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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)

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

A For the 2006 calendar year, or tax year beginning **AUG 1, 2006** and ending **JUL 31, 2007**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

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
143 EAST STATE 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) _____

ENVELOPE JUN 16 2008 POSTMARK DATE

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

Website: **WWW.NJPIRG.ORG**
 Organization type (check only one) 501(c)(4) (insert no) 4947(a)(1) or 527

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.

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).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **678,191.**

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

Revenue		Expenses		Net Assets	
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	12,485.		
c	Indirect public support (not included on line 1a)	1c	626,265.		
d	Government contributions (grants) (not included on line 1a)	1d			
e	Total (add lines 1a through 1d) (cash \$ 638,750. noncash \$ _____)	1e		638,750.	
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	1,687.		
5	Dividends and interest from securities	5	1,314.		
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 PARADIGM INVESTMENT)	7		33,634.	
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 lines 8b and 8c	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 contributions reported on line 1b)	9a			
b	Less: direct expenses other than increasing 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	2,806.		
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		678,191.	
13	Program services (from line 44, column (B))	13	110,311.		
14	Management and general (from line 44, column (C))	14	35,383.		
15	Fundraising (from line 44, column (D))	15	8,233.		
16	Payments to affiliates (attach schedule)	16			
17	Total expenses. Add lines 16 and 44, column (A)	17	153,927.		
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	524,264.		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	4,292,232.		
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 1	20	<4,655.>		
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	4,811,841.		

SCANNED JUL 15 2008

CITIZEN LOBBY, INC.

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
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other 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)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	14,707.	11,767.	1,471.	1,469.
25b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
25c 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)				
26 Salaries and wages of employees not included on lines 25a, b, and c	53,667.	37,567.	13,417.	2,683.
27 Pension plan contributions not included on lines 25a, b, and c	1,792.	1,192.	541.	59.
28 Employee benefits not included on lines 25a - 27	9,608.	6,632.	2,541.	435.
29 Payroll taxes	6,269.	4,389.	1,567.	313.
30 Professional fundraising fees				
31 Accounting fees	10,200.	7,140.	2,550.	510.
32 Legal fees				
33 Supplies				
34 Telephone	1,922.	1,345.	481.	96.
35 Postage and shipping	1,161.	813.	290.	58.
36 Occupancy	7,278.	5,095.	1,819.	364.
37 Equipment rental and maintenance	329.	230.	82.	17.
38 Printing and publications	3,984.	2,789.	996.	199.
39 Travel	1,846.	1,292.	462.	92.
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc (attach schedule)	356.	249.	89.	18.
43 Other expenses not covered above (itemize)				
a _____				
b _____				
c _____				
d _____				
e _____				
f _____				
g SEE STATEMENT 2	40,808.	29,811.	9,077.	1,920.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	153,927.	110,311.	35,383.	8,233.

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

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? ► <u>SEE STATEMENT 4</u>	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.)	
a <u>SEE STATEMENT 3</u>	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	110,311.
b	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	110,311.

CITIZEN LOBBY, INC.
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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		45	
	46 Savings and temporary cash investments	31,112.	46	57,655.
	47 a Accounts receivable	47a 3,488,908.		
	b Less allowance for doubtful accounts	47b	47c	3,488,908.
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable STMT 5	51a 5,000.		
	b Less: allowance for doubtful accounts	51b	51c	5,000.
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	3,309.	53	281.
	54 a Investments - publicly-traded securities STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	5,167.	54a	81,282.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55 a Investments - land, buildings, and equipment, basis	55a			
b Less accumulated depreciation	55b	55c		
56 Investments - other SEE STATEMENT 6	1,146,772.	56	1,171,064.	
57 a Land, buildings, and equipment basis	57a 93,818.			
b Less accumulated depreciation STMT 7	57b 89,942.	57c	3,876.	
58 Other assets, including program-related investments (describe <input checked="" type="checkbox"/> SECURITY DEPOSITS)	4,450.	58	7,440.	
59 Total assets (must equal line 74) Add lines 45 through 58	4,293,297.	59	4,815,506.	
Liabilities	60 Accounts payable and accrued expenses	255.	60	3,665.
	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"/>)	810.	65	
66 Total liabilities. Add lines 60 through 65	1,065.	66	3,665.	
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	4,292,232.	67	4,811,841.
	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 74. (Column (A) must equal line 19 and column (B) must equal line 21)	4,292,232.	73	4,811,841.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	4,293,297.	74	4,815,506.	

