Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2005

Open to Public Inspection

A For the 2005 calendar year, or tax year beginning and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: THE LEAGUE OF CONSERVATION VOTERS, INC.

Number and street (or P O box if mail is not delivered to street address): 1920 L STREET, NW — Room/suite: 800

City or town, state or country, and ZIP + 4: WASHINGTON, DC 20036

D Employer identification number: 52-1733698

E Telephone number: 202 785-8683

F Accounting method: [ ] Cash [X] Accrual [ ] Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? N/A [ ] Yes [ ] No (If "No," attach a list)

H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

I Group Exemption Number ▶ N/A

G Website: ▶ WWW.LCV.ORG

J Organization type (check only one) ▶ [X] 501(c) (4) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

K Check here ▶ [ ] if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

M Check ▶ [ ] if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 3,665,558.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	3,661,418.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash $ 3,611,181. noncash $ 50,237.)			1d	3,661,418.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	4,140.
	5	Dividends and interest from securities			5	
	6 a	Gross rents	6a			
	b	Less. rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	
	7	Other investment income (describe ▶)			7	
	8 a	Gross amount from sales of assets other than inventory — (A) Securities: / (B) Other:	8a			
	b	Less cost or other basis and sales expenses	8b			
	c	Gain or (loss) (attach schedule)	8c			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ [ ]				
	a	Gross revenue (not including $ ____ of contributions reported on line 1a)	9a			
	b	Less: direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
	10 a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
	11	Other revenue (from Part VII, line 103)			11	
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	3,665,558.
Expenses	13	Program services (from line 44, column (B))			13	1,900,101.
	14	Management and general (from line 44, column (C))			14	596,803.
	15	Fundraising (from line 44, column (D))			15	1,387,243.
	16	Payments to affiliates (attach schedule)			16	
	17	Total expenses (add lines 16 and 44, column (A))			17	3,884,147.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	<218,589.>
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	354,550.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 1			20	228,491.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	364,452.

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523001 02-03-06 LHA **For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.** Form 990 (2005)

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29 / 4

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.**	25	243,617.	170,532.	65,777.	7,308.
26 Other salaries and wages	26	1,093,078.	765,155.	295,130.	32,793.
27 Pension plan contributions	27	54,365.	38,056.	14,679.	1,630.
28 Other employee benefits	28	159,549.	111,685.	43,078.	4,786.
29 Payroll taxes	29	163,718.	114,602.	44,204.	4,912.
30 Professional fundraising fees	30	107,039.			107,039.
31 Accounting fees	31	21,735.		21,735.	
32 Legal fees	32	11,926.		11,926.	
33 Supplies	33	21,180.	2,223.	18,908.	49.
34 Telephone	34	124,881.	67,569.	30,781.	26,531.
35 Postage and shipping	35	309,125.	33,831.	18,256.	257,038.
36 Occupancy	36	275,256.	6,699.	268,557.	
37 Equipment rental and maintenance	37	25,439.		25,439.	
38 Printing and publications	38	276,773.	55,549.	14,770.	206,454.
39 Travel	39	58,878.	41,564.	12,624.	4,690.
40 Conferences, conventions, and meetings	40	15,293.	15,293.		
41 Interest	41	2,030.		2,030.	
42 Depreciation, depletion, etc. (attach schedule)	42	16,033.		16,033.	
43 Other expenses not covered above (itemize):					
a	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g SEE STATEMENT 2	43g	904,232.	477,343.	<307,124.>	734,013.
44 **Total functional expenses.** Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	3,884,147.	1,900,101.	596,803.	1,387,243.

