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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)

Department of the Treasury Internal Revenue Service

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

For the 2007 calendar year, or tax year beginning AUG 1, 2007 and ending JUL 31, 2008

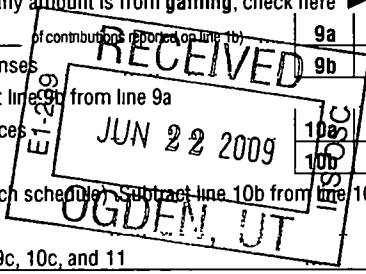
Section B: Check if applicable. C Name of organization: CITIZEN LOBBY, INC. A/K/A NJPIRG CITIZEN LOBBY. D Employer identification number: 22-2708332. E Telephone number: 609-394-8155. F Accounting method: Cash [X] Accrual []

Section G: Website: WWW.NJPIRG.ORG. J Organization type: [X] 501(c)(4). K Check here [] if the organization is not a 509(a)(3) supporting organization. L Gross receipts: 288,688. M Check [X] if the organization is not required to attach Sch B.

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

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants... 2 Program service revenue... 3 Membership dues... 4 Interest on savings... 5 Dividends... 6 Gross rents... 7 Other investment income (PARADIGM INVESTMENT)... 8 Gross amount from sales of assets... 9 Special events... 10 Gross sales of inventory... 11 Other revenue... 12 Total revenue... 13 Program services... 14 Management and general... 15 Fundraising... 16 Payments to affiliates... 17 Total expenses... 18 Excess or (deficit) for the year... 19 Net assets or fund balances at beginning of year... 20 Other changes in net assets... 21 Net assets or fund balances at end of year.

SCANNED JUL 17 2009



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

Form 990 (2007)

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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 \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0 • noncash \$ 0) 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	8,378.	3,351.	4,608.	419.
b Compensation of former officers, directors, key employees, etc listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	25,883.	18,118.	6,471.	1,294.
27 Pension plan contributions not included on lines 25a, b, and c	205.	144.	51.	10.
28 Employee benefits not included on lines 25a - 27	2,728.	1,910.	682.	136.
29 Payroll taxes	3,095.	2,167.	773.	155.
30 Professional fundraising fees				
31 Accounting fees	9,500.	6,650.	2,375.	475.
32 Legal fees				
33 Supplies				
34 Telephone	1,534.	1,074.	384.	76.
35 Postage and shipping	530.	371.	133.	26.
36 Occupancy	7,848.	5,494.	1,962.	392.
37 Equipment rental and maintenance	619.	433.	155.	31.
38 Printing and publications	1,813.	1,269.	453.	91.
39 Travel	1,089.	762.	272.	55.
40 Conferences, conventions, and meetings	5.	4.	1.	
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	736.	515.	184.	37.
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 2	144,476.	82,617.	10,384.	51,475.
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	208,439.	124,879.	28,888.	54,672.

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 \$ 10,000. , (ii) the amount allocated to Program services \$ 10,000. ,
 (iii) the amount allocated to Management and general \$ _____ , and (iv) the amount allocated to Fundraising \$ _____

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12-27-07

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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? ► SEE STATEMENT 4	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 SEE STATEMENT 3 	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	124,879.
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) ►	124,879.

Form 990 (2007)

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	57,655.	46	135,304.
	47 a Accounts receivable	47a 3,654,092.		
	b Less: allowance for doubtful accounts	47b	47c	3,654,092.
	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	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	281.	53	221.
	54 a Investments - publicly-traded securities STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	81,282.	54a	6,172.
	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 5	1,171,064.	56	1,048,006.	
57 a Land, buildings, and equipment: basis	57a 93,818.			
b Less: accumulated depreciation STMT 6	57b 90,678.	57c	3,140.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> SEE STATEMENT 7)	7,440.	58	14,227.	
59 Total assets (must equal line 74). Add lines 45 through 58	4,815,506.	59	4,866,162.	
Liabilities	60 Accounts payable and accrued expenses	3,665.	60	125,567.
	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"/>)		65	
66 Total liabilities. Add lines 60 through 65	3,665.	66	125,567.	
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	4,811,841.	67	4,740,595.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	4,811,841.	73	4,740,595.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	4,815,506.	74	4,866,162.

Form 990 (2007)

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	137,193.
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1	<151,495.>	
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	<151,495.
c	Subtract line b from line a		c	288,688.
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	288,688.

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

a	Total expenses and losses per audited financial statements		a	208,439.
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	208,439.
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	208,439.

