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Return of Organization Exempt From Income Tax

2006

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

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

A For the 2006 calendar year, or tax year beginning and ending

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

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

D Employer identification number: **52-1733698**

E Telephone number: **202-785-8683**

F Accounting method: Cash Accrual
 Other (specify) _____

G Website: **WWW.LCV.ORG**

J Organization type (check only one): 501(c) (4) (insert no) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: **6,609,746.**

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes 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 No
I Group Exemption Number: **N/A**
M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances			
1	Contributions, gifts, grants, and similar amounts received:		
a	Contributions to donor advised funds	1a	
b	Direct public support (not included on line 1a)	1b	6,589,464.
c	Indirect public support (not included on line 1a)	1c	
d	Government contributions (grants) (not included on line 1a)	1d	
e	Total (add lines 1a through 1d) (cash \$ 6,518,395. noncash \$ 71,069.)	1e	6,589,464.
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	3,033.
5	Dividends and interest from securities	5	
6 a	Gross rents SEE STATEMENT 1	6a	17,249.
b	Less: rental expenses	6b	
c	Net rental income or (loss). Subtract line 6b from line 6a	6c	17,249.
7	Other investment income (describe _____)	7	
8 a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other
b	Less: cost or other basis and sales expenses	8a	
c	Gain or (loss) (attach schedule)	8b	
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c	
8d		8d	
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	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 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	6,609,746.
13	Program services (from line 44, column (B))	13	3,847,043.
14	Management and general (from line 44, column (C))	14	459,291.
15	Fundraising (from line 44, column (D))	15	1,563,067.
16	Payments to affiliates (attach schedule)	16	
17	Total expenses. Add lines 16 and 44, column (A)	17	5,869,401.
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	740,345.
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	364,452.
20	Other changes in net assets or fund balances (attach explanation)	20	0.
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	1,104,797.

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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
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	176,091.	132,068.	38,740.	5,283.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	964,173.	723,130.	212,118.	28,925.
27 Pension plan contributions not included on lines 25a, b, and c	33,851.	25,388.	7,447.	1,016.
28 Employee benefits not included on lines 25a - 27	122,129.	91,597.	26,868.	3,664.
29 Payroll taxes	136,981.	102,736.	30,136.	4,109.
30 Professional fundraising fees				
31 Accounting fees	32,366.	7,864.	24,502.	
32 Legal fees	32,208.		32,208.	
33 Supplies	19,582.	16,531.	2,955.	96.
34 Telephone	19,991.	19,967.	24.	
35 Postage and shipping	6,450.	6,376.	74.	
36 Occupancy	272,906.	272,906.		
37 Equipment rental and maintenance	8,957.	6,161.	2,796.	
38 Printing and publications	20,121.	16,942.	3,040.	139.
39 Travel	50,969.	34,006.		16,963.
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	12,898.		12,898.	
43 Other expenses not covered above (itemize):				
a _____				
b _____				
c _____				
d _____				
e _____				
f _____				
g SEE STATEMENT 2	3,959,728.	2,391,371.	65,485.	1,502,872.
44 Total functional expenses Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	5,869,401.	3,847,043.	459,291.	1,563,067.

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 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

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.

What is the organization's primary exempt purpose? ► SEE STATEMENT 4	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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 3	
(Grants and allocations \$ 219,500.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	2,577,519.
b TO PROMOTE CIVIC RESPONSIBILITY AND EFFECTIVE ADVOCACY FOR THE PROTECTION OF THE ENVIRONMENT AND OF THE NATURAL RESOURCES ON A NON-PARTISAN BASIS BY INFORMING THE PUBLIC OF THE HISTORICAL RECORD OF CONGRESS.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	153,882.
c ENGAGED ON POLITICAL ACTIVITIES TO SUPPORT CANDIDATES WHO PROTECT THE ENVIRONMENT.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,115,642.
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	3,847,043.

