

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2020

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation): Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Form 990 Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020

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

C Name of organization: LEAGUE OF CONSERVATION VOTERS INC. Doing business as: Number and street (or P.O. box if mail is not delivered to street address): 740 15TH STREET NW NO 700. Room/suite: City or town, state or province, country, and ZIP or foreign postal code: WASHINGTON, DC 20005

D Employer identification number: 52-1733698. E Telephone number: (202) 785-8683. G Gross receipts \$ 79,875,929

F Name and address of principal officer: GENE KARPINSKI, 740 15TH STREET NW NO 700, WASHINGTON, DC 20005

H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3), 501(c)(4) (insert no.), 4947(a)(1) or 527

J Website: WWW.LCV.ORG

K Form of organization: Corporation, Trust, Association, Other

L Year of formation: 1970. M State of legal domicile: MD

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1. Mission, 2-7. Governance, 8-12. Revenue, 13-19. Expenses, 20-22. Net Assets or Fund Balances.

Part II Signature Block

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.

Sign Here: Signature of officer: PATRICK COLLINS ASSISTANT TREASURER. Date: 2021-11-15

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III



1 Briefly describe the organization's mission:

THE LEAGUE OF CONSERVATION VOTERS, INC. (LCV) WORKS TO TURN ENVIRONMENTAL VALUES INTO NATIONAL, STATE & LOCAL PRIORITIES. LCV, IN COLLABORATION WITH OUR STATE LCV PARTNERS, ADVOCATES FOR SOUND ENVIRONMENTAL LAWS AND POLICIES, HOLDS ELECTED OFFICIALS ACCOUNTABLE FOR THEIR VOTES AND ACTIONS, AND ELECTS PRO-ENVIRONMENTAL CANDIDATES WHO WILL CHAMPION OUR PRIORITY ISSUES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 23,652,400 including grants of \$ 17,936,000) (Revenue \$ 31,944)

EDUCATED THE PUBLIC ON ISSUES GERMANE TO THE LEGISLATIVE PROCESS; CONSERVATION, ENVIRONMENTAL PROTECTION AND PUBLIC HEALTH; INFLUENCED PUBLIC HEALTH OPINION ON A NON-PARTISAN BASIS; SERVED OUR MEMBERS THROUGH FULFILLING REQUESTS FOR INFORMATION, WRITING LETTERS, SENDING IN NEW INFORMATION AND FACT SHEETS, AND INFORMING THEM ABOUT LEGISLATIVE ENVIRONMENTAL AGENDAS.

4b (Code:) (Expenses \$ 23,108,817 including grants of \$ 13,665,972) (Revenue \$)

PROVIDED TRAINING, GUIDANCE, AND FINANCIAL ASSISTANCE TO STATE LEAGUE CONSERVATION ORGANIZATIONS FOR SUPPORT OF THEIR PROGRAMS, INCLUDING BOARD DEVELOPMENT, LIST ENHANCEMENT, FUNDRAISING, PROGRAMMATIC SUPPORT SUCH AS GLOBAL WARMING, AND GENERAL OPERATING SUPPORT.

4c (Code:) (Expenses \$ 15,723,635 including grants of \$ 7,999,695) (Revenue \$)

EDUCATED AND LOBBIED UNITED STATES CONGRESS AND THE EXECUTIVE BRANCH ON ENVIRONMENTAL AND PUBLIC HEALTH ISSUES, HELD PUBLIC OFFICIALS ACCOUNTABLE FOR THEIR POSITIONS ON ENVIRONMENTAL ISSUES THROUGH VARIOUS EFFORTS INCLUDING PUBLICATION OF THE NATIONAL ENVIRONMENTAL SCORECARD.

(Code:) (Expenses \$ 4,349,158 including grants of \$ 158,744) (Revenue \$)

OTHER PROGRAMS

4d Other program services (Describe in Schedule O.)