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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	673,536.
b	Amounts included on line a but not on Part I, line 12			
1	Net unrealized gains on investments	b1	<4,655.>	
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	<4,655.>
c	Subtract line b from line a		c	678,191.
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	0.
e	Total revenue (Part I, line 12) Add lines c and d		e	678,191.

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

a	Total expenses and losses per audited financial statements		a	153,927.
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	0.
c	Subtract line b from line a		c	153,927.
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	0.
e	Total expenses (Part I, line 17) Add lines c and d		e	153,927.

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
ED LLOYD 143 EAST STATE STREET TRENTON, NJ 08608	CHAIRMAN 5.00	0.	0.	0.
DENA MOTTOLA JABORSKA 143 EAST STATE STREET TRENTON, NJ 08608	MEMBER 15.00	7,863.	1,075.	0.
ANDREA SULLIVAN 143 EAST STATE STREET TRENTON, NJ 08608	SECRETARY 5.00	0.	0.	0.
SAM BOYKIN 143 EAST STATE STREET TRENTON, NJ 08608	MEMBER AT LARGE 5.00	0.	0.	0.
ALLISON CAIRO 143 EAST STATE STREET TRENTON, NJ 08608	EXECUTIVE DIRECTOR 5.00	5,292.	477.	0.
REX WILMOUTH 143 EAST STATE STREET TRENTON, NJ 08608	MEMBER 5.00	0.	0.	0.
EMILY RUSCH 143 EAST STATE STREET TRENTON, NJ 08608	MEMBER 5.00	0.	0.	0.
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Part VI 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?	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?	85g		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?	85h		N/A
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 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	88a		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	88b		X
89 a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 N/A ; section 4912 N/A ; section 4955 N/A			
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.			
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
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? N/A	89g		
90 a List the states with which a copy of this return is filed NJ			
b Number of employees employed in the pay period that includes March 12, 2006	90b		4
91 a The books are in care of MANAGEMENT Telephone no. 609-394-8155 Located at 143 EAST STATE STREET, TRENTON, NJ ZIP + 4 08608			
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 N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b		X

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CITIZEN LOBBY, INC.
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Part VI Other information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c
 If "Yes," enter the name of the foreign country ▶ N/A

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 N/A

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	1,687.	
96 Dividends and interest from securities			14	1,314.	
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			14	33,634.	
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					2,806.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		36,635.	2,806.
105 Total (add line 104, columns (B), (D), and (E))					39,441.

Note: Line 105 plus line 1e, 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	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 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).

Form **990** (2006)

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Part XI 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**

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

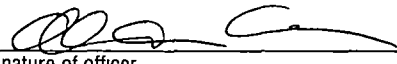
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
Totals						

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	Yes	No
a	-----					
b	-----					
c	-----					
Totals						

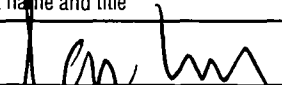
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here:  | Date: 6/13/08

Signature of officer: Allison Caird Executive Director

Type or print name and title

Paid Preparer's Use Only: Preparer's signature:  Date: 6/13/08

Check if self-employed:

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

Preparer's SSN or PTIN (See Gen Inst X):

EIN:

Phone no.: 609-689-9700

Form 990 (2006)