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 0.20	0.	0.	0.
DENA MOTTOLA JABORSKA 143 EAST STATE STREET TRENTON, NJ 08608	MEMBER 0.20	0.	0.	0.
ANDREA SULLIVAN 143 EAST STATE STREET TRENTON, NJ 08608	SECRETARY 0.20	0.	0.	0.
SAM BOYKIN 143 EAST STATE STREET TRENTON, NJ 08608	MEMBER AT LARGE 0.20	0.	0.	0.
ALLISON CAIRO 143 EAST STATE STREET TRENTON, NJ 08608	EXECUTIVE DIRECTOR 25.00	7,667.	711.	0.
REX WILMOUTH 143 EAST STATE STREET TRENTON, NJ 08608	MEMBER 0.20	0.	0.	0.
EMILY RUSCH 143 EAST STATE STREET TRENTON, NJ 08608	MEMBER 0.20	0.	0.	0.
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CITIZEN LOBBY, INC.
A/K/A NJPIRG CITIZEN LOBBY

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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?		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 <u>N/A</u>		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	X	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		X
c	Dues, assessments, and similar amounts from members	85c	<u>N/A</u>
d	Section 162(e) lobbying and political expenditures	85d	<u>N/A</u>
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	<u>N/A</u>
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	<u>N/A</u>
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		<u>N/A</u>
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?		<u>N/A</u>
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	<u>N/A</u>
b	Gross receipts, included on line 12, for public use of club facilities	86b	<u>N/A</u>
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	<u>N/A</u>
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	<u>N/A</u>
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 <u>N/A</u> , section 4912 <u>N/A</u> , section 4955 <u>N/A</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		<u>0.</u>
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		<u>0.</u>
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? <u>N/A</u>	89g	
90 a	List the states with which a copy of this return is filed <u>NJ</u>		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	<u>4</u>
91 a	The books are in care of <u>MANAGEMENT</u> Telephone no <u>609-394-8155</u> Located at <u>143 E STATE STREET, SUITE 6, TRENTON, NJ</u> ZIP + 4 <u>08608</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> 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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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	3,234.	
96 Dividends and interest from securities			14	1,104.	
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	35,640.	
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					11,030.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		39,978.	11,030.
105 Total (add line 104, columns (B), (D), and (E))					51,008.

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)

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.

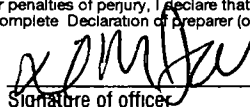
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
Totals						

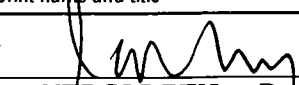
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(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: 6/15/09
 Type or print name and title: DENA MOTTOLA TABORSKA, Board Treasurer

Paid Preparer's Use Only: Preparer's signature:  Date: 6/15/09 Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. X):
 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

2007 DEPRECIATION AND AMORTIZATION REPORT

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Asset No	Description	Date Acquired	Method	Life	C o n v	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.		0.	43,583.	
2	COMPUTER	10/01/92	\$L	5.00		HY16	5,018.				5,018.		0.	5,018.	
3	IKEA FURNITURE	11/01/92	SL	7.00		HY16	781.				781.		0.	781.	
4	FAX MACHINE	11/01/92	\$L	5.00		HY16	530.				530.		0.	530.	
5	COMPUTER	04/01/93	SL	5.00		HY16	2,831.				2,831.		0.	2,831.	
6	COMPUTER	05/01/93	\$L	5.00		HY16	1,579.				1,579.		0.	1,579.	
7	SIMMONS BUS SYS	11/01/93	SL	5.00		HY16	8,534.				8,534.		0.	8,534.	
8	UNIVERSITY BUS MACHINE	03/01/94	\$L	5.00		HY16	2,000.				2,000.		0.	2,000.	
9	FAX MACHINE	09/29/94	SL	5.00		HY16	402.				402.		0.	402.	
10	PHONES	09/15/94	\$L	5.00		HY16	5,165.				5,165.		0.	5,165.	
11	MOBILE FAX	12/02/94	SL	5.00		HY16	1,303.				1,303.		0.	1,303.	
12	COPIER	03/23/95	\$L	5.00		HY16	1,261.				1,261.		0.	1,261.	
13	COMPUTER	06/30/95	SL	5.00		HY16	6,997.				6,997.		0.	6,997.	
14	FAX MACHINE HP700	10/15/95	\$L	5.00		HY16	579.				579.		0.	579.	
15	APPLE PERFORMA	05/12/96	SL	5.00		HY16	1,261.				1,261.		0.	1,261.	
16	LOGIC BOARD-COMPUTER	07/31/97	\$L	5.00		HY16	404.				404.		0.	404.	
17	KEYBOARD COMPUTER	07/31/97	SL	5.00		HY16	197.				197.		0.	197.	
18	VOICEMAIL	12/18/97	\$L	5.00		HY16	1,755.				1,755.		0.	1,755.	