(Expenses \$ 4,349,158 including grants of \$ 158,744) (Revenue \$)

4e Total program service expenses 66,834,010

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and related party transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 16 main rows (2a-16) and sub-rows (a-f). Columns include question text, a grid for 'Yes/No' responses, and a grid for numerical values. Row 2a contains the value 176. Row 16 includes a note about Form 4720.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year... 1b Enter the number of voting members included in line 1a, above, who are independent... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, LA, MA, MD, MN, MS, NC, NH, NJ, NY, OK, OR, PA, RI, SC, TN, UT, VA, WI, WV 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: GENE KARPINSKI 740 15TH STREET NW NO 700 WASHINGTON, DC 20005 (202) 785-8683

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GENE KARPINSKI PRESIDENT	27.00 2.00			X				205,246	0	18,821
(2) TIERNAN SITTENFELD SENIOR VICE PRESIDENT	37.00					X		176,047	0	26,326
(3) VINCENT WISHRAD SENIOR VICE PRESIDENT	38.00					X		162,035	0	20,800
(4) ROBERT MAYSMITH SENIOR VICE PRESIDENT	34.00					X		158,780	0	24,063
(5) RICHARD THOMAS SENIOR VICE PRESIDENT	21.00					X		116,755	0	15,378
(6) STACEY FOLSOM SENIOR VICE PRESIDENT	24.00					X		118,271	0	5,611
(7) CAROL BROWNER CHAIR	2.00 2.00	X		X				0	0	0
(8) ROGER KIM DIRECTOR	2.00 2.00	X						0	0	0
(9) SHERWOOD L BOEHLERT VICE CHAIR	2.00 2.00	X		X				0	0	0
(10) TRIP VAN NOPPEN TREASURER	2.00 2.00	X		X				0	0	0
(11) CARRIE CLARK SECRETARY	2.00 2.00	X		X				0	0	0
(12) BRIAN DEESE DIRECTOR	2.00 2.00	X						0	0	0
(13) DONNA EDWARDS DIRECTOR	2.00 2.00	X						0	0	0
(14) MICHAEL C FOX DIRECTOR	2.00 2.00	X						0	0	0
(15) ELAINE FRENCH DIRECTOR	2.00 2.00	X						0	0	0
(16) MARIA HANDLEY DIRECTOR	2.00 2.00	X						0	0	0
(17) STEVE HOLTZMAN DIRECTOR	2.00 2.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MICHAEL KIESCHNICK DIRECTOR	2.00 2.00	X						0	0	0
(19) MARK MAGANA DIRECTOR	2.00 2.00	X						0	0	0
(20) MOLLY MCUSIC DIRECTOR	2.00 2.00	X						0	0	0
(21) GREG MOGA DIRECTOR	2.00 2.00	X						0	0	0
(22) REUBEN MUNGER DIRECTOR	2.00 2.00	X						0	0	0
(23) SCOTT NATHAN DIRECTOR	2.00 2.00	X						0	0	0
(24) WILLIAM J ROBERTS DIRECTOR	2.00 2.00	X						0	0	0
(25) LARRY ROCKEFELLER DIRECTOR	2.00 2.00	X						0	0	0
(26) KERRY SCHUMANN DIRECTOR	2.00 2.00	X						0	0	0
(27) LAURA TURNER SEYDEL DIRECTOR	2.00 2.00	X						0	0	0
(28) KATHLEEN WELCH DIRECTOR	2.00 2.00	X						0	0	0
(29) ANTHA WILLIAMS DIRECTOR	2.00 2.00	X						0	0	0
(30) REVEREND LENNOX YEARWOOD JR DIRECTOR	2.00 2.00	X						0	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							937,134	0		110,999