Form 990 (2006)

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	85,469.	45	380,966.
	46 Savings and temporary cash investments	94,729.	46	655,342.
	47 a Accounts receivable	47a 83,829.		
	b Less: allowance for doubtful accounts	47b	47c	83,829.
	48 a Pledges receivable	48a 102,709.		
	b Less: allowance for doubtful accounts	48b	48c	102,709.
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	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		53	81,219.
	54 a Investments - publicly-traded securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
b Investments - other securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
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 120,231.			
b Less: accumulated depreciation STMT 5	57b 90,549.	34,175.	57c 29,682.	
58 Other assets, including program-related investments (describe ▶ DEPOSITS)		15,734.	58 20,459.	
59 Total assets (must equal line 74). Add lines 45 through 58		719,128.	59 1,354,206.	
Liabilities	60 Accounts payable and accrued expenses	204,676.	60	199,409.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees STMT 6	150,000.	63	50,000.
	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		354,676.	66 249,409.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	364,452.	67	1,104,797.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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 and column (B) must equal line 21)		364,452.	73 1,104,797.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		719,128.	74 1,354,206.

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

Table with 5 main rows (a-e) and sub-rows (b1-b4, d1-d2) for reconciling revenue. Total revenue is 6,609,746.

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

Table with 5 main rows (a-e) and sub-rows (b1-b4, d1-d2) for reconciling expenses. Total expenses are 5,869,401.

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.)

Table with 5 columns: (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. One entry is shown for SEE STATEMENT 9.

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

Table with 3 columns: Question, Yes, No. Row 75a: Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. Answer: 20. Row 75b: 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). Answer: X. Row 75c: 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 the organization? See the instructions for the definition of "related organization". Answer: SEE STATEMENT 11, X. Row 75d: Does the organization have a written conflict of interest policy? Answer: 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.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1: NONE. All other rows are empty.

Part VI Other Information (See the instructions)

Table with 3 columns: Question, Yes, No. Row 76: Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change. Answer: X. Row 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. Answer: X. Row 78a: Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? Answer: X. Row 78b: If "Yes," has it filed a tax return on Form 990-T for this year? Answer: N/A. Row 79: Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement. Answer: X. Row 80a: 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? Answer: X. Row 80b: If "Yes," enter the name of the organization. Answer: SEE STATEMENT 10. Row 81a: Enter direct or indirect political expenditures. (See line 81 instructions.) Answer: 0. Row 81b: Did the organization file Form 1120-POL for this year? Answer: 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?		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?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	X	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.		X
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?		
	85g N/A		
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?		
	85h N/A		
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 a	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		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		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		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.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed		
	SEE STATEMENT 12		
b	Number of employees employed in the pay period that includes March 12, 2006	90b	32
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		
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)? 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.		
		91b	X

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?
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

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

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 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, 104 Subtotal, 105 Total.

Note: Line 105 plus line 1e, 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.)

Table with 2 columns: 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.)

Table with 5 columns: (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.

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?
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

Yes	No

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

Yes	No

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here:
 Signature of officer: *[Signature]* Date: *11/14/07*
 Type or print name and title: *JOHN KARPINSKI* *President*

Paid Preparer's Use Only:
 Preparer's signature: *[Signature]* Date: *NOV 13 2007* Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: *RSM MCGLADREY, INC.*
9737 WASHINGTONIAN BLVD., #400
GAITHERSBURG, MD 20878-7340
 EIN:
 Phone no.: *(301) 296-3600*

Asset Number	Description of property				Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	Date placed in service	Method/ IRC sec.	Life or rate	Line No.				
1	FURNITURE & EQUIPMENT							
	VARIABLES	SL	7.00	16	120,231.		77,651.	12,898.
	* TOTAL 990 PAGE 2 DEPR				120,231.	0.	77,651.	12,898.

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY		ACTIVITY NUMBER	GROSS RENTAL INCOME
RENTAL INCOME		1	17,249.
TOTAL TO FORM 990, PART I, LINE 6A			17,249.

FORM 990	OTHER EXPENSES			STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
CONSULTANTS	292,919.	162,250.	36,177.	94,492.	
ACCOUNTABILITY AND POLICY	478,106.	474,775.	9.	3,322.	
FIELD CAMPAIGNS	179,964.	179,797.		167.	
LEAGUE MOVEMENT OUTREACH	241,204.	240,735.	424.	45.	
RESEARCH AND EVALUATIONS	54,247.	54,247.			
COMMUNICATIONS	901,450.	901,424.		26.	
FRAMING	75.	75.			
LIST DEVELOPMENT	21,000.	21,000.			
INTERNET AND WEB MAINTENANCE	70,390.	52,610.		17,780.	
DEVELOPMENT & PUBLIC EDUCATION	1,537,603.	150,694.	260.	1,386,649.	
DUES & SUBSCRIPTIONS	60,211.	59,313.	898.		
STAFF DEVELOPMENT	183.	388.	<305.>	100.	
TECHNOLOGY SERVICES	58,744.	58,571.	173.		
INSURANCE	6,300.	6,300.			
ADMINISTRATIVE FEES	39,085.	25,596.	13,198.	291.	
BOARD EXPENSES	18,247.	3,596.	14,651.		
TOTAL TO FM 990, LN 43	3,959,728.	2,391,371.	65,485.	1,502,872.	

