2013

Open to Public
Inspection

Name of the organization

CONSERVATIVE COALITION FOR ALABAMA, INC.

Employer identification number
27-2894869

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:

AMOUNT:

POST OFFICE BOX RENTAL

40.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - VOTER EDUCATION ON ISSUES
IMPORTANT TO CONSERVATIVE VOTERS.