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 6**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
OTG STRATEGIES LLC 10130 PERIMETER PARKWAY SUITE 200 CHARLOTTE, NC 28216	CONSULTING SERVICES	6,485,718
DSPOLITICAL LLC 1250 H STREET NW SUITE 200 WASHINGTON, DC 20005	DIGITAL MEDIA COMMUNICATIONS	1,040,000
TRILOGY INTERACTIVE LLC PO BOX 4177 MOUNTAIN VIEW, CA 94040	DIGITAL MEDIA COMMUNICATIONS	929,577
RIVERSIDE ORGANIZATION LLC 10 FIDDLER POND LOOP BEAUFORT, SC 22907	DATA ANALYTICS	870,920
ANALYTICAL MEDIA SOLUTIONS LLC 2016 N 109TH AVENUE AVONDALE, AZ 85392	MEDIA SERVICES	750,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 2 0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a				
	b Membership dues . . .	1b	51,730			
	c Fundraising events . . .	1c	21,812			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	77,627,056			
g Noncash contributions included in lines 1a - 1f:\$	1g	19,633				
h Total. Add lines 1a-1f			77,700,598			

Program Service Revenue		Business Code				
		2a PROGRAM REVENUE	900099	31,944	31,944	
b						
c						
d						
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.			31,944			

3 Investment income (including dividends, interest, and other similar amounts)			35,041			35,041
4 Income from investment of tax-exempt bond proceeds						
5 Royalties			71,545			71,545
6a Gross rents	(i) Real	(ii) Personal				
	6a					
	b Less: rental expenses					
	6b					
c Rental income or (loss)						
6c						
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	7a		1,755,621			
	b Less: cost or other basis and sales expenses					
	7b		1,755,621			
c Gain or (loss)			0			
7c						
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ 21,812 of contributions reported on line 1c). See Part IV, line 18						
	8a		3,938			
	b Less: direct expenses					
	8b		38,267			
c Net income or (loss) from fundraising events			-34,329			-34,329
9a Gross income from gaming activities. See Part IV, line 19						
	9a					
	b Less: direct expenses					
9b						
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less						

returns and allowances . . .	10a				
b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory . . .					
Miscellaneous Revenue	Business Code				
11a MISCELLANEOUS REVENUE	900099	277,242			277,242
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		277,242			
12 Total revenue. See instructions		78,082,041	31,944	0	349,499

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).
 Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	39,760,411	39,760,411		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	224,067	80,148	127,898	16,021
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	7,412,012	5,925,085	785,754	701,173
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	236,254	189,786	24,070	22,398
9 Other employee benefits	1,024,855	811,407	116,905	96,543
10 Payroll taxes	555,161	437,180	65,808	52,173
11 Fees for services (non-employees):				
a Management				
b Legal	225,118	94,343	130,775	
c Accounting	54,771		54,771	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	449,999			449,999
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	13,267,531	13,064,117	200,494	2,920
12 Advertising and promotion	2,619,026	2,234,120	31	384,875
13 Office expenses	2,160,968	1,588,540	48,499	523,929
14 Information technology	2,077,522	1,545,121	31,423	500,978
15 Royalties				
16 Occupancy	750,933	666,616	25,233	59,084
17 Travel	300,940	98,219	187,182	15,539
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	235,746	173,234	62,512	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	139,483	109,841	16,534	13,108
23 Insurance	44,895	35,355	5,321	4,219
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES AND SUBSCRIPTIONS	63,895	20,487	43,189	219
b STATE REGISTRATION FEES	3,877		3,877	
c TAXES AND FEES	1,298		1,298	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	71,608,762	66,834,010	1,931,574	2,843,178
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720).	7,624,959	3,595,131	1,183,225	2,846,603

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

Table with columns (A) Beginning of year, (B) End of year, and rows for Assets (1-16) and Liabilities (17-26). Includes sub-sections for Net Assets or Fund Balances (27-33) and Total Assets (16) and Total Liabilities (26).

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	78,082,041
2	Total expenses (must equal Part IX, column (A), line 25)	2	71,608,762
3	Revenue less expenses. Subtract line 2 from line 1	3	6,473,279
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,409,632
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-1,140,613
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	15,742,298

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization LEAGUE OF CONSERVATION VOTERS INC	Employer identification number 52-1733698
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
LEAGUE OF CONSERVATION VOTERS INC

Employer identification number
52-1733698

Part I
Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
LEAGUE OF CONSERVATION VOTERS INC

Employer identification number
52-1733698

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

Name of organization LEAGUE OF CONSERVATION VOTERS INC	Employer identification number 52-1733698
---	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	
	_____	_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	
	_____	_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	
	_____	_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	
	_____	_____	

Additional Data

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SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

2020

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public Inspection

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization LEAGUE OF CONSERVATION VOTERS INC	Employer identification number 52-1733698
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2 Political campaign activity expenditures (see instructions)	\$ 21,566,774
3 Volunteer hours for political campaign activities (see instructions)	10,000

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955	\$	
2 Enter the amount of any excise tax incurred by organization managers under section 4955	\$	
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4a Was a correction made?		<input type="checkbox"/> Yes <input type="checkbox"/> No
b If "Yes," describe in Part IV.		

