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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2004

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning **AUG 1, 2004** and ending **JUL 31, 2005**

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
CITIZEN LOBBY, INC.
A/K/A NJPIRG CITIZEN LOBBY

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
11 NORTH WILLOW STREET

City or town, state or country, and ZIP + 4
TRENTON, NJ 08608

D Employer identification number
22-2708332

E Telephone number
609-394-8155

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)

G Website: **N/A**

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

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

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? **N/A** Yes No (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number **▶**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **▶** **591,184.**

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

Revenue					
1	Contributions, gifts, and similar amounts received:				
a	Direct public support	1a	6,900.		
b	Indirect public support	1b	565,892.		
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ 572,792. noncash \$)	1d	572,792.		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4	9,435.		
5	Dividends and interest from securities	5	396.		
6 a	Gross rents	6a			
b	Less: rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe ▶)	7			
8 a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
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			
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	8d			
a	Gross revenue (not including \$ reported on line 1a) of contributions	9a			
b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10 a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11	8,561.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	591,184.		
13	Program services (from line 44, column (B))	13	108,305.		
14	Management and general (from line 44, column (C))	14	41,124.		
15	Fundraising (from line 44, column (D))	15	7,737.		
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17	157,166.		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	434,018.		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	3,205,280.		
20	Other changes in net assets or fund balances (attach explanation)	20	61,351.		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	3,700,649.		

RSNE

ENVELOPE POSTMARK DATE JUN 15 2006

SCANNED AUG 03 2006

RECEIVED JUN 21 2006 IRS

**CITIZEN LOBBY, INC.
A/K/A NJPIRG CITIZEN LOBBY**

22-2708332

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. Page 2

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 14,800.	10,360.	3,700.	740.
26 Other salaries and wages	26 30,600.	21,420.	7,650.	1,530.
27 Pension plan contributions	27			
28 Other employee benefits	28 6,291.	4,403.	1,573.	315.
29 Payroll taxes	29 4,293.	3,006.	1,073.	214.
30 Professional fundraising fees	30			
31 Accounting fees	31 12,713.	8,899.	3,178.	636.
32 Legal fees	32 661.	463.	165.	33.
33 Supplies	33 7,746.	5,424.	1,936.	386.
34 Telephone	34 3,508.	2,455.	877.	176.
35 Postage and shipping	35 1,642.	1,149.	411.	82.
36 Occupancy	36 5,867.	4,107.	1,467.	293.
37 Equipment rental and maintenance	37 578.	404.	145.	29.
38 Printing and publications	38 17,555.	12,288.	4,389.	878.
39 Travel	39 2,353.	1,647.	588.	118.
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 939.	657.	235.	47.
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 2	43e 47,620.	31,623.	13,737.	2,260.
44 <small>Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.</small>	44 157,166.	108,305.	41,124.	7,737.

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 \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? SEE STATEMENT 3	
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 <small>(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)</small>
a SEE STATEMENT 4	
(Grants and allocations \$ _____)	108,305.
b	
(Grants and allocations \$ _____)	
c	
(Grants and allocations \$ _____)	
d	
(Grants and allocations \$ _____)	
e Other program services (attach schedule)	(Grants and allocations \$ _____)
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	108,305.

Part IV Balance Sheets

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		45
	46 Savings and temporary cash investments	26,833.	46 65,358.
	47 a Accounts receivable	47a 2,524,235.	
	b Less: allowance for doubtful accounts	47b	47c 2,524,235.
	48 a Pledges receivable	48a	
	b Less: allowance for doubtful accounts	48b	48c
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges		53
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55 a Investments - land, buildings, and equipment basis	55a	
	b Less: accumulated depreciation	55b	55c
56 Investments - other	SEE STATEMENT 5	1,039,290.	56 1,110,580.
57 a Land, buildings, and equipment basis	57a 89,572.		
b Less: accumulated depreciation STMT 6	57b 87,018.	3,493.	57c 2,554.
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 7)		5,582.	58 5,290.
59 Total assets (add lines 45 through 58) (must equal line 74)		3,216,922.	59 3,708,017.
Liabilities	60 Accounts payable and accrued expenses	11,642.	60 6,213.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 8)		65 1,155.
66 Total liabilities (add lines 60 through 65)		11,642.	66 7,368.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	3,205,280.	67 3,700,649.
	68 Temporarily restricted		68
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		3,205,280.	73 3,700,649.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		3,216,922.	74 3,708,017.

