



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2005**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A For the 2005 calendar year, or tax year beginning** AUG 1, 2005 **and ending** JUL 31, 2006

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> CITIZEN LOBBY, INC. <b>A/K/A NJPIRG CITIZEN LOBBY</b>	<b>D Employer identification number</b> 22-2708332	
	Please use IRS label or print or type See Specific Instructions <b>Number and street (or P.O. box if mail is not delivered to street address)</b> 143 EAST STATE STREET	<b>Room/suite</b> 	<b>E Telephone number</b> 609-394-8155
	<b>City or town, state or country, and ZIP + 4</b> TRENTON, NJ 08608	<b>F Accounting method</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 N/A

H(c) Are all affiliates included? N/A  Yes  No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

I Group Exemption Number N/A

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

G Website: N/A

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

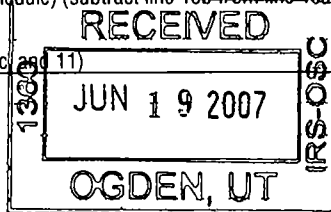
K Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 763,922.

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

SCANNED JUL 25 2007

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	13,348.		
	b	Indirect public support	1b	707,796.		
	c	Government contributions (grants)	1c			
	d	<b>Total</b> (add lines 1a through 1c) (cash \$ <u>721,144.</u> noncash \$ _____)	1d		721,144.	
	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		22,803.	
	5	Dividends and interest from securities	5		851.	
	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				
Expenses	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) (combine line 8c, columns (A) and (B))	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 1a)	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			
Net Assets	11	Other revenue (from Part VII, line 103)	11		19,124.	
	12	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		763,922.	
	13	Program services (from line 44, column (B))	13		135,822.	
	14	Management and general (from line 44, column (C))	14		49,961.	
	15	Fundraising (from line 44, column (D))	15		10,381.	
	16	Payments to affiliates (attach schedule)	16			
	17	<b>Total expenses</b> (add lines 16 and 44, column (A))	17		196,164.	
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		567,758.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		3,700,649.	
	20	Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 2</b>	20		23,825.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		4,292,232.	



CITIZEN LOBBY, INC.

A/K/A NJPIRG CITIZEN LOBBY

22-2708332 Page 2

Form 990 (2005)

**Part II Statement of Functional Expenses**

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc **	15,831.	12,665.	1,584.	1,582.
26 Other salaries and wages	65,506.	45,854.	16,377.	3,275.
27 Pension plan contributions	1,226.	858.	307.	61.
28 Other employee benefits	9,556.	6,689.	2,389.	478.
29 Payroll taxes	6,715.	4,701.	1,678.	336.
30 Professional fundraising fees				
31 Accounting fees	9,910.	6,937.	2,477.	496.
32 Legal fees				
33 Supplies	7,290.	5,103.	1,822.	365.
34 Telephone	3,554.	2,487.	889.	178.
35 Postage and shipping	1,736.	1,215.	434.	87.
36 Occupancy	10,290.	7,203.	2,572.	515.
37 Equipment rental and maintenance	267.	186.	68.	13.
38 Printing and publications	14,420.	10,094.	3,605.	721.
39 Travel	5,075.	3,552.	1,269.	254.
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	2,568.	1,798.	642.	128.
43 Other expenses not covered above (itemize)				
a <b>INSURANCE</b>	362.	253.	91.	18.
b <b>UTILITIES</b>	2,054.	1,438.	513.	103.
c <b>RENTAL LOSS ON</b>				
d <b>PARTNERSHIP</b>	4,391.		4,391.	
e <b>PROGRAM DEVELOPMENT</b>	35,000.	24,500.	8,750.	1,750.
f <b>DUES &amp; SUBSCRIPTIONS</b>	413.	289.	103.	21.
g				
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	196,164.	135,822.	49,961.	10,381.

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A;

(iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A.

Form 990 (2005)

\*\* SEE STATEMENT 3

CITIZEN LOBBY, INC.

Form 990 (2005)

A/K/A NJPIRG CITIZEN LOBBY

22-2708332 Page 3

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? ► <b>SEE STATEMENT 4</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a</b> <b>SEE STATEMENT 1</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>135,822.</b>
<b>b</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule)	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	<b>135,822.</b>

Form 990 (2005)

CITIZEN LOBBY, INC.

