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Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Open to Public
Inspection

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

A For the 2010 calendar year, or tax year beginning and ending

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization

CT LEAGUE OF CONSERVATION VOTERS, INC.

Number and street (or P.O. box, if mail is not delivered to street address)

553 FARMINGTON AVENUE

Room/suite

201

City or town, state or country, and ZIP + 4

HARTFORD, CT 06105

D Employer identification number

06-1525526

E Telephone number

860-236-5442

F Group Exemption
Number ►G Accounting Method: Cash Accrual Other (specify) ►

I Website: ► WWW.CTLCV.ORG

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (4) (insert no.) 4947(a)(1) or 527K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 69,307.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	67,596.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
	6 Gaming and fundraising events	6a	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)		
	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
Expenses	c Less: direct expenses from gaming and fundraising events	6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe in Schedule O)	8	1,711.
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	69,307.
	SEE SCHEDULE O		
Net Assets	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	38,607.
	13 Professional fees and other payments to independent contractors	13	11,963.
	14 Occupancy, rent, utilities, and maintenance	14	2,887.
	15 Printing, publications, postage, and shipping	15	6,330.
	16 Other expenses (describe in Schedule O)	16	12,753.
	17 Total expenses. Add lines 10 through 16	17	72,540.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<3,233. >
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	18,423.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	15,190.
	SEE SCHEDULE O		

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	8,825.	22
23	Land and buildings		23
24	Other assets (describe in Schedule O)	11,933.	24
25	Total assets	20,758.	25
26	Total liabilities (describe in Schedule O)	2,335.	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	18,423.	27
			15,190.

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28 SEE SCHEDULE O

(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a	41,961.
29				
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	29a	
30				
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)		32	41,961.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JULIE BELAGA, 196 NEWTOWN TURNPIKE, WESTPORT, CT 06880	BOARD MEMBER 2.00	0.	0.	0.
RUSS BRENNEMAN 320 BAYBERRY LANE, WESTPORT, CT 06880	BOARD MEMBER 2.00	0.	0.	0.
DAVID ANDERSON, 186 JERRY BROWN ROAD, MYSTIC, CT 06355	BOARD MEMBER 2.00	0.	0.	0.
TOM ARMSTRONG 101 AYRSHIRE LANE, AVON, CT 06001	BOARD MEMBER 2.00	0.	0.	0.
KEN BERNHARD, 146 KINGS HIGHWAY N., WESTPORT, CT 06880	BOARD MEMBER 2.00	0.	0.	0.
DAVID BINGHAM 50 WHITE BIRCH ROAD, SALEM, CT 06420	CO-CHAIR 4.00	0.	0.	0.
WOODY BLISS 25 GRAY'S FARM ROAD, WESTON, CT 06883	BOARD MEMBER 2.00	0.	0.	0.
DAVID DAMER, 440 GREAT HILL ROAD, GUILFORD, CT 06437	BOARD MEMBER 2.00	0.	0.	0.
JUDY HARPER, 1334 NEIPSIC ROAD, GLASTONBURY, CT 06033	BOARD MEMBER 2.00	0.	0.	0.
GEORGE HOST 5 PIERSON DRIVE, GREENWICH, CT 06830	BOARD MEMBER 2.00	0.	0.	0.
JOE MCGEE 72 MERTON STREET, FAIRFIELD, CT 06430	BOARD MEMBER 2.00	0.	0.	0.
SUE MERROW, 225 HAYWARDVILLE ROAD, COLCHESTER, CT 06415	BOARD MEMBER 2.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 X34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 X35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T. a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? b If "Yes," has it filed a tax return on Form 990-T for this year? 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 X37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0.b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b N/Ab If "Yes," complete Schedule L, Part II and enter the total amount involved 38a X39 Section 501(c)(7) organizations. Enter: 39a N/Aa Initiation fees and capital contributions included on line 9 39b N/Ab Gross receipts, included on line 9, for public use of club facilities 40a Section 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/Ab Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b Xc Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40b 0.d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40b 0.e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e X

41 List the states with which a copy of this return is filed. ► CT

42a The organization's books are in care of ► LORI BROWN, EXECUTIVE DIRECT Telephone no. ► 860-236-5442 Located at ► 553 FARMINGTON AVENUE, HARTFORD, CT ZIP + 4 ► 06105 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)? 42b XIf "Yes," enter the name of the foreign country. ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 42c Xc At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country. ► 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43 N/A44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a Xb Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b Xc Did the organization receive any payments for indoor tanning services during the year? 44c Xd If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

If "Yes," complete Schedule C, Part I

	Yes	No
45		X
45a		X
46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3)

organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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

	Yes	No
47		
48		
49a		
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				

f Total number of other employees paid over \$100,000 ►

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

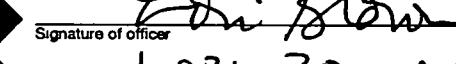
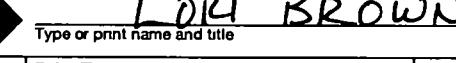
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

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

► Yes No

Sign Here	►  Signature of officer	5/13/11
	►  LORI BROWN EXECUTIVE DIRECTOR Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	John D. Gordon, CPA	John D. Gordon, CPA	05/05/11		
	Firm's name ► DONALD L PEREROTH & CO CPAS			Firm's EIN ►	
	Firm's address ► 250 STATE STREET, C-1 NORTH HAVEN, CT 06473-2161			Phone no. (203) 281-0522	

May the IRS discuss this return with the preparer shown above? See instructions

032174
03-04-11► Yes No
Form 990-EZ (2010)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

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Name of the organization

CT LEAGUE OF CONSERVATION VOTERS, INC.

Employer identification number
06-1525526

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE: AMOUNT:

REIMBURSEMENT OF EXPENSES 1,711.

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

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

PAYROLL TAXES 3,199.

SUPPLIES 1,023.

TELEPHONE 1,440.

EQUIPMENT REPAIRS, MAINTENANCE & RENTAL 210.

DUES, SUBSCRIPTIONS AND REFERENCE MATERIAL 882.

MEETINGS, CONFERENCES AND EVENTS 2,354.

BANK CHARGES 298.

BOOKKEEPING 624.

TRAVEL AND LODGING 961.

INSURANCE 585.

PAYROLL PROCESSING FEES 1,177.

TOTAL TO FORM 990-EZ, LINE 16 12,753.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION BEG. OF YEAR END OF YEAR

DUE FROM CTLCV C-3 9,071. 59.

PREPAID EXPENSES 1,762. 2,759.

SECURITY DEPOSIT 1,100. 0.

TOTAL TO FORM 990-EZ, LINE 24 11,933. 2,818.

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.

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Employer identification number
06-1525526

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
<u>ACCOUNTS PAYABLE</u>	<u>2,335.</u>	<u>263.</u>

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO SAFEGUARD THE
ENVIRONMENT AND CONSERVE NATURAL RESOURCES BY INFLUENCING PUBLIC POLICY
DECISIONS.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:
PROTECTION OF THE ENVIRONMENT AND CONSERVATION OF NATURAL
RESOURCES THROUGH LEGISLATIVE INVOLVEMENT. THE
ORGANIZATION'S PRIMARY FOCUS DURING THE YEAR WAS ON
TRANSPORTATION LEGISLATION.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Name of the organization

CT LEAGUE OF CONSERVATION VOTERS, INC.

Employer identification number

06-1525526

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

032471
11-09-10