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$	2,235,189
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	\$	17,951,000
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.....	\$	20,186,189
4 Did the filing organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.		

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1) AMERICA VOTES ACTION FUND	1155 CONNECTICUT AVENUE WASHINGTON, DC 20033	27-4522665	100,000	0
(2) CALIFORNIA LEAGUE OF CONSERVATION VOTERS STATE COMMITTEE	350 FRANK H OGAWA PLAZA OAKLAND, CA 94612	68-0448503	40,000	0
(3) CHISPA ARIZONA PAC	1943 WEST ADAMS STREET PHOENIX, AZ 85009	82-4798899	2,780,000	0
(4) CLIMATE VOTE MINNESOTA	1101 WEST RIVER PARKWAY SUITE 250 MINNEAPOLIS, MN 55415	84-5045364	420,000	0
(5) CVNM VERDE VOTERS FUND	200 W DE VARGAS STREET SUITE 1 SANTA FE, NM 87501	80-0801428	335,000	0
(6) CONSERVATION ALABAMA ACTION FUND	853 DAUPHIN STREET SUITE C MOBILE, AL 36602	82-5459521	20,000	0
(7) CONSERVATION COLORADO VICTORY FUND	1536 WYNKOOP STREET SUITE 4C DENVER, CO 80202	81-0903344	70,000	0
(8) CONSERVATION ILLINOIS PAC	1127 W FARWELL 101 CHICAGO, IL 60628		20,000	0
(9) CONSERVATION VOTERS OF PENNSYLVANIA VICTORY FUND	1429 WALNUT STREET SUITE 400 PHILADELPHIA, PA 19102	83-1360331	546,000	0
(10) CONSERVATION VOTERS OF SOUTH CAROLINA PAC	712 RICHLAND STREET SUITE A COLUMBIA, SC 29201	16-1623647	20,000	0
(11) CONSERVATION VOTES PAC	PO BOX 12671 RALEIGH, NC 27605	56-2205656	1,700,000	0
(12) CT LEAGUE OF CONSERVATION VOTERS PAC	553 FARMINGTON AVENUE HARTFORD, CT 06105	91-2089807	20,000	0

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(13) ENVIRONMENTAL LEAGUE OF MASSACHUSETTS ACTION FUND IE PAC	15 COURT SQUARE STE 1000 BOSTON, MA 02108	47-5496457	20,000	
(14) GEORGIA CONSERVATION VOTERS ACTION FUND	1530 DEKALB AVENUE NE SUITE A ATLANTA, GA 30307	58-2559965	20,000	0
(15) LCV VICTORY FUND	740 15TH STREET NW SUITE 700 WASHINGTON, DC 20005	27-3145176	11,250,000	0
(16) MAINE CONSERVATIONS VOTERS ACTION FUND	295 WATER STREET SUITE 9 AUGUSTA, ME 04330	01-0536637	20,000	0
(17) NEW YORK LEAGUE OF CONSERVATION VOTERS PAC	30 BROAD STREET 30 NEW YORK, NY 10004	27-1652704	45,000	0
(18) OREGON LEAGUE OF CONSERVATION VOTERS PAC	133 SW 2ND AVENUE SUITE 200 PORTLAND, OR 97204	93-0961667	25,000	0
(19) VERMONT CONSERVATION VOTERS ACTION FUND	9 BAILEY AVENUE MONTPELIER, VT 05602	03-0361080	17,000	0
(20) VERMONT CONSERVATION VOTERS VICTORY FUND	9 BAILEY AVENUE MONTPELIER, VT 05602	85-1178844	3,000	
(21) WASHINGTON CONSERVATION VOTERS ACTION FUND	1402 3RD AVENUE SUITE 1400 SEATTLE, WA 98101	91-1816228	20,000	0
(22) WISCONSIN CONSERVATION VOTERS INDEPENDENT EXPENDITURE COMMITTEE	133 S BUTLER STREET SUITE 320 MADISON, WI 53703	83-1567105	295,000	0