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ ☐ Yes [X] No

If "Yes," enter **(i)** the aggregate amount of these joint costs $ N/A , **(ii)** the amount allocated to Program services $ N/A ,

(iii) the amount allocated to Management and general $ N/A ; and **(iv)** the amount allocated to Fundraising $ N/A

Form **990** (2005)

** SEE STATEMENT 3

Part III Statement of Program Service Accomplishments *(See the instructions.)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
What is the organization's primary exempt purpose? ▶ SEE STATEMENT 5	
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a SEE STATEMENT 4	
(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	1,828,457.
b TO PROMOTE CIVIC RESPONSIBILITY AND EFFECTIVE ADVOCACY FOR THE PROTECTION OF THE ENVIRONMENT AND OF THE NATURAL RESOURCES ON A BI-PARTISAN BASIS BY INFORMING THE PUBLIC OF THE HISTORICAL RECORD OF CONGRESS.	
(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	54,984.
c TO SERVE OUR MEMBERS, WHICH INCLUDES FULFILLING REQUESTS FOR INFORMATION, WRITING LETTERS, SENDING NEW INFORMATION AND SCORECARDS, AND ACKNOWLEDGING GIFTS OF MEMBERS.	
(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	16,660.
d	
(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule)	
(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	1,900,101.

Part IV Balance Sheets *(See the instructions.)*

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*			(A) Beginning of year		(B) End of year
Assets 45 Cash - non-interest-bearing			295,314.	45	85,469.
46 Savings and temporary cash investments			470,663.	46	94,729.
47 a Accounts receivable	47a	87,434.			
b Less: allowance for doubtful accounts	47b		104,224.	47c	87,434.
48 a Pledges receivable	48a	326,343.			
b Less: allowance for doubtful accounts	48b		25,479.	48c	326,343.
49 Grants receivable				49	
50 Receivables from officers, directors, trustees, and key employees				50	
51 a Other notes and loans receivable	51a				
b Less: allowance for doubtful accounts	51b			51c	
52 Inventories for sale or use				52	
53 Prepaid expenses and deferred charges			21,684.	53	75,244.
54 Investments - securities ▶ ☐ Cost ☐ FMV				54	
55 a Investments - land, buildings, and equipment: basis	55a				
b Less: accumulated depreciation	55b			55c	
56 Investments - other				56	
57 a Land, buildings, and equipment: basis	57a	312,110.			
b Less: accumulated depreciation STMT 6	57b	277,935.	39,169.	57c	34,175.
58 Other assets (describe ▶ DEPOSITS)			15,434.	58	15,734.
59 **Total assets** (must equal line 74). Add lines 45 through 58			971,967.	59	719,128.
Liabilities 60 Accounts payable and accrued expenses			367,417.	60	204,676.
61 Grants payable				61	
62 Deferred revenue				62	
63 Loans from officers, directors, trustees, and key employees STMT 7			250,000.	63	150,000.
64 a Tax-exempt bond liabilities				64a	
b Mortgages and other notes payable				64b	
65 Other liabilities (describe ▶)				65	
66 **Total liabilities.** Add lines 60 through 65)			617,417.	66	354,676.
Net Assets or Fund Balances **Organizations that follow SFAS 117, check here ▶** [X] and complete lines 67 through 69 and lines 73 and 74.					
67 Unrestricted			354,550.	67	364,452.
68 Temporarily restricted				68	
69 Permanently restricted				69	
Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.					
70 Capital stock, trust principal, or current funds				70	
71 Paid-in or capital surplus, or land, building, and equipment fund				71	
72 Retained earnings, endowment, accumulated income, or other funds				72	
73 **Total net assets or fund balances** (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)			354,550.	73	364,452.
74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73			971,967.	74	719,128.

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Part IV-A **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	5,110,554.
b	Amounts included on line **a** but not on Part I, line 12:				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify): SEE STATEMENT 8	b4	1,444,996.		
	Add lines **b1** through **b4**			b	1,444,996.
c	Subtract line **b** from line **a**			c	3,665,558.
d	Amounts included on Part I, line 12, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines **d1** and **d2**			d	0.
e	**Total revenue** (Part I, line 12). Add lines **c** and **d** ▶			e	3,665,558.