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.

**CITIZEN LOBBY, INC.
A/K/A NJPIRG CITIZEN LOBBY**

Form 990 (2004)

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Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a	Total revenue, gains, and other support per audited financial statements	a	652,535.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$ 61,351.		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify): \$		
	Add amounts on lines (1) through (4)	b	61,351.
c	Line a minus line b	c	591,184.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2)	d	0.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	591,184.

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

a	Total expenses and losses per audited financial statements	a	157,166.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify): \$		
	Add amounts on lines (1) through (4)	b	0.
c	Line a minus line b	c	157,166.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2)	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	157,166.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)

(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
KENNETH WARD 11 NORTH WILLOW STREET TRENTON, NJ 08608	CHAIRMAN 5	0.	0.	0.
DENA MOTTOLA 11 NORTH WILLOW STREET TRENTON, NJ 08608	EXECUTIVE DIRECTOR 18.5	14,800.	1,356.	0.
ED LLOYD 11 NORTH WILLOW STREET TRENTON, NJ 08608	SECRETARY 5	0.	0.	0.
ANDREA SULLIVAN 11 NORTH WILLOW STREET TRENTON, NJ 08608	TREASURER 5	0.	0.	0.
MARGIE ALT 11 NORTH WILLOW STREET TRENTON, NJ 08608	MEMBER 5	0.	0.	0.
MATT BAKER 11 NORTH WILLOW STREET TRENTON, NJ 08608	MEMBER 5	0.	0.	0.
SAM BOYKIN 11 NORTH WILLOW STREET TRENTON, NJ 08608	MEMBER 5	0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No

CITIZEN LOBBY, INC.
A/K/A NJPIRG CITIZEN LOBBY

Part VI Other Information		Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b If "Yes," enter the name of the organization ▶ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.			
81 a Enter direct or indirect political expenditures. See line 81 instructions 81a 0.	81b		X
b Did the organization file Form 1120-POL for this year?	81b		X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A			
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	X	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	X	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.	85b		X
c Dues, assessments, and similar amounts from members 85c N/A			
d Section 162(e) lobbying and political expenditures 85d N/A			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A			
b Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A			
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A			
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <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	89b		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.			
90 a List the states with which a copy of this return is filed ▶ <u>NEW JERSEY</u>			
b Number of employees employed in the pay period that includes March 12, 2004 90b 13			
91 The books are in care of ▶ <u>MANAGEMENT</u> Telephone no. ▶ <u>609-394-8155</u>			
Located at ▶ <u>11 NORTH WILLOW ST., TRENTON, NJ</u> ZIP + 4 ▶ <u>08608</u>			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A			

**CITIZEN LOBBY, INC.
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Form 990 (2004)

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Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	9,435.	
96 Dividends and interest from securities			14	396.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a OTHER MISC REVENUE					8,561.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		9,831.	8,561.
105 Total (add line 104, columns (B), (D), and (E))					18,392.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of 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).
103A	CONDUCT INDEPENDENT RESEARCH ON CONSUMER AND ENVIRONMENTAL ISSUES, MONITOR CORPORATE AND GOVERNMENT ACTIONS AFFECTING THE PUBLIC

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

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

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

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

Signature of officer: [Signature] Date: 6/14/06 Type or print name and title: DENA MOTTOLA Executive Director

Paid Preparer's Use Only: Preparer's signature: [Signature] Date: 6/14/06 Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: **MERCADIEN, P.C.
P.O. BOX 7648
PRINCETON, NJ 08543-7648**