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(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))					
f Grassroots lobbying expenditures					

Additional Data

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Supplemental Financial Statements

2020

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization LEAGUE OF CONSERVATION VOTERS INC

Employer identification number 52-1733698

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor informed.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II with multiple questions (1-9) regarding conservation easements, including purpose, monitoring, and reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III with questions (1a, 1b, 2) regarding reporting requirements for art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		906,679	226,669	680,010
d Equipment		416,788	312,479	104,309
e Other		150,039	110,858	39,181
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c.) . . . ▶				823,500

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM RELATED PARTY	1,681,024
(2) DEPOSITS	62,396
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	1,743,420

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	1,423,550

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	114,552,798
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	53,500,757	
e	Add lines 2a through 2d		2e	53,500,757
3	Subtract line 2e from line 1		3	61,052,041
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	17,030,000	
c	Add lines 4a and 4b		4c	17,030,000
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	78,082,041

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	122,005,380
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	67,426,618	
e	Add lines 2a through 2d		2e	67,426,618
3	Subtract line 2e from line 1		3	54,578,762
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	17,030,000	
c	Add lines 4a and 4b		4c	17,030,000
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	71,608,762

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART X, LINE 2:	THE ORGANIZATION PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED DECEMBER 31, 2020, AND DETERMINED THAT THERE ARE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	REVENUE OF AFFILIATED ORGANIZATIONS 53,462,490. SPECIAL EVENT EXPENSES NETTED AGAINST INCOME ON PART VIII, LINE 8B 38,267.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	GRANTS TO AFFILIATED ORGANIZATIONS 17,030,000.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	EXPENSES OF AFFILIATED ORGANIZATIONS 67,388,351. SPECIAL EVENT EXPENSES NETTED AGAINST INCOME ON PART VIII, LINE 8B 38,267.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	GRANTS TO AFFILIATED ORGANIZATIONS 17,030,000.

Additional Data

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**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on 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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
LEAGUE OF CONSERVATION VOTERS INC

Employer identification number
52-1733698

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|--|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-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

b If "Yes," list the 10 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	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 M&R STRATEGIC SERVICES 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036	ONLINE ADVOCACY		No	2,839,330	559,917	2,279,413
2 CHAPMAN CUBINE ADAMS AND HUSSEY 200 15TH STREET N 550 ARLINGTON, VA 22209	MAIL CONSULTING		No	1,851,316	439,010	1,412,306
3 GSI INC TELEMARKETING 300 N SEPULVEDA EL SEGUNDO, CA 90245	TELE-ADVOCACY		No	250,243	39,448	210,795
4 TELEFUND PO BOX 2366 DENVER, CO 80201	TELE-ADVOCACY		No	22,841	61,983	-39,142
5 FM DIRECT LLC 7311 GROVE ROAD SUITE V FREDERICK, MD 21704	MAIL CONSULTING		No	0	284,444	-284,444
6 GRASSROOTS CAMPAIGNS INC 1221 CONNECTICUT AVENUE WASHINGTON, DC 20036	CANVASSING		No	0	33,000	-33,000
7						
8						
9						
10						
Total				4,963,730	1,417,802	3,545,928

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

A K, A L, A R, C A, C O, C T, D C, F L, G A, H I, I L, K S, K Y, L A, M A, M D, M E, M I, M N, M O, M S, N C, N D, N H, N J, N M, N Y, O H, O K, O R, P A, R I, S C, T N, U T, V A, W I, W V