Part IV-B **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a	Total expenses and losses per audited financial statements			a	4,659,612.
b	Amounts included on line **a** but not on Part I, line 17:				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify): SEE STATEMENT 9	b4	775,465.		
	Add lines **b1** through **b4**			b	775,465.
c	Subtract line **b** from line **a**			c	3,884,147.
d	Amounts included on Part I, line 17, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines **d1** and **d2**			d	0.
e	**Total expenses** (Part I, line 17). Add lines **c** and **d** ▶			e	3,884,147.

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(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 plans	(E) Expense account and other allowances
SEE STATEMENT 10		243,617.	28,061.	2,320.

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

				Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 23				
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)		75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?	SEE STATEMENT 12	75c	X	
	Note. Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization				
d	Does the organization have a written conflict of interest policy?		75d		X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information *(See the instructions.)*

				Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		80a	X	
b	If "Yes," enter the name of the organization ▶ SEE STATEMENT 11 and check whether it is [X] exempt or [ ] nonexempt				
81 a	Enter direct or indirect political expenditures. (See line 81 instructions.)	81a 0.			
b	Did the organization file **Form 1120-POL** for this year?		81b		X

Part VI Other Information *(continued)*			Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a		X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b N/A			
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?		84a	X	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		84b	X	
85 *501(c)(4), (5), or (6) organizations.* a Were substantially all dues nondeductible by members?		85a	X	
b Did the organization make only in-house lobbying expenditures of $2,000 or less?		85b		X
If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.				
c Dues, assessments, and similar amounts from members	85c N/A			
d Section 162(e) lobbying and political expenditures	85d N/A			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A			
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g		
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	85h		
86 *501(c)(7) organizations.* Enter: a Initiation fees and capital contributions included on line 12	86a N/A			
b Gross receipts, included on line 12, for public use of club facilities	86b N/A			
87 *501(c)(12) organizations.* Enter: a Gross income from members or shareholders	87a N/A			
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b N/A			
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		88		X
89 a *501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A , section 4912 ▶ N/A , section 4955 ▶ N/A				
b *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 become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	▶ 0.			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization	▶ 0.			

90 a List the states with which a copy of this return is filed ▶ SEE STATEMENT 13

b Number of employees employed in the pay period that includes March 12, 2005 | 90b | 35

91 a The books are in care of ▶ LEAGUE OF CONSERVATION VOTERS, INC. Telephone no. ▶ 202 785-8683

Located at ▶ 1920 L STREET, NW, SUITE 800, WASHINGTON, DC ZIP + 4 ▶ 20036

		Yes	No
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)?	91b		X
If "Yes," enter the name of the foreign country ▶ N/A			
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 of the United States?	91c		X
If "Yes," enter the name of the foreign country ▶ N/A			

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041**- Check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ | 92 | N/A

Form **990** (2005)

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02-03-06

Part VII Analysis of Income-Producing Activities *(See the instructions.)*

Note: Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	4,140.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		4,140.	0.

105 **Total** (add line 104, columns (B), (D), and (E)) ▶ 4,140.

Note: *Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: *If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).*

Please Sign Here

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.

▶ [signature] Signature of officer | 11/15/06 Date | ▶ GENE KARPINSKI / PRESIDENT Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶ JoAnn Woodson	Date 11/15/06	Check if self-employed ▶ ☐	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CALIBRE CPA GROUP PLLC 1850 K STREET, N.W. WASHINGTON, DC 20006		EIN ▶	
		Phone no ▶ (202)331-9880	

523163 02-03-06

- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box ▶ [X]

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.

Type or print. File by the extended due date for filing the return. See instructions.		
	Name of Exempt Organization THE LEAGUE OF CONSERVATION VOTERS, INC.	Employer identification number 52-1733698
	Number, street, and room or suite no. If a P.O. box, see instructions. 1920 L STREET, NW, NO. 800	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036	

Check type of return to be filed (File a separate application for each return):

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ LEAGUE OF CONSERVATION VOTERS, INC.
  Telephone No. ▶ 202 785-8683 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) ______ . If this is for the **whole** group, check this box ▶ [ ] . If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2006.