Form 990 (2005)

A/K/A NJPIRG CITIZEN LOBBY

22-2708332 Page 4

**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	
<b>Assets</b>	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments	65,358.	46 31,112.	
	47 a Accounts receivable	47a 3,101,661.		
	b Less allowance for doubtful accounts	47b	47c 3,101,661.	
	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	1,110,580.	56 1,151,939.	
57 a Land, buildings, and equipment basis	57a 90,412.			
b Less accumulated depreciation STMT 6	57b 89,586.	2,554.	57c 826.	
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 7 )		5,290.	58 7,759.	
<b>59 Total assets (must equal line 74). Add lines 45 through 58</b>		<b>3,708,017.</b>	<b>59 4,293,297.</b>	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	6,213.	60 255.	
	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 )		1,155.	65 810.
<b>66 Total liabilities. Add lines 60 through 65)</b>		<b>7,368.</b>	<b>66 1,065.</b>	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>			
	67 Unrestricted	3,700,649.	67 4,292,232.	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>			
	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	
	<b>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)</b>		<b>3,700,649.</b>	<b>73 4,292,232.</b>
	<b>74 Total liabilities and net assets/fund balances. Add lines 66 and 73</b>		<b>3,708,017.</b>	<b>74 4,293,297.</b>

Form 990 (2005)

CITIZEN LOBBY, INC.

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	787,747.
<b>b</b>	Amounts included on line a but not on Part I, line 12			
<b>1</b>	Net unrealized gains on investments	<b>b1</b>	23,825.	
<b>2</b>	Donated services and use of facilities	<b>b2</b>		
<b>3</b>	Recoveries of prior year grants	<b>b3</b>		
<b>4</b>	Other (specify): _____	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	23,825.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	763,922.
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify): _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0.
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b>		<b>e</b>	763,922.

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

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	196,164.
<b>b</b>	Amounts included on line a but not on Part I, line 17			
<b>1</b>	Donated services and use of facilities	<b>b1</b>		
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>		
<b>4</b>	Other (specify): _____	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	0.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	196,164.
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify): _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0.
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b>		<b>e</b>	196,164.

**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 & deferred compensation plans	(E) Expense account and other allowances
EDWARD LLOYD 143 EAST STATE STREET TRENTON, NJ 08608	CHAIRMAN 5.00	0.	0.	0.
DENA MOTTOLA 143 EAST STATE STREET TRENTON, NJ 08608	VICE CHAIR & EXEC DIR 20.00	14,025.	1,806.	0.
ANDREA SULLIVAN 143 EAST STATE STREET TRENTON, NJ 08608	SECRETARY 5.00	0.	0.	0.
MATT BAKER 143 EAST STATE STREET TRENTON, NJ 08608	TREASURER 5.00	0.	0.	0.
KENNETH WARD 143 EAST STATE STREET TRENTON, NJ 08608	MEMBER 5.00	0.	0.	0.
MARGIE ALT 143 EAST STATE STREET TRENTON, NJ 08608	MEMBER 5.00	0.	0.	0.
SAM BOYKIN 143 EAST STATE STREET TRENTON, NJ 08608	MEMBER 5.00	0.	0.	0.
----- -----				



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

Form 990 (2005)