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		EVENT (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	25,750			25,750
	2 Less: Contributions	21,812			21,812
	3 Gross income (line 1 minus line 2)	3,938			3,938
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	38,267			38,267
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				38,267
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-34,329	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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Schedule I (Form 990) Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047 2020 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization LEAGUE OF CONSERVATION VOTERS INC

Employer identification number 52-1733698

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes

2 Enter the total number of section 501(c)(3) and government organizations listed in the line 1 table 49

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Table with 8 columns: (a) Name and address of organization, (b) EIN, (c) IRC section, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of assistance, (h) Purpose of grant or assistance. Rows include various organizations like (1) 350 ACTION FUND, (2) AMERICA VOTES, (3) AMERICAN VOTES ACTION FUND, etc.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	THE ORGANIZATION PROVIDES A SERIES OF GRANTS TO STATE CONSERVATION VOTER ORGANIZATIONS AND OTHER STRATEGIC PARTNERS, INCLUDING FUNDING FOR CLIMATE CHANGE AND CLEAN AIR DEFENSE CAMPAIGNS, SCORECARD ROLLOUT, STATE CAPACITY BUILDING AND ADVOCACY. GRANT AGREEMENTS DESCRIBE APPROPRIATE PROGRAMMATIC USES OF THE FUNDS AND ANY NECESSARY RESTRICTIONS. GRANT FUNDS ARE MONITORED DIRECTLY BY STAFF WHEN WORKING IN PARTNERSHIP WITH A GRANTEE AND/OR THROUGH FINANCIAL AND NARRATIVE REPORTING REQUIREMENTS DUE FROM THE GRANTEE WITHIN A CERTAIN TIMEFRAME.

Additional Data

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Software Version:

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
LEAGUE OF CONSERVATION VOTERS INC

Employer identification number

52-1733698

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 GENE KARPINSKI PRESIDENT	(i)	205,246	0	0	8,698	10,123	224,067	0
	(ii)	0	0	0	0	0	0	0
2 TIERNAN SITTENFELD SENIOR VICE PRESIDENT	(i)	175,047	1,000	0	7,891	18,435	202,373	0
	(ii)	0	0	0	0	0	0	0
3 VINCENT WISHRAD SENIOR VICE PRESIDENT	(i)	161,035	1,000	0	7,264	13,536	182,835	0
	(ii)	0	0	0	0	0	0	0
4 ROBERT MAYSMITH SENIOR VICE PRESIDENT	(i)	157,780	1,000	0	7,005	17,058	182,843	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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Software Version:

SCHEDULE O
(Form 990 or 990-EZ)**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.

▶ Go to www.irs.gov/Form990 for the latest information.

2020**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
LEAGUE OF CONSERVATION VOTERS INC