5 For calendar year 2005 , or other tax year beginning ______ and ending ______ .

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION TO COMPLETE THE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions $

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 $

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions $ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ JoAnn Woodson Title ▶ CPA Date ▶ 7/31/06

Notice to Applicant - To Be Completed by the IRS

[ ] We have approved this application. Please attach this form to the organization's return.

[ ] We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.

[ ] We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.

[ ] We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.

[ ] Other ______

By: ______

Director Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	
	Name CALIBRE CPA GROUP PLLC
	Number and street (include suite, room, or apt. no.) or a P.O. box number 1850 K STREET, N.W.
523832 05-01-05	**City or town, province or state, and country (including postal or ZIP code)** WASHINGTON, DC 20006

2005 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2 990

Asset No	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	FURNITURE & OFFICE EQUIPMENT	VARIES	VAR	.000	16	58,187.			58,187.	47,059.		2,989.
2	COMPUTER EQUIPMENT & SOFTWARE	VARIES	VAR	.000	16	253,923.			253,923.	214,843.		13,044.
	* TOTAL 990 PAGE 2 DEPR					312,110.		0.	312,110.	261,902.	0.	16,033.

528102
01-06-06

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 1

DESCRIPTION	AMOUNT
ADJUSTMENT TO RECORD INTER-COMPANY PAYABLES AS OF 12/31/05	228,491.
TOTAL TO FORM 990, PART I, LINE 20	228,491.

FORM 990 OTHER EXPENSES STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
FUNDRAISING	316,410.			316,410.
TRAINING/EDUCATION	2,115.	<40.>	2,155.	
CONSULTANTS	236,611.	94,384.	82,088.	60,139.
STATE OUTREACH	10,255.	10,703.	<448.>	
ADVERTISING	47,539.	7,721.	3,090.	36,728.
SUBSCRIPTIONS AND DUES	52,473.	49,579.	2,578.	316.
NEWSLETTER/ANNUAL REPORT	10,921.	5,046.		5,875.
RALLIES	142,404.	1,773.	8,706.	131,925.
BANK CHARGES	5,135.	5,065.	70.	
INSURANCE	9,554.	6,300.	3,254.	
MISCELLANEOUS	19,819.	8,409.	6,460.	4,950.
ADMINISTRATIVE FEES	50,996.	3,072.	47,924.	
OVERHEAD ALLOCATIONS	0.	285,331.	<463,001.>	177,670.
TOTAL TO FM 990, LN 43	904,232.	477,343.	<307,124.>	734,013.

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 3
PART II, LINE 25

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DEBRA CALLAHAN	126,037.	12,945.	2,320.	141,302.
A. PROGRAM SERVICES	88,226.	9,062.	1,624.	98,912.
B. MANAGEMENT AND GENERAL	34,030.	3,495.	626.	38,151.
C. FUNDRAISING	3,781.	388.	70.	4,239.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
MARY JANE GALLAGHER	117,580.	15,116.		132,696.
A. PROGRAM SERVICES	82,306.	10,582.		92,888.
B. MANAGEMENT AND GENERAL	31,747.	4,081.		35,828.
C. FUNDRAISING	3,527.	453.		3,980.

