

Return of Organization Exempt From Income Tax

2007

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service(77)

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

A For the 2007 calendar year, or tax year beginning Jul 1, 2007, and ending Jun 30, 2008

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Termination
 - Amended return
 - Application pending

C Name of organization
Concerned Woman for America Legislative Action Committee
 Number and street (or P O box if mail is not delivered to street addr) Room/suite
1015 Fifteenth St.N.W. 1100
 City, town or country State ZIP code + 4
Washington DC 20005

D Employer Identification Number
95-3370744

E Telephone number
(202) 488-7000

F Accounting method: Cash Accrual
 Other (specify) ▶

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

- H and I are not applicable to section 527 organizations
- H (a)** Is this a group return for affiliates? Yes No
- H (b)** If 'Yes,' enter number of affiliates ▶
- H (c)** Are all affiliates included? Yes No
(If 'No,' attach a list See instructions)
- H (d)** Is this a separate return filed by an organization covered by a group ruling? Yes No

G Web site: ▶ N/A

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

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

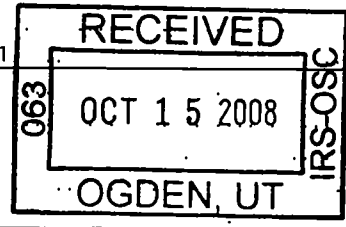
I Group Exemption Number ▶

M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **721,886.**

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

1 Contributions, gifts, grants, and similar amounts received			
a Contributions to donor advised funds	1a		
b Direct public support (not included on line 1a)	1b	720,545.	
c Indirect public support (not included on line 1a)	1c		
d Government contributions (grants) (not included on line 1a)	1d		
e Total (add lines 1a through 1d) (cash \$ 720,545. noncash \$ 0.)	1e		720,545.
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		1,341.
3 Membership dues and assessments	3		
4 Interest on savings and temporary cash investments	4		
5 Dividends and interest from securities	5		
6a Gross rents	6a		
b Less rental expenses	6b		
c Net rental income or (loss). Subtract line 6b from line 6a	6c		
7 Other investment income (describe)	7		
8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
b Less cost or other basis and sales expenses	8a		
c Gain or (loss) (attach schedule)	8b		
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8c		
8d Net gain or (loss)	8d		
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
a Gross revenue (not including \$ of contributions reported on line 1b)	9a		
b Less direct expenses other than fundraising expenses	9b		
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c		
10a Gross sales of inventory, less returns and allowances	10a		
b Less cost of goods sold	10b		
c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c		
11 Other revenue (from Part VII, line 103)	11		
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		721,886.
13 Program services (from line 44, column (B))	13		562,873.
14 Management and general (from line 44, column (C))	14		55,360.
15 Fundraising (from line 44, column (D))	15		42,268.
16 Payments to affiliates (attach schedule)	16		
17 Total expenses. Add lines 16 and 44, column (A)	17		660,501.
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		61,385.
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		-830,040.
20 Other changes in net assets or fund balances (attach explanation)	20		
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		-768,655.



SCANNED OCT 15 2008

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____) non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (att sch) (cash \$ _____) non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc listed in Part V-A See L-25a Stmt	25a 26,000.	11,700.	13,000.	1,300.
b Compensation of former officers, directors, key employees, etc listed in Part V-B	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 148,099.	121,831.	24,587.	1,681.
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28 4,167.	3,749.	417.	1.
29 Payroll taxes	29 13,761.	9,926.	3,607.	228.
30 Professional fundraising fees	30			
31 Accounting fees	31 6,500.	0.	6,500.	0.
32 Legal fees	32 864.	213.	651.	0.
33 Supplies	33 150.	136.	7.	7.
34 Telephone	34 2,333.	2,100.	233.	0.
35 Postage and shipping	35 138,733.	126,247.	3.	12,483.
36 Occupancy	36 16,639.	14,984.	1,568.	87.
37 Equipment rental and maintenance	37			
38 Printing and publications	38 225,179.	205,469.	96.	19,614.
39 Travel	39 1,209.	1,088.	121.	0.
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42			
43 Other expenses not covered above (itemize):				
a <u>Data Processing Fees</u>	43a 55,880.	46,921.	4,318.	4,641.
b <u>Dues & Subscriptions</u>	43b 641.	577.	64.	0.
c <u>Bank Fees</u>	43c 6,938.	6,314.	0.	624.
d <u>Taxes & Licenses</u>	43d 10,920.	9,937.	0.	983.
e <u>Consultants</u>	43e 650.	585.	65.	0.
f <u>Miscellaneous Expenses</u>	43f 1,838.	1,096.	123.	619.
g _____	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44 660,501.	562,873.	55,360.	42,268.

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ 469,660. ; (ii) the amount allocated to Program services \$ 427,391. ; (iii) the amount allocated to Management and general \$ 0. ; and (iv) the amount allocated to Fundraising \$ 42,269.

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

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

What is the organization's primary exempt purpose? ▶ Educate Public on Legislative Issues.