Employer identification number

52-1733698

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE LEAGUE OF CONSERVATION VOTERS HAS INDIVIDUAL MEMBERS
FORM 990, PART VI, SECTION A, LINE 7A	THE LEAGUE OF CONSERVATION VOTERS HAS INDIVIDUAL MEMBERS WHO ANNUALLY ELECT ONE MEMBER OF THE BOARD OF DIRECTORS
FORM 990, PART VI, SECTION B, LINE 11B	THE FEDERAL FORM 990 IS PREPARED BY OUR OUTSIDE ACCOUNTANTS AND REVIEWED BY THE CFO, COUNSEL AND PROVIDED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.
FORM 990, PART VI, SECTION B, LINE 12C	TO IDENTIFY POSSIBLE CONFLICTS OF INTEREST ALL DIRECTORS, OFFICERS AND MEMBERS OF ANY COMMITTEE EXERCISING BOARD-DESIGNATED POWERS MUST DISCLOSE ANY FINANCIAL INTEREST IN ANY ENTITY WITH WHICH THE CORPORATION OR ANY LEGALLY RELATED ORGANIZATION HAS OR IS NEGOTIATING A TRANSACTION OR AGREEMENT, AND ALL MATERIAL FACTS RELATED TO THAT INTEREST FINANCIAL INTERESTS INCLUDE ANY DIRECT OR INDIRECT RELATIONSHIP THROUGH BUSINESS, INVESTMENT, OR FAMILY, SUCH AS ACTUAL OR POTENTIAL OWNERSHIP OR INVESTMENT INTERESTS OR COMPENSATION ARRANGEMENTS. DIRECTORS SHALL ALSO DISCLOSE ANY FIDUCIARY DUTY TO A PERSON OR ENTITY OTHER THAN THE CORPORATION THAT MIGHT JEOPARDIZE THE DIRECTOR'S ABILITY TO EXERCISE INDEPENDENT JUDGEMENT AND ACT IN THE BEST INTERESTS OF THE CORPORATION. AFTER DISCUSSION WITH THE INTERESTED PERSON, THE REMAINING BOARD MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS AFTER EXERCISING DUE DILIGENCE, THE BOARD SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST ALL OFFICERS, DIRECTORS AND MEMBERS OF THE COMMITTEES WITH BOARD-DELEGATED POWER SHALL RECEIVE A COPY OF THE CONFLICT OF INTEREST POLICY, AS IT APPEARS IN THE BYLAWS ALL OFFICERS, DIRECTORS AND MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS SHALL SIGN AN ANNUAL STATEMENT DECLARING THAT THE PERSON RECEIVED A COPY OF THE POLICY, UNDERSTANDS THAT THE POLICY APPLIES TO ALL COMMITTEES AND SUB-COMMITTEES HAVING BOARD-DELEGATED POWERS, AND UNDERSTANDS THAT THE CORPORATION IS A SOCIAL WELFARE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS TAX EXEMPT STATUS, IT MUST CONTINUOUSLY ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX EXEMPT PURPOSES.
FORM 990, PART VI, SECTION B, LINE 15A	THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS CONDUCTS AN ANNUAL WRITTEN REVIEW OF PERFORMANCE AND APPROVES COMPENSATION OF THE PRESIDENT AND THE FULL BOARD IS APPRISED OF THIS REVIEW DATA FROM COMPENSATION SURVEYS, REVIEWS OF OTHER 990S AND/OR SERVICES OF AN INDEPENDENT CONSULTANTS ARE UTILIZED AS APPROPRIATE AS PART OF THE REVIEW WHEN APPLICABLE. THE PRESIDENT CONDUCTS ANNUAL REVIEW OF PERFORMANCE AND ADJUSTMENTS TO COMPENSATION OF OTHER KEY EMPLOYEES. THIS COMPENSATION ADJUSTMENT IS SUPPORTED BY A REVIEW PERFORMED BY A THIRD PARTY COMPENSATION CONSULTANT. THE LAST COMPENSATION REVIEW TOOK PLACE IN DECEMBER 2020.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST, SUBJECT TO REVIEW OF THE REQUEST BY ITS GENERAL COUNSEL.
FORM 990, PART VII, SECTION A:	THE LEAGUE OF CONSERVATION VOTERS, INC. (LCV) AND LCV EDUCATION FUND HAVE ENTERED INTO A COST SHARING ARRANGEMENT UNDER WHICH LCV EDUCATION FUND REIMBURSES LCV FOR LCV EDUCATION FUND'S ALLOCABLE SHARE OF THE COMPENSATION OF CERTAIN EMPLOYEES FOR SERVICES PROVIDED TO LCV EDUCATION FUND. LCV EDUCATION FUND AND LCV ARE NOT "RELATED ORGANIZATIONS" AS THAT TERM IS DEFINED IN THE FORM 990 GLOSSARY. PURSUANT TO THEIR AGREEMENT, THE ADDITIONAL COMPENSATION PAID BY THE LCV EDUCATION FUND TO THE FOLLOWING INDIVIDUALS LISTED ON PART VII IS AS FOLLOWS: GENE KARPINSKI: 11 HOURS PER WEEK; \$87,786 REPORTABLE COMPENSATION; \$8,050 OTHER COMPENSATION TIERNAN SITTENFELD: 3 HOURS PER WEEK; \$15,769 REPORTABLE COMPENSATION; \$2,357 OTHER COMPENSATION VINCENT WISHRAD: 2 HOURS PER WEEK; \$8,916 REPORTABLE COMPENSATION; \$1,145 OTHER COMPENSATION ROBERT MAYSMITH: 6 HOURS PER WEEK; \$27,997 REPORTABLE COMPENSATION; \$4,243 OTHER COMPENSATION STACEY FOLSOM: 15 HOURS PER WEEK; \$79,049 REPORTABLE COMPENSATION; \$3,748 OTHER COMPENSATION RICHARD THOMAS: 20 HOURS PER WEEK; \$113,233 REPORTABLE COMPENSATION; \$14,913 OTHER COMPENSATION
FORM 990, PART IX, LINE 11G	FIELD CONSULTING: PROGRAM SERVICE EXPENSES 8,522,138. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 8,522,138. OTHER CONSULTANTS: PROGRAM SERVICE EXPENSES 2,866,867. MANAGEMENT AND GENERAL EXPENSES 189,238. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 3,056,105. ELECTORAL CONSULTANTS: PROGRAM SERVICE EXPENSES 1,650,646. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,650,646. PAYROLL PROCESSING FEES: PROGRAM SERVICE EXPENSES 24,466. MANAGEMENT AND GENERAL EXPENSES 3,684. FUNDRAISING EXPENSES 2,920. TOTAL EXPENSES 31,070. HR SERVICES: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 7,572. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 7,572.
FORM 990, PART XII, LINE 2C:	THE LEAGUE OF CONSERVATION VOTERS, INC. IS AUDITED ON A CONSOLIDATED BASIS BY AN INDEPENDENT AUDITOR ALONG WITH ITS FOUR SEGREGATED FUNDS: LCV POLITICAL ENGAGEMENT FUND, LCV VICTORY FUND, THE LEAGUE OF CONSERVATION VOTERS ACTION FUND, AND THE NEW AMERICAN JOBS FUND, ALL OF WHICH ARE EXEMPT UNDER SECTION 527. THE LEAGUE OF CONSERVATION VOTERS, INC. HAS AN AUDIT COMMITTEE WHICH REVIEWS THE AUDIT AND OVERSEES SELECTION OF AN INDEPENDENT AUDITOR.