TOTAL PROGRAM SERVICES	191,800.
TOTAL MANAGEMENT AND GENERAL	73,979.
TOTAL FUNDRAISING	8,219.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B	273,998.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 4

DESCRIPTION OF PROGRAM SERVICE ONE

TO EDUCATE THE PUBLIC ON ISSUES GERMANE TO THE POLITICAL LEGISLATIVE PROCESS. CONSERVATION, ENVIRONMENTAL PROTECTION AND PUBLIC HEALTH; AND TO INFLUENCE PUBLIC OPINION ON A BI-PARTISAN BASIS. TO ENGAGE IN POLITICAL ACTIVITIES TO SUPPORT

CANDIDATES WHO PROTECT THE ENVIRONMENT.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		1,828,457.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III STATEMENT 5

EXPLANATION

TO SECURE THE ENVIRONMENTAL FUTURE OF OUR PLANET, LCV'S MISSION IS TO ADVOCATE FOR SOUND ENVIRONMENTAL POLICIES AND TO ELECT PRO-ENVIRONMENTAL CANDIDATES WHO WILL ADOPT AND IMPLEMENT SUCH POLICIES.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 6

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE & OFFICE EQUIPMENT	58,187.	50,048.	8,139.
COMPUTER EQUIPMENT & SOFTWARE	253,923.	227,887.	26,036.
TOTAL TO FORM 990, PART IV, LN 57	312,110.	277,935.	34,175.

FORM 990 LOANS PAYABLE TO OFFICER'S, DIRECTOR'S, ETC. STATEMENT 7

LENDER'S NAME AND TITLE	ORIGINAL LOAN AMOUNT
DONALD ROSS	50,000.

DATE OF NOTE	MATURITY DATE	TERMS OF REPAYMENT	INTEREST RATE
08/12/04	06/30/06	REPAID OUT OF REVENUE FROM NEW LCV MEMBERS	4.00%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
	TO ENGAGE IN DIRECT MAIL, ONLINE AND TELEMARKETING PROSPECTING

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
NONE	0.	50,000.

LENDER'S NAME AND TITLE	ORIGINAL LOAN AMOUNT
JOHN HARRIS	100,000.

DATE OF NOTE	MATURITY DATE	TERMS OF REPAYMENT	INTEREST RATE
08/12/04	06/30/06	REPAID OUT OF REVENUE FROM NEW LCV MEMBERS	4.00%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
	TO ENGAGE IN DIRECT MAIL, ONLINE AND TELEMARKETING PROSPECTING

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
NONE	0.	100,000.

TOTAL TO FORM 990, PART IV, LINE 63, COLUMN B 150,000.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 8

DESCRIPTION	AMOUNT
REVENUE OF RELATED ORGANIZATIONS REPORTED ON CONSOLIDATED FINANCIALS	1,444,996.
TOTAL TO FORM 990, PART IV-A	1,444,996.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 9

DESCRIPTION	AMOUNT
EXPENSES OF RELATED ORGANIZATIONS REPORTED ON CONSOLIDATED FINANCIALS	775,465.
TOTAL TO FORM 990, PART IV-B	775,465.

FORM 990 PART V-A - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 10

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOHN H. ADAMS 1920 L STREET, NW SUITE 800 WASHINGTON, DC 20036	DIRECTOR 2.00	0.	0.	0.
MARCIA ARONOFF 1920 L STREET, NW SUITE 800 WASHINGTON, DC 20036	DIRECTOR 2.00	0.	0.	0.
BILL ROBERTS 1920 L STREET, NW SUITE 800 WASHINGTON, DC 20036	CHAIR 2.00	0.	0.	0.
BROWNIE CARSON 1920 L STREET, NW SUITE 800 WASHINGTON, DC 20036	DIRECTOR 2.00	0.	0.	0.
JAY HARRIS 1920 L STREET, NW SUITE 800 WASHINGTON, DC 20036	DIRECTOR 2.00	0.	0.	0.