2006 DEPRECIATION AND AMORTIZATION REPORT

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990

Asset No	Description	Date Acquired	Method	Life	Conv	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	VARIOUS	01/01/91	SL	5.00		HY16	43,583.				43,583.	43,583.	0.	0.	43,583.
2	COMPUTER	10/01/92	SL	5.00		HY16	5,018.				5,018.	5,018.	0.	0.	5,018.
3	IKEA FURNITURE	11/01/92	SL	7.00		HY16	781.				781.	781.	0.	0.	781.
4	FAX MACHINE	11/01/92	SL	5.00		HY16	530.				530.	530.	0.	0.	530.
5	COMPUTER	04/01/93	SL	5.00		HY16	2,831.				2,831.	2,831.	0.	0.	2,831.
6	COMPUTER	05/01/93	SL	5.00		HY16	1,579.				1,579.	1,579.	0.	0.	1,579.
7	SIMMONS BUS SYS	11/01/93	SL	5.00		HY16	8,534.				8,534.	8,534.	0.	0.	8,534.
8	UNIVERSITY BUS MACHINE	03/01/94	SL	5.00		HY16	2,000.				2,000.	2,000.	0.	0.	2,000.
9	FAX MACHINE	09/29/94	SL	5.00		HY16	402.				402.	402.	0.	0.	402.
10	PHONES	09/15/94	SL	5.00		HY16	5,165.				5,165.	5,165.	0.	0.	5,165.
11	MOBILE FAX	12/02/94	SL	5.00		HY16	1,303.				1,303.	1,303.	0.	0.	1,303.
12	COPIER	03/23/95	SL	5.00		HY16	1,261.				1,261.	1,261.	0.	0.	1,261.
13	COMPUTER	06/30/95	SL	5.00		HY16	6,997.				6,997.	6,997.	0.	0.	6,997.
14	FAX MACHINE HP700	10/15/95	SL	5.00		HY16	579.				579.	579.	0.	0.	579.
15	APPLE PERFORMA	05/12/96	SL	5.00		HY16	1,261.				1,261.	1,261.	0.	0.	1,261.
16	LOGIC BOARD-COMPUTER	07/31/97	SL	5.00		HY16	404.				404.	404.	0.	0.	404.
17	KEYBOARD COMPUTER	07/31/97	SL	5.00		HY16	197.				197.	197.	0.	0.	197.
18	VOICEMAIL	12/18/97	SL	5.00		HY16	1,755.				1,755.	1,755.	0.	0.	1,755.

828111
12-05-06

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2006 DEPRECIATION AND AMORTIZATION REPORT

990

FORM 990 PAGE 2

Asset No	Description	Date Acquired	Method	Life	Con v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	XEROX COPIER	08/01/00	SL	5.00	HY16	689.				689.	689.		0.	689.
20	DELL COMPUTER	07/28/00	SL	5.00	HY16	4,703.				4,703.	4,703.		0.	4,703.
21	DELL COMPUTER	07/07/06	SL	5.00	HY16	840.				840.	14.		168.	182.
22	PHONE SYSTEM INSTALLATION	/ /07	SL	5.00	HY16	3,406.				3,406.			188.	188.
	* TOTAL 990 PAGE 2 DEPR					93,818.				93,818.	89,586.		356.	89,942.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
DESCRIPTION		AMOUNT	
UNREALIZED GAIN ON INVESTMENTS		<4,655.>	
TOTAL TO FORM 990, PART I, LINE 20		<4,655.>	

FORM 990	OTHER EXPENSES			STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
PROGRAM DEVELOPMENT	15,025.	10,518.	3,756.	751.	
INSURANCE	1,006.	704.	252.	50.	
DUES & SUBSCRIPTIONS	544.	381.	136.	27.	
OFFICE EXPENSE & SUPPLIES	5,399.	3,779.	1,350.	270.	
BAD DEBT EXPENSE	2,417.		2,417.		
RENTAL LOSSES - PARTNERSHIP	3,572.	2,500.	893.	179.	
UTILITIES	1,093.	765.	273.	55.	
DUES, USPIRG	11,752.	11,164.		588.	
TOTAL TO FM 990, LN 43	40,808.	29,811.	9,077.	1,920.	

FORM 990 OTHER NOTES AND LOANS REPORTED SEPARATELY STATEMENT 5

BORROWER'S NAME TERMS OF REPAYMENT

COLORADO PUBLIC INTEREST RESEARCH INC

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE	FMV OF CONSIDERATION
	06/30/05	0.	2.00%	0.

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

UNSECURED

RELATIONSHIP OF BORROWER	DESCRIPTION OF CONSIDERATION	DOUBTFUL ACCT ALLOWANCE	BALANCE DUE
AFFILIATE		0.	5,000.
TOTALS INCLUDED ON FORM 990, PART IV, LINE 51		0.	5,000.