728111
08-23-07

(D) - Asset disposed

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

2007 DEPRECIATION AND AMORTIZATION REPORT

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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
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.	182.		168.	350.
22	PHONE SYSTEM INSTALLATION	7/07	SL	5.00		HY16	3,406.				3,406.	188.		568.	756.
	* TOTAL 990 PAGE 2 DEPR						93,818.				93,818.	89,942.		736.	90,678.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 1

DESCRIPTION	AMOUNT
UNREALIZED	<151,495.
TOTAL TO FORM 990, PART I, LINE 20	<151,495.

FORM 990 OTHER EXPENSES STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONSULTANTS	7,598.	5,319.	1,900.	379.
INSURANCE	453.	317.	113.	23.
DUES & SUBSCRIPTIONS	221.	155.	55.	11.
OFFICE EXPENSE & SUPPLIES	3,514.	2,459.	879.	176.
DUES, USPIRG	7,212.	6,851.		361.
RENTAL LOSSES - PARTNERSHIP	7,313.		7,313.	
UTILITIES	495.	346.	124.	25.
CITIZEN OUTREACH EXPENSES	117,670.	67,170.		50,500.
TOTAL TO FM 990, LN 43	144,476.	82,617.	10,384.	51,475.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 3

DESCRIPTION OF PROGRAM SERVICE ONE

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.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		124,879.

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

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	COST	1,048,006.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		1,048,006.

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.	350.	490.
PHONE SYSTEM INSTALLATION	3,406.	756.	2,650.
TOTAL TO FORM 990, PART IV, LN 57	93,818.	90,678.	3,140.

FORM 990 OTHER ASSETS STATEMENT 7

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
SECURITY DEPOSITS DUE FROM AFFILIATE	7,440.	5,190.
		9,037.
TOTAL TO FORM 990, PART IV, LINE 58	7,440.	14,227.

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			6,172.	6,172.
TO FORM 990, LINE 54A, COL B				6,172.	6,172.

FORM 990

PART V-A OFFICER COMPENSATION FROM RELATED ORGANIZATIONS

STATEMENT 9

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
ALLISON CAIRO	2,816.	382.	
<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 AND COMMON EMPLOYEES			
<u>COMPENSATION DESCRIPTION</u>			
WAGES			

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
ALLISON CAIRO	5,850.	2,255.	
<u>NAME OF RELATED ORGANIZATION</u>		<u>EMPLOYER ID NUMBER</u>	
NJPIRG STUDENT CHAPTERS		22-1956222	
<u>RELATIONSHIP BETWEEN ORGANIZATIONS</u>			
ORGANIZATION SHARES COMMON EMPLOYEES			
<u>COMPENSATION DESCRIPTION</u>			
WAGES			

Depreciation and Amortization 990
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service

▶ 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	125,000.
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	500,000.
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 2006 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 2008. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	736.

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 2007	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 2007 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 2007 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	736.
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? <input type="checkbox"/> Yes <input type="checkbox"/> No										24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use								25			
26 Property used more than 50% in a qualified business use:											
		%									
		%									
		%									
27 Property used 50% or less in a qualified business use											
		%				S/L -					
		%				S/L -					
		%				S/L -					
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28			
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1									29		

Section B - Information on Use of Vehicles

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

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

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

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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2007 tax year:					
43 Amortization of costs that began before your 2007 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

▶ 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)

A corporation 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 a corporation 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. 143 EAST STATE STREET, NO. STE 6	
	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 corporation required to file Form 990-T) extension of time until **MARCH 15, 2009**, 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, 2007**, and ending **JUL 31, 2008**.

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

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

Form 8868 (Rev. 4-2008)

- 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 File by the extended due date for filing the return See instructions	Name of Exempt Organization CITIZEN LOBBY, INC. A/K/A NJPIRG CITIZEN LOBBY	Employer identification number 22-2708332
	Number, street, and room or suite no. If a P.O. box, see instructions 143 EAST STATE STREET, NO. STE 6	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, 2009**.

5 For calendar year _____, or other tax year beginning **AUG 1, 2007**, and ending **JUL 31, 2008**

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 Kalsten Title CPA Date 3/4/09

11760.0

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