RAMPA R. HORMEL 1920 L STREET, NW SUITE 800 WASHINGTON, DC 20036	VICE CHAIR 2.00	0.	0.	0.
TOM KIERNAN 1920 L STREET, NW SUITE 800 WASHINGTON, DC 20036	DIRECTOR 2.00	0.	0.	0.
MARTHA MARKS 1920 L STREET, NW SUITE 800 WASHINGTON, DC 20036	DIRECTOR 2.00	0.	0.	0.
WILLIAM H. MEADOWS III 1920 L STREET, NW SUITE 800 WASHINGTON, DC 20036	DIRECTOR 2.00	0.	0.	0.
SCOTT A. NATHAN 1920 L STREET, NW SUITE 800 WASHINGTON, DC 20036	DIRECTOR 2.00	0.	0.	0.
JOHN D. PODESTA 1920 L STREET, NW SUITE 800 WASHINGTON, DC 20036	DIRECTOR 2.00	0.	0.	0.
LANA POLLACK 1920 L STREET, NW SUITE 800 WASHINGTON, DC 20036	DIRECTOR 2.00	0.	0.	0.
ED ZUCKERMAN 1920 L STREET, NW SUITE 800 WASHINGTON, DC 20036	SECRETARY 2.00	0.	0.	0.
DEBRA CALLAHAN 1920 L STREET, NW SUITE 800 WASHINGTON, DC 20036	PRESIDENT 22.00	126,037.	12,945.	2,320.
LARRY ROCKEFELLER 1920 L STREET, NW SUITE 800 WASHINGTON, DC 20036	DIRECTOR 2.00	0.	0.	0.
DONALD K. ROSS 1920 L STREET, NW SUITE 800 WASHINGTON, DC 20036	DIRECTOR 2.00	0.	0.	0.
RODGER O. SCHLICKEISEN 1920 L STREET, NW SUITE 800 WASHINGTON, DC 20036	TREASURER 2.00	0.	0.	0.
PEGGY SHEPARD 1920 L STREET, NW SUITE 800 WASHINGTON, DC 20036	DIRECTOR 2.00	0.	0.	0.

MARY JANE GALLAGHER 1920 L STREET, NW SUITE 800 WASHINGTON, DC 20036	CHIEF OPERATING OFFICER 28.00	117,580.	15,116.	0.
PATRICIA BAUMAN 1920 L STREET, NW SUITE 800 WASHINGTON, DC 20036	DIRECTOR 2.00	0.	0.	0.
MARIE RIDDER 1920 L STREET, NW SUITE 800 WASHINGTON, DC 20036	DIRECTOR 2.00	0.	0.	0.
SAMUEL PRYOR 1920 L STREET, NW SUITE 800 WASHINGTON, DC 20036	DIRECTOR 2.00	0.	0.	0.
BRUCE SMART 1920 L STREET, NW SUITE 800 WASHINGTON, DC 20036	DIRECTOR 2.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		243,617.	28,061.	2,320.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 11
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
LEAGUE OF CONSERVATION VOTERS EDUCATION FUND	X	
LEAGUE OF CONSERVATION VOTERS - SSF	X	
LEAGUE OF CONSERVATION VOTERS ACTION FUND	X	
LCV ACCOUNTABILITY PROJECT	X	
LEAGUE OF CONSERVATION VOTERS - SSF II	X	

FORM 990 . PART V-A OFFICER COMPENSATION FROM RELATED ORGANIZATIONS STATEMENT 12

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
DEBRA CALLAHAN	64,692.		

NAME OF RELATED ORGANIZATION	EMPLOYER ID NUMBER
LEAGUE OF CONSERVATION VOTERS EDUCATION FUND	52-1379661

RELATIONSHIP BETWEEN ORGANIZATIONS

AFFILIATE

COMPENSATION DESCRIPTION

SALARY

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
MARY JANE GALLAGHER	59,883.		

NAME OF RELATED ORGANIZATION	EMPLOYER ID NUMBER
LEAGUE OF CONSERVATION VOTERS EDUCATION FUND	52-1379661

RELATIONSHIP BETWEEN ORGANIZATIONS

AFFILIATE

COMPENSATION DESCRIPTION

SALARY

FORM 990 LIST OF STATES RECEIVING COPY OF RETURN STATEMENT 13
PART VI, LINE 90

STATES

AL,AK,AZ,AR,CA,CO,CT,DE,FL,GA,HI,ID,IL,IN,IA,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO
MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI,WY