FORM 990 OTHER INVESTMENTS STATEMENT 6

DESCRIPTION	VALUATION METHOD	AMOUNT
INVESTMENT IN PARTNERSHIP	COST	1,171,064.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		1,171,064.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 7

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.	182.	658.
PHONE SYSTEM INSTALLATION	3,406.	188.	3,218.
TOTAL TO FORM 990, PART IV, LN 57	93,818.	89,942.	3,876.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 8

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MARKETABLE SECURITIES AND INVESTMENTS	FMV			81,282.	81,282.
TO FORM 990, LINE 54A, COL B				81,282.	81,282.

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	X	
NJPIRG STUDENT CHAPTERS		
ENVIRONMENT NEW JERSEY RESEARCH POLICY CENTER	X	
ENVIRONMENT NEW JERSEY INC	X	

FORM 990

PART V-A OFFICER COMPENSATION FROM
RELATED ORGANIZATIONS

STATEMENT 10

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
ALLISON CAIRO	2,117.	291.	0.
<u>NAME OF RELATED ORGANIZATION</u>		<u>EMPLOYER ID NUMBER</u>	
NJ PUBLIC INTEREST RESEARCH GROUP LAW & POLICY CENTER		22-1998146	
<u>RELATIONSHIP BETWEEN ORGANIZATIONS</u>			
ORGANIZATION SHARES A COMMON BOARD			

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
ALLISON CAIRO	24,342.	3,154.	0.
<u>NAME OF RELATED ORGANIZATION</u>		<u>EMPLOYER ID NUMBER</u>	
NJPIRG STUDENT CHAPTERS		22-1956222	
<u>RELATIONSHIP BETWEEN ORGANIZATIONS</u>			
ORGANIZATION SHARES A COMMON BOARD			

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
DENA MOTTOLA JABORSKA	12,750.	1,375.	0.
<u>NAME OF RELATED ORGANIZATION</u>		<u>EMPLOYER ID NUMBER</u>	
ENVIRONMENT NEW JERSEY RESEARCH & POLICY CENTER		20-5601076	
<u>RELATIONSHIP BETWEEN ORGANIZATIONS</u>			
ORGANIZATION SHARES A COMMON BOARD			

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
DENA MOTTOLA JABORSKA	8,500.	1,222.	0.
<u>NAME OF RELATED ORGANIZATION</u>		<u>EMPLOYER ID NUMBER</u>	
ENVIRONMENT NEW JERSEY, INC		56-2605733	
<u>RELATIONSHIP BETWEEN ORGANIZATIONS</u>			
ORGANIZATION SHARES A COMMON BOARD			

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
DENA MOTTOLA JABORSKA	10,200.	1,416.	
<u>NAME OF RELATED ORGANIZATION</u>		<u>EMPLOYER ID NUMBER</u>	
NJ PUBLIC INTEREST RESEARCH GROUP LAW & POLICY CENTER		22-1998146	
<u>RELATIONSHIP BETWEEN ORGANIZATIONS</u>			
ORGANIZATION SHARES A COMMON BOARD			

Depreciation and Amortization 990
(Including Information on Listed Property)

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

CITIZEN LOBBY, INC.

A/K/A NJPIRG CITIZEN LOBBY

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	108,000.
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	430,000.
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 2005 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 2007 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 qualified New York Liberty or Gulf Opportunity 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	356.

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 2006	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 2006 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 2006 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	356.
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 the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with columns (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

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

Table for Section B with columns (a) through (f) Vehicle. Rows 30-36 covering miles driven and personal use availability.

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.

Table for Section C with rows 37-41 and Yes/No columns. Includes a note at the bottom: 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

Table for Part VI with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

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)

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

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

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 section 501(c) corporation required to file Form 990-T) extension of time until **MARCH 15, 2008**, 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, 2006**, and ending **JUL 31, 2007**

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	3a	\$	
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	3b	\$	
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	3c	\$	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

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

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

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 15, 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.

8a 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	8a	\$	
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	8b	\$	
c Balance Due. 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	8c	\$	N/A

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 Kalstein Title CPA Date Feb 21, 08

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

E