22-2708332 Page 7

<b>Part VI Other Information</b> (continued)		Yes	No
<b>82 a</b>	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?		<b>X</b>
<b>b</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)		
	<b>82b</b>   <u>N/A</u>		
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>X</b>	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>X</b>	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	<b>X</b>	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>X</b>	
<b>85</b>	<b>501(c)(4), (5), or (6) organizations</b> <b>a</b> Were substantially all dues nondeductible by members?	<b>X</b>	
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		<b>X</b>
<b>c</b>	Dues, assessments, and similar amounts from members		
	<b>85c</b>   <u>N/A</u>		
<b>d</b>	Section 162(e) lobbying and political expenditures		
	<b>85d</b>   <u>N/A</u>		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	<b>85e</b>   <u>N/A</u>		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	<b>85f</b>   <u>N/A</u>		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	<u>N/A</u>	<b>85g</b>	
<b>h</b>	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?		
	<u>N/A</u>	<b>85h</b>	
<b>86</b>	<b>501(c)(7) organizations</b> Enter. <b>a</b> Initiation fees and capital contributions included on line 12		
	<b>86a</b>   <u>N/A</u>		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities		
	<b>86b</b>   <u>N/A</u>		
<b>87</b>	<b>501(c)(12) organizations.</b> Enter. <b>a</b> Gross income from members or shareholders		
	<b>87a</b>   <u>N/A</u>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)		
	<b>87b</b>   <u>N/A</u>		
<b>88</b>	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		<b>X</b>
<b>89 a</b>	<b>501(c)(3) organizations</b> 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>b</b>	<b>501(c)(3) and 501(c)(4) organizations</b> 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		<b>X</b>
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	▶	<u>0.</u>
<b>d</b>	Enter. Amount of tax on line 89c, above, reimbursed by the organization	▶	<u>0.</u>
<b>90 a</b>	List the states with which a copy of this return is filed ▶ <u>NJ</u>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2005	<b>90b</b>	<u>13</u>
<b>91 a</b>	The books are in care of ▶ <u>MANAGEMENT</u> Telephone no. ▶ <u>609-394-8155</u> Located at ▶ <u>143 EAST STATE STREET, TRENTON, NJ</u> ZIP + 4 ▶ <u>08608</u>		
<b>b</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 ▶ <u>N/A</u> See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts	<b>91b</b>	<b>X</b>
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ <u>N/A</u>	<b>91c</b>	<b>X</b>
<b>92</b>	<b>Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041-</b> Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>N/A</u>	<b>92</b>	<input type="checkbox"/>

Form 990 (2005)



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

Form 990 (2005)

22-2708332 Page 8

**Part VII 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) 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	22,803.	
96 Dividends and interest from securities			14	851.	
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 <b>OTHER MISC REVENUE</b>					19,124.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		23,654.	19,124.
105 <b>Total</b> (add line 104, columns (B), (D), and (E))					42,778.

**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 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	<b>CONDUCT INDEPENDENT RESEARCH ON CONSUMER AND ENVIRONMENTAL ISSUES, MONITOR CORPORATE AND GOVERNMENT ACTIONS AFFECTING THE PUBLIC</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See 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 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).

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: 6/15/07 Type or print name and title: *Jana Motic Executive Director*

Preparer's signature: *[Signature]* Date: 6/15/07 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**

Form 990 (2005)

2005 DEPRECIATION AND AMORTIZATION REPORT  
FORM 990 PAGE 2

990

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	010191	SL	5.00	16	43,583.			43,583.	43,583.		0.
2	COMPUTER	100192	SL	5.00	16	5,018.			5,018.	5,018.		0.
3	IKEA FURNITURE	110192	SL	7.00	16	781.			781.	781.		0.
4	FAX MACHINE	110192	SL	5.00	16	530.			530.	530.		0.
5	COMPUTER	040193	SL	5.00	16	2,831.			2,831.	358.		2,473.
6	COMPUTER	050193	SL	5.00	16	1,579.			1,579.	1,579.		0.
7	SIMMONS BUS SYS	110193	SL	5.00	16	8,534.			8,534.	8,534.		0.
8	UNIVERSITY BUS MACHINE	030194	SL	5.00	16	2,000.			2,000.	2,000.		0.
9	FAX MACHINE	092994	SL	5.00	16	402.			402.	402.		0.
10	PHONES	091594	SL	5.00	16	5,165.			5,165.	5,165.		0.
11	MOBILE FAX	120294	SL	5.00	16	1,303.			1,303.	1,303.		0.
12	COPIER	032395	SL	5.00	16	1,261.			1,261.	1,261.		0.
13	COMPUTER	063095	SL	5.00	16	6,997.			6,997.	6,997.		0.
14	FAX MACHINE HP700	101595	SL	5.00	16	579.			579.	579.		0.
15	APPLE PERFORMA	051296	SL	5.00	16	1,261.			1,261.	1,261.		0.
16	LOGIC BOARD-COMPUTER	073197	SL	5.00	16	404.			404.	324.		80.
17	KEYBOARD COMPUTER	073197	SL	5.00	16	197.			197.	196.		1.
18	VOICEMAIL	121897	SL	5.00	16	1,755.			1,755.	1,755.		0.