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 3

DESCRIPTION OF PROGRAM SERVICE ONE

EDUCATED THE PUBLIC ON ISSUES GERMANE TO THE POLITICAL LEGISLATIVE PROCESS: CONSERVATION, ENVIRONMENTAL PROTECTION AND PUBLIC HEALTH. INFLUENCED PUBLIC OPINION ON A NON-PARTISAN BASIS. SERVED OUR MEMBERS, WHICH INCLUDED FULFILLING REQUESTS FOR INFORMATION, WRITING LETTERS, SENDING NEW INFORMATION AND FACTSHEETS, AND APPRAISING THEM OF LEGISLATIVE ENVIRONMENTAL AGENDAS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	219,500.	2,577,519.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4
PART III

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 5

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE & EQUIPMENT	120,231.	90,549.	29,682.
TOTAL TO FORM 990, PART IV, LN 57	120,231.	90,549.	29,682.

FORM 990 LOANS PAYABLE TO OFFICER'S, DIRECTOR'S, ETC. STATEMENT 6

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.	0.

TOTAL TO FORM 990, PART IV, LINE 63, COLUMN B	50,000.
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FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	7
DESCRIPTION		AMOUNT	
REVENUE OF RELATED ORGANIZATIONS REPORTED ON A CONSOLIDATED BASIS		1,888,407.	
TOTAL TO FORM 990, PART IV-A		1,888,407.	

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	8
DESCRIPTION		AMOUNT	
EXPENSES OF RELATED ORGANIZATIONS REPORTED ON A CONSOLIDATED BASIS		2,253,719.	
TOTAL TO FORM 990, PART IV-B		2,253,719.	

FORM 990	PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	9
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DEBRA CALLAHAN 1920 L STREET, NW. SUITE 800 WASHINGTON, DC 20036	PRESIDENT 22.00	79,207.	871.	0.
MARY JANE GALLAGHER 1920 L STREET, NW. SUITE 800 WASHINGTON, DC 20036	COO 18.00	13,954.	1,448.	0.
GENE KARPINSKI 1920 L STREET, NW. SUITE 800 WASHINGTON, DC 20036	PRESIDENT 18.00	69,454.	11,157.	0.
BILL ROBERTS 1920 L STREET, NW. SUITE 800 WASHINGTON, DC 20036	CHAIR 2.00	0.	0.	0.
RODGER SCHLICKEISEN 1920 L STREET, NW. SUITE 800 WASHINGTON, DC 20036	VICE CHIR 2.00	0.	0.	0.

TOM KIERNAN 1920 L STREET, NW. SUITE 800 WASHINGTON, DC 20036	TREASURER 2.00	0.	0.	0.
JOHN ADAMS 1920 L STREET, NW. SUITE 800 WASHINGTON, DC 20036	SECRETARY 2.00	0.	0.	0.
RAMPA HORMEL 1920 L STREET, NW. SUITE 800 WASHINGTON, DC 20036	DIRECTOR 2.00	0.	0.	0.
BROWNIE CARSON 1920 L STREET, NW. SUITE 800 WASHINGTON, DC 20036	DIRECTOR 2.00	0.	0.	0.
BILL MEADOWS 1920 L STREET, NW. SUITE 800 WASHINGTON, DC 20036	DIRECTOR 2.00	0.	0.	0.
JOHN PODESTA 1920 L STREET, NW. SUITE 800 WASHINGTON, DC 20036	DIRECTOR 2.00	0.	0.	0.
DONALD ROSS 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.
LANA POLLACK 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.
WADE GREENE 1920 L STREET, NW. SUITE 800 WASHINGTON, DC 20036	DIRECTOR 2.00	0.	0.	0.
JORGE MURSULI 1920 L STREET, NW. SUITE 800 WASHINGTON, DC 20036	DIRECTOR 2.00	0.	0.	0.
SCOTT NATHAN 1920 L STREET, NW. SUITE 800 WASHINGTON, DC 20036	DIRECTOR 2.00	0.	0.	0.