EIN: _____ Phone no.: **609-689-9700**

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	VARIOUS	010191SL		5.00	16	43,583.			43,583.	43,583.		0.
2	COMPUTER	100192SL		5.00	16	5,018.			5,018.	5,018.		0.
3	IKEA FURNITURE	110192SL		7.00	16	781.			781.	781.		0.
4	FAX MACHINE	110192SL		5.00	16	530.			530.	530.		0.
5	COMPUTER	040193SL		5.00	16	2,831.			2,831.	358.		0.
6	COMPUTER	050193SL		5.00	16	1,579.			1,579.	1,579.		0.
7	SIMMONS BUS SYS	110193SL		5.00	16	8,534.			8,534.	8,534.		0.
8	UNIVERSITY BUS MACHINE	030194SL		5.00	16	2,000.			2,000.	2,000.		0.
9	FAX MACHINE	092994SL		5.00	16	402.			402.	402.		0.
10	PHONES	091594SL		5.00	16	5,165.			5,165.	5,165.		0.
11	MOBILE FAX	120294SL		5.00	16	1,303.			1,303.	1,303.		0.
12	COPIER	032395SL		5.00	16	1,261.			1,261.	1,261.		0.
13	COMPUTER	063095SL		5.00	16	6,997.			6,997.	6,997.		0.
14	FAX MACHINE HP700	101595SL		5.00	16	579.			579.	579.		0.
15	APPLE PERFORMA	051296SL		5.00	16	1,261.			1,261.	1,261.		0.
16	LOGIC BOARD-COMPUTER	073197SL		5.00	16	404.			404.	324.		0.
17	KEYBOARD COMPUTER	073197SL		5.00	16	197.			197.	196.		0.
18	VOICEMAIL	121897SL		5.00	16	1,755.			1,755.	1,755.		0.

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
19	XEROX COPIER	080100	SL	5.00	16	689.			689.	689.		0.
20	DELL COMPUTER	072800	SL	5.00	16	4,703.			4,703.	3,764.		939.
	* TOTAL 990 PAGE 2 DEPR					89,572.		0.	89,572.	86,079.	0.	939.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
<u>DESCRIPTION</u>		<u>AMOUNT</u>	
UNREALIZED GAIN ON INVESTMENTS		61,351.	
TOTAL TO FORM 990, PART I, LINE 20		61,351.	

FORM 990	OTHER EXPENSES			STATEMENT	2
<u>DESCRIPTION</u>	(A)	(B)	(C)	(D)	
	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING	
INSURANCE	645.	451.	161.	33.	
RADIO CAMPAIGN	2,573.	1,801.	643.	129.	
UTILITIES	1,676.	1,173.	419.	84.	
RENTAL LOSS ON PARTNERSHIP	2,443.		2,443.		
PROGRAM DEVELOPMENT	40,283.	28,198.	10,071.	2,014.	
TOTAL TO FM 990, LN 43	47,620.	31,623.	13,737.	2,260.	

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT	3
PART III			

EXPLANATION

ADVOCATES FOR REFORMS TO BENEFIT THE GENERAL PUBLIC AND ENGAGES IN PUBLIC INTEREST LITIGATION

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 4

DESCRIPTION OF PROGRAM SERVICE ONE

CONDUCTS INDEPENDENT RESEARCH ON CONSUMER AND ENVIRONMENTAL ISSUES, MONITORS CORPORATE AND GOVERNMENT ACTIONS AFFECTING THE PUBLIC. ADVOCATES FOR REFORMS TO BENEFIT THE PUBLIC AND ENGAGED IN PUBLIC INTEREST LITIGATION.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		108,305.