528102  
01-08-06

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2005 DEPRECIATION AND AMORTIZATION REPORT  
 FORM 990 PAGE 2

990

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.	4,703.		0.
21	DELL COMPUTER	070706	SL	5.00	16	840.			840.			14.
	* TOTAL 990 PAGE 2 DEPR					90,412.		0.	90,412.	87,018.	0.	2,568.

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

(D) - Asset disposed

PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

WHEN CONSUMERS ARE CHEATED OR THE VOICES OF ORDINARY CITIZENS ARE DROWNED OUT BY SPECIAL INTEREST LOBBYISTS, NJPIRG SPEAKS UP AND TAKES ACTION. WE UNCOVER THREATS TO PUBLIC HEALTH AND WELL-BEING AND FIGHT TO END THEM, USING THE TIME-TESTED TOOLS OF INVESTIGATIVE RESEARCH, MEDIA EXPOSES, GRASSROOTS ORGANIZING, ADVOCACY AND LITIGATION. NJPIRG'S MISSION IS TO DELIVER PERSISTENT, RESULT-ORIENTED PUBLIC INTEREST ACTIVISM THAT PROTECTS CONSUMERS, ENCOURAGES A FAIR, SUSTAINABLE ECONOMY, AND FOSTERS RESPONSIVE, DEMOCRATIC GOVERNMENT.

135,822.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
DESCRIPTION		AMOUNT	
UNREALIZED GAIN ON INVESTMENTS		23,825.	
TOTAL TO FORM 990, PART I, LINE 20		23,825.	

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 3  
PART II, LINE 25

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DENA MOTTOLA	14,025.	1,806.		15,831.
A. PROGRAM SERVICES	11,220.	1,445.		12,665.
B. MANAGEMENT AND GENERAL	1,403.	181.		1,584.
C. FUNDRAISING	1,402.	180.		1,582.
TOTAL PROGRAM SERVICES				12,665.
TOTAL MANAGEMENT AND GENERAL				1,584.
TOTAL FUNDRAISING				1,582.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				15,831.

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

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

FORM 990 OTHER INVESTMENTS STATEMENT 5

DESCRIPTION	VALUATION METHOD	AMOUNT
INVESTMENT IN PARTNERSHIP INVESTMENTS	COST	1,146,772.
	COST	5,167.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		1,151,939.

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.	2,831.	0.	
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.	404.	0.	
KEYBOARD COMPUTER	197.	197.	0.	
VOICEMAIL	1,755.	1,755.	0.	
XEROX COPIER	689.	689.	0.	
DELL COMPUTER	4,703.	4,703.	0.	
DELL COMPUTER	840.	14.	826.	
TOTAL TO FORM 990, PART IV, LN 57	90,412.	89,586.	826.	

FORM 990	OTHER ASSETS	STATEMENT	7
DESCRIPTION	AMOUNT		
SECURITY DEPOSITS	4,450.		
PREPAYMENTS	3,309.		
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	7,759.		

FORM 990	OTHER LIABILITIES	STATEMENT	8
DESCRIPTION		AMOUNT	
ACCRUED EXPENSES AND OTHER LIABILITIES		810.	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		810.	

FORM 990	IDENTIFICATION OF RELATED ORGANIZATIONS PART VI, LINE 80B	STATEMENT	9
----------	--	-----------	---

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
PUBLIC INTEREST RESEARCH FOUNDATION OF NEW JERSEY	X	
PUBLIC INTEREST RESEARCH GROUP OF NJ, INC. A/K/A NJPIRG STUDENT CHAPTERS	X	



FORM 990 PART V-A OFFICER COMPENSATION FROM STATEMENT 10  
RELATED ORGANIZATIONS

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
DENA MOTTOLA	14,450.	1,870.	0.

NAME OF RELATED ORGANIZATION	EMPLOYER ID NUMBER
PUBLIC INTEREST RESEARCH FOUNDATION OF NEW JERSEY	22-1998146

RELATIONSHIP BETWEEN ORGANIZATIONS  
ORGANIZATION SHARES A COMMON BOARD

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
DENA MOTTOLA	3,550.	142.	0.