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

Program Service Expenses
(Required for 501(c)(3) and
(4) organizations and
4947(a)(1) trusts, but
optional for others)

a To inform and educate the public on various legislative affairs.

(Grants and allocations \$ 0.) If this amount includes foreign grants, check here ▶

562,873.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

c

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

d

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

e Other program services

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶

562,873.

BAA

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year	
ASSETS	45 Cash – non-interest-bearing	11,283.	45	21,479.	
	46 Savings and temporary cash investments		46		
	47a Accounts receivable	339.			
	b Less: allowance for doubtful accounts	0.	47c	339.	
	48a Pledges receivable	31,813.			
	b Less: allowance for doubtful accounts	0.	48c	31,813.	
	49 Grants receivable		49		
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b		
	51a Other notes and loans receivable (attach schedule)		51a		
	b Less: allowance for doubtful accounts		51b		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges	104.	53	136.	
	54a Investments – publicly-traded securities		54a		
	b Investments – other securities (attach sch)		54b		
	55a Investments – land, buildings, & equipment: basis		55a		
	b Less: accumulated depreciation (attach schedule)		55b		
	56 Investments – other (attach schedule)		56		
57a Land, buildings, and equipment: basis		57a			
b Less: accumulated depreciation (attach schedule)		57b			
58 Other assets, including program-related investments (describe ▶ _____).		58			
59 Total assets (must equal line 74) Add lines 45 through 58	24,235.	59	53,767.		
LIABILITIES	60 Accounts payable and accrued expenses	854,275.	60	822,422.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)		64b		
	65 Other liabilities (describe ▶ _____)		65		
	66 Total liabilities. Add lines 60 through 65	854,275.	66	822,422.	
	FUNDS	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
		67 Unrestricted	-830,040.	67	-853,451.
68 Temporarily restricted			68	84,796.	
69 Permanently restricted			69		
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
70 Capital stock, trust principal, or current funds			70		
71 Paid-in or capital surplus, or land, building, and equipment fund			71		
72 Retained earnings, endowment, accumulated income, or other funds			72		
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		-830,040.	73	-768,655.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		24,235.	74	53,767.	

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

a	Total revenue, gains, and other support per audited financial statements		a	721,886.
b	Amounts included on line a but not on Part I, line 12:			
	1 Net unrealized gains on investments	b1		
	2 Donated services and use of facilities	b2		
	3 Recoveries of prior year grants	b3		
	4 Other (specify): _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	721,886.
d	Amounts included on Part I, line 12, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12). Add lines c and d		e	721,886.

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

a	Total expenses and losses per audited financial statements		a	660,501.
b	Amounts included on line a but not on Part I, line 17:			
	1 Donated services and use of facilities	b1		
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify) _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	660,501.
d	Amounts included on Part I, line 17, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17) Add lines c and d		e	660,501.

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
Lee K. LaHaye 1015 15th St., N.W. Ste. 1100 Washington DC 20005	C.F.O	40.00	26,000.	0.
Beverly LaHaye 1015 15th St., N.W. Ste. 1100 Washington DC 20005	Chairman	0.00	0.	0.
Judy Smith 1015 15th St., N.W. Ste. 1100 Washington DC 20005	Secretary	0.00	0.	0.
Jean Crisp 1015 15th St., N.W. Ste. 1100 Washington DC 20005	Treasurer	0.00	0.	0.
Wendy Wright 1015 15th St., N.W. Ste. 1100 Washington DC 20005	President	40.00	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Statement				

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

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 13
75b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s) See L-75b Stmt
75c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization'
75d Does the organization have a written conflict of interest policy?

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

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

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans and deferred compensation plans, (E) Expense account and other allowances. The table is currently empty.

Part VI Other Information (See the instructions.)

76 Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78b If 'Yes,' has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?
80b If 'Yes,' enter the name of the organization Concerned Women for America and check whether it is [X] exempt or [] nonexempt.
81a Enter direct and indirect political expenditures (See line 81 instructions.)
81b Did the organization file Form 1120-POL for this year?

Part VII Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)		
82 b			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	X	
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
85 a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	X	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		X
c	Dues, assessments, and similar amounts from members	N/A	
d	Section 162(e) lobbying and political expenditures	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12		
86 a		N/A	
b	Gross receipts, included on line 12, for public use of club facilities	N/A	
86 b		N/A	
87	501(c)(12) organizations Enter: a Gross income from members or shareholders		
87 a		N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
87 b		N/A	
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under: section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	0.	
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89 e			
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89 f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
89 g		N/A	
90 a	List the states with which a copy of this return is filed <u>See States Filed In</u>		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)		3
90 b			
91 a	The books are in care of <u>Lee K. LaHaye</u> Telephone number <u>(202) 488-7000</u> Located at <u>1015 15th St., N.W. Ste. 1100 Washington DC</u> ZIP + 4 <u>20005</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country		X
91 b			

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

Part VII Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91 c Yes No
 If 'Yes,' enter the name of the foreign country _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92

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

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Royalties			15	1,341.	
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				1,341.	
105 Total (add line 104, columns (B), (D), and (E))					1,341.