LARRY ROCKEFELLER 1920 L STREET, NW. SUITE 800 WASHINGTON, DC 20036	DIRECTOR 2.00	0.	0.	0.
TED ROOSEVELT 1920 L STREET, NW. SUITE 800 WASHINGTON, DC 20036	DIRECTOR 2.00	0.	0.	0.
PEGGY SHEPARD 1920 L STREET, NW. SUITE 800 WASHINGTON, DC 20036	DIRECTOR 2.00	0.	0.	0.
DONNA EDWARDS 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.
SUSAN SMARTT 1920 L STREET, NW. SUITE 800 WASHINGTON, DC 20036	DIRECTOR 2.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		162,615.	13,476.	0.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 10
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
LEAGUE OF CONSERVATION VOTERS, EDUCATION FUND	X	
LEAGUE OF CONSERVATION VOTERS, ACTION FUND	X	
LCV ACCOUNTABILITY PROJECT	X	
LEAGUE OF CONSERVATION VOTERS, - SSF 527 II	X	
LEAGUE OF CONSERVATION VOTERS, - SSF	X	

FORM 990

PART V-A OFFICER COMPENSATION FROM RELATED ORGANIZATIONS

STATEMENT 11

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
DEBRA CALLAHAN	63,366.		

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

RELATIONSHIP BETWEEN ORGANIZATIONS

AFFILIATED ORGANIZATION

COMPENSATION DESCRIPTION

COMPENSATION RECEIVED FOR THE PERFORMANCE OF DUTIES AS THE CEO OF THE LEAGUE OF CONSERVATION VOTERS EDUCATION FUND.

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
MARY JANE GALLAGHER	11,164.		

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

RELATIONSHIP BETWEEN ORGANIZATIONS

AFFILIATED ORGANIZATION

COMPENSATION DESCRIPTION

COMPENSATION RECEIVED FOR THE PERFORMANCE OF DUTIES AS THE PRESIDENT OF THE LEAGUE OF CONSERVATION VOTERS EDUCATION FUND.

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
GENE KARPINSKI	52,554.		

<u>NAME OF RELATED ORGANIZATION</u>	<u>EMPLOYER ID NUMBER</u>
LEAGUE OF CONSERVATION VOTERS EDUCATION FUND	52-1379661

RELATIONSHIP BETWEEN ORGANIZATIONS

AFFILIATED ORGANIZATION

COMPENSATION DESCRIPTION

COMPENSATION RECEIVED FOR THE PERFORMANCE OF DUTIES AS THE PRESIDENT OF THE LEAGUE OF CONSERVATION VOTERS EDUCATION FUND.

FORM 990	LIST OF STATES RECEIVING COPY OF RETURN PART VI, LINE 90	STATEMENT 12
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STATES

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, 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, WV, WI, WY

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization THE LEAGUE OF CONSERVATION VOTERS, INC.	Employer identification number 52-1733698
File by the due date for filing your return See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions 1920 L ST., NW, NO. 800	
	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):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ _____
 Telephone No. ▶ _____ 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 will cover.

1 I request an automatic 3-month (6-months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until **AUGUST 15, 2007**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2006** or
 ▶ tax year beginning _____, and ending _____.

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

3a 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.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance Due. Subtract line 3b from line 3a. 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.	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 12-2006)

- 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. You 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 ST., 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):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> 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 Telephone No. 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, 2007**.
- 5 For calendar year **2006**, 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 _____

INFORMATION REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN WILL NOT BE AVAILABLE UNTIL AFTER THE FIRST EXTENDED DUE DATE.

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.	8a	\$	
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.	8b	\$	
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.	8c	\$	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 Title **ACCOUNTANT** Date **8/15/07**

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 _____

Director _____ By: _____ 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 023832 05-01-07	Name WILMA WALDRON
	Number and street (include suite, room, or apt. no.) or a P.O. box number 6701 DEMOCRACY BLVD. STE 600
	City or town, province or state, and country (including postal or ZIP code) BETHESDA, MD 20817