FORM 990 OTHER INVESTMENTS STATEMENT 5

DESCRIPTION	VALUATION METHOD	AMOUNT
INVESTMENT IN PARTNERSHIP INVESTMENTS	COST	1,107,427.
	COST	3,153.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		1,110,580.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 6

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
VARIOUS	43,583.	43,583.	0.
COMPUTER	5,018.	5,018.	0.
IKEA FURNITURE	781.	781.	0.
FAX MACHINE	530.	530.	0.
COMPUTER	2,831.	358.	2,473.
COMPUTER	1,579.	1,579.	0.
SIMMONS BUS SYS	8,534.	8,534.	0.
UNIVERSITY BUS MACHINE	2,000.	2,000.	0.
FAX MACHINE	402.	402.	0.
PHONES	5,165.	5,165.	0.
MOBILE FAX	1,303.	1,303.	0.
COPIER	1,261.	1,261.	0.
COMPUTER	6,997.	6,997.	0.
FAX MACHINE HP700	579.	579.	0.
APPLE PERFORMA	1,261.	1,261.	0.
LOGIC BOARD-COMPUTER	404.	324.	80.
KEYBOARD COMPUTER	197.	196.	1.

VOICEMAIL	1,755.	1,755.	0.
XEROX COPIER	689.	689.	0.
DELL COMPUTER	4,703.	4,703.	0.
TOTAL TO FORM 990, PART IV, LN 57	89,572.	87,018.	2,554.

FORM 990 OTHER ASSETS STATEMENT 7

DESCRIPTION	AMOUNT
SECURITY DEPOSITS	4,450.
PREPAYMENTS	840.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	5,290.

FORM 990 OTHER LIABILITIES STATEMENT 8

DESCRIPTION	AMOUNT
ACCRUED EXPENSES AND OTHER LIABLILT	1,155.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	1,155.

Depreciation and Amortization 990
 (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return CITIZEN LOBBY, INC. A/K/A NJPIRG CITIZEN LOBBY	Business or activity to which this form relates FORM 990 PAGE 2	Identifying number 22-2708332
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Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See instructions for a higher limit for certain businesses	1	102,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	410,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		8
9 Tentative deduction Enter the smaller of line 5 or line 8		9
10 Carryover of disallowed deduction from line 13 of your 2003 Form 4562		10
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5		11
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11		12
13 Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election (see instructions)	15	
16 Other depreciation (including ACRS) (see instructions)	16	939.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2004	17	
18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2004 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

(a) Class life	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	939.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No										24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No									
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost											
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use								25											
26 Property used more than 50% in a qualified business use:																			
27 Property used 50% or less in a qualified business use:																			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1										28									
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1												29							

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
 If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners			
39 Do you treat all use of vehicles by employees as personal use?			
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?			
41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles			

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2004 tax year:					
43 Amortization of costs that began before your 2004 tax year					43
44 Total. Add amounts in column (f). See instructions for where to report					44

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

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

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

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

Name of Exempt Organization: CITIZEN LOBBY, INC. A/K/A NJPIRG CITIZEN LOBBY. Employer identification number: 22-2708332. Address: 11 NORTH WILLOW STREET, TRENTON, NJ 08608.

Check type of return to be filed (File a separate application for each return). Includes checkboxes for Form 990, 990-EZ, 990-T, 1041-A, 5227, 8870, 990-BL, 990-PF, 4720, 6069.

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

The books are in the care of MANAGEMENT. Telephone No. 609-394-8155. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN).

I request an additional 3-month extension of time until JUNE 15, 2006. For calendar year AUG 1, 2004 and ending JUL 31, 2005. State in detail why you need the extension: ADDITIONAL TIME IS NECESSARY TO FILE A COMPLETE & ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. 8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. 8c Balance Due. Subtract line 8b from line 8a.

Signature and Verification

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

Signature: Joyce Kalista, CPA. Date: 2/10/06.

Notice to Applicant - To Be Completed by the IRS

We have approved this application. Please attach this form to the organization's return. Includes checkboxes for approval and reasons for denial.

EXTENSION APPROVED

MAR 09 2006

Director: By: Date: FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN

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

Name: MERCADIEN, P.C. Address: P.O. BOX 7648, PRINCETON, NJ 08543-7648. Includes a RECEIVED stamp dated FEB 22 2006 from OGDEN, UT.