NAME OF RELATED ORGANIZATION	EMPLOYER ID NUMBER
PUBLIC INTEREST RESEARCH GROUP OF NEW JERSEY, INC. A/K/A STUDENT CHAPTERS	22-1956222

RELATIONSHIP BETWEEN ORGANIZATIONS  
ORGANIZATION SHARES A COMMON BOARD

**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**

**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 the instructions for a higher limit for certain businesses	1	105,000.
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	420,000.
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 2004 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 2006 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 allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	2,568.

**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 2005	17	
18	If you are electing 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 2005 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 2005 Tax Year Using the Alternative Depreciation System**

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	2,568.
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	

**CITIZEN' LOBBY, INC.**

**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 the instructions for limits for passenger automobiles )**

<b>24a</b> Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>24b</b> 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
<b>25</b> Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property placed in service during the tax year and used more than 50% in a qualified business use							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use.								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
<b>28</b> Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26 Enter here and on line 7, page 1								<b>29</b>

**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

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
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?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<b>Yes</b>	<b>No</b>
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> 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?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? <b>Note:</b> 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
<b>42</b> Amortization of costs that begins during your 2005 tax year:					
<b>43</b> Amortization of costs that began before your 2005 tax year					<b>43</b>
<b>44</b> Total. Add amounts in column (f) See the instructions for where to report					<b>44</b>

**Application for Extension of Time To File an  
Exempt Organization Return**

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.****Part I Automatic 3-Month Extension of Time** - Only submit original (no copies needed)**Form 990-T corporations** requesting an automatic 6-month extension - check this box and complete Part I only *All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041***Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile)

<b>Type or print</b>	Name of Exempt Organization <b>CITIZEN LOBBY, INC. A/K/A NJPIRG CITIZEN LOBBY</b>	<b>Employer identification number</b> <b>22-2708332</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>11 NORTH WILLOW STREET</b>	
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>TRENTON, NJ 08608</b>	

**Check type of return to be filed** (file a separate application for each return):

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

- The books are in the care of ▶ **MANAGEMENT**

Telephone No. ▶ **609-394-8155**

FAX No ▶ \_\_\_\_\_

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole** group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **MARCH 15, 2007** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶  calendar year \_\_\_\_\_ or
- ▶  tax year beginning **AUG 1, 2005**, and ending **JUL 31, 2006**

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

- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions

\$ \_\_\_\_\_

- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit

\$ \_\_\_\_\_

- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions

\$

N/A

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

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

Form **8868** (Rev. 12-2004)

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)

<b>Part II Additional (not automatic) 3-Month Extension of Time.</b> You must file original and one copy		
Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>CITIZEN LOBBY, INC. A/K/A NJPIRG CITIZEN LOBBY</b>	Employer identification number <b>22-2708332</b>
	Number, street, and room or suite no. If a P O box, see instructions. <b>11 NORTH WILLOW STREET</b>	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>TRENTON, NJ 08608</b>	

Check type of return to be filed (File a separate application for each return)

Form 990   
 Form 990-EZ   
 Form 990-T (sec 401(a) or 408(a) trust)   
 Form 1041-A   
 Form 5227   
 Form 8870  
 Form 990-BL   
 Form 990-PF   
 Form 990-T (trust other than above)   
 Form 4720   
 Form 6069

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

The books are in the care of **MANAGEMENT**  
Telephone No **609-394-8155** FAX No \_\_\_\_\_

If the organization does not have an office or place of business in the United States, check this box

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **JUNE 16, 2008**

5 For calendar year \_\_\_\_\_, or other tax year beginning **AUG 1, 2006**, and ending **JUL 31, 2007**

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

7 State in detail why you need the extension  
**ADDITIONAL TIME IS NECESSARY TO FILE A COMPLETE & ACCURATE RETURN.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	<b>8a</b>	\$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	<b>8b</b>	\$
<b>c Balance Due.</b> Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	<b>8c</b>	\$ <b>N/A</b>

**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 Kalster Title CFA Date \_\_\_\_\_

**Notice to Applicant. (To Be Completed by the IRS)**

- We have approved this application. Please attach this form to the organization's return
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested
- Other \_\_\_\_\_

Director \_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_

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

Type or print	Name <b>MERCADIEN, P.C.</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>P.O. BOX 7648</b>
	City or town, province or state, and country (including postal or ZIP code) <b>PRINCETON, NJ 08543-7648</b>