Additional Data

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**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047
2020
Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
LEAGUE OF CONSERVATION VOTERS INC

Employer identification number
52-1733698

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) LEAGUE OF CONSERVATION VOTERS ACTION FUND 740 15TH STREET NW SUITE 700 WASHINGTON, DC 20005 46-0480489	FEDERAL ELECTORAL ACTIVITY	DC	527		LEAGUE OF CONSERVATION VOTERS	Yes	
(2) LCV POLITICAL ENGAGEMENT FUND 740 15TH STREET NW SUITE 700 WASHINGTON, DC 20005 91-2084140	NON-FEDERAL ELECTORAL ACTIVITY	DC	527		LEAGUE OF CONSERVATION VOTERS	Yes	
(3) LCV VICTORY FUND 740 15TH STREET NW SUITE 700 WASHINGTON, DC 20005 27-3145176	FEDERAL ELECTORAL ACTIVITY	DC	527		LEAGUE OF CONSERVATION VOTERS	Yes	
(4) NEW AMERICAN JOBS FUND 740 15TH STREET NW SUITE 700 WASHINGTON, DC 20005 81-3567453	FEDERAL ELECTORAL ACTIVITY	DC	527		LEAGUE OF CONSERVATION VOTERS	Yes	
(5) CHISPA ARIZONA PAC 1943 WEST ADAMS STREET PHOENIX, AZ 85009 82-4798899	NON-FEDERAL ELECTORAL ACTIVITY	DC	527		LEAGUE OF CONSERVATION VOTERS	Yes	

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q	Yes	
1r		No
1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LCV VICTORY FUND	B	11,250,000	FMV
(2) CHISPA ARIZONA PAC	B	2,780,000	FMV
(3) CHISPA ARIZONA PAC	S	165,000	FMV

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference

Explanation

Schedule R (Form 990) 2020

Additional Data[Return to Form](#)**Software ID:****Software Version:**