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

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

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

Part X Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) N/A

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

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

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

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

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

	N/A	
	Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity		

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

	Yes		No	
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity				

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

	Yes		No	
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?				

Please Sign Here

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

Signature of officer: Lee K. LaHaye Date: 10/7/08

Type or print name and title: Lee K. LaHaye CFO

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 09/24/08 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: JEFFREY R. ROGERS, CPA
P.O. BOX 243
FOREST VA 24551

Preparer's SSN or PTIN (See General Instruction X): [Blank] EIN: [Blank] Phone no: (434) 525-1218

Form 990, Page 5, Part V-A

List of Officers, Directors, Trustees, & Key Employees Statement

(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 and deferred compensation	(E) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Debbie Beyer 1015 15th St., N.W. Ste.1100 Washington DC 20005	Director 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Mary Frances Forrester 1015 15th St., N.W. Ste.1100 Washington DC 20005	Director 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Kathy Grosman 1015 15th St., N.W. Ste.1100 Washington DC 20005	Director 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Linda Murphy 1015 15th St., N.W. Ste.1100 Washington DC 20005	Director 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Barbara Plating 1015 15th St., N.W. Ste.1100 Washington DC 20005	Director 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Lori Scheck 1015 15th St., N.W. Ste.1100 Washington DC 20005	Director 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Norma Seifert 1015 15th St., N.W. Ste.1100 Washington DC 20005	Director 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Nancy Staible 1015 15th St., N.W. Ste.1100 Washington DC 20005	Director 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Barbara Towne 1015 15th St., N.W. Ste.1100 Washington DC 20005	Director 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Carrie Walker 1015 15th St., N.W. Ste.1100 Washington DC 1100	Director 0.00	0.	0.	0.

Form 990, Part VI, Page 7, Line 90a
States Filed In

Form 990, Part II, Line 25a

Compensation

Compensation

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Wendy Wright	<input type="checkbox"/>	0.			
Debbie Beyer	<input type="checkbox"/>	0.			
Mary Frances Forrester	<input type="checkbox"/>	0.			
Kathy Grosman	<input type="checkbox"/>	0.			
Linda Murphy	<input type="checkbox"/>	0.			
Barbara Plating	<input type="checkbox"/>	0.			
Lori Scheck	<input type="checkbox"/>	0.			
Norma Seifert	<input type="checkbox"/>	0.			
Nancy Staible	<input type="checkbox"/>	0.			
Barbara Towne	<input type="checkbox"/>	0.			
Carrie Walker	<input type="checkbox"/>	0.			

Total 0.

Form 990, Part II, Line 25a

Employee Benefit Plans & Deferred Compensation Plans

Contributions to Employee Benefit Plans & Deferred Compensation Plans

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Wendy Wright	<input type="checkbox"/>	0.			
Debbie Beyer	<input type="checkbox"/>	0.			
Mary Frances Forrester	<input type="checkbox"/>	0.			
Kathy Grosman	<input type="checkbox"/>	0.			
Linda Murphy	<input type="checkbox"/>	0.			
Barbara Plating	<input type="checkbox"/>	0.			
Lori Scheck	<input type="checkbox"/>	0.			
Norma Seifert	<input type="checkbox"/>	0.			
Nancy Staible	<input type="checkbox"/>	0.			
Barbara Towne	<input type="checkbox"/>	0.			
Carrie Walker	<input type="checkbox"/>	0.			

Total 0.

Form 990, Part II, Line 25a

Expense Account and Other Allowances

Expense Account and Other Allowances

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Wendy Wright	<input type="checkbox"/>	0.			
Debbie Beyer	<input type="checkbox"/>	0.			
Mary Frances Forrester	<input type="checkbox"/>	0.			

Form 990, Part II, Line 25a

Continued

Expense Account and Other Allowances

Expense Account and Other Allowances

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Kathy Grosman	<input type="checkbox"/>	0.			
Linda Murphy	<input type="checkbox"/>	0.			
Barbara Plating	<input type="checkbox"/>	0.			
Lori Scheck	<input type="checkbox"/>	0.			
Norma Seifert	<input type="checkbox"/>	0.			
Nancy Staible	<input type="checkbox"/>	0.			
Barbara Towne	<input type="checkbox"/>	0.			
Carrie Walker	<input type="checkbox"/>	0.			
Total		<u>0.</u>			

Form 990, Part V-A, Line 75b

Relationship Schedule

Name 1 . Lee K. LaHaye Person Business
 Title or Role C.F.O
 Name 2 . Beverly LaHaye Person Business
 Title or Role Chairman of the Board
 Relationship Son / Mother

Explanation Statement

Form/Line: Form 990, Part V-A line 75c

Explanation of: Receipt of Compensation from Other Companies

Lee K. LaHaye
Related Organization - Concerned Women for America
Related by Common Control
EIN # 95-3580834
Compensation - \$ 115,400
Pension Plan - \$ 4,242