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ENVELOPE POSTMARK DATE JUN 14 2009
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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2007

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
 (except black lung benefit trust or private foundation)
 ▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury
Internal Revenue Service

A For the 2007 calendar year, or tax year beginning JULY 1, 2007, and ending JUNE 30, 20 08

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization MOPIRG CITIZENS ORGANIZATION Number and street (or P O box, if mail is not delivered to street address) Room/suite 310A NORTH EUCLID AVE City or town, state or country, and ZIP + 4 ST LOUIS MO 63108-1210	D Employer identification number 43 : 1609044 E Telephone number (314) 454-9560 F Group Exemption Number . . . ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).
G Accounting method: Cash Accrual
 Other (specify) ▶

I Website: ▶ WWW.MOPIRG.ORG
H Check ▶ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one)— 501(c) (4) ◀ (insert no.) 4947(a)(1) or 527
K Check ▶ if the organization is not a section 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.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	76516.00			
	2	Program service revenue including government fees and contracts	2				
	3	Membership dues and assessments	3				
	4	Investment income	4	-2008.60			
	5a	Gross amount from sale of assets other than inventory	5a				
	b	Less: cost or other basis and sales expenses	5b				
	c	Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule)	5c				
	6	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 1)	6a				
	b	Less: direct expenses other than fundraising expenses	6b				
c	Net receipts (losses) from special events and activities. Subtract line 6b from line 6a	6c					
7a	Gross sales of inventory, less returns and allowances	7a					
b	Less: cost of goods sold	7b					
c	Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	7c					
8	Other revenue (describe _____)	8					
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	9	74507.40				
Expenses	10	Grants and similar amounts paid (attach schedule)	10				
	11	Benefits paid to or for members	11				
	12	Salaries, other compensation, and employee benefits	12	1600.31			
	13	Professional fees and other payments to independent contractors	13	3021.11			
	14	Occupancy, rent, utilities, and maintenance	14	220.42			
	15	Printing, publications, postage, and shipping	15	190.97			
	16	Other expenses (describe ▶ DUES, INSURANCE, SUPPLIES, TRAVEL)	16	5457.66			
	17	Total expenses. Add lines 10 through 16	17	10490.47			
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 9	18	64016.93			
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	-29546.59			
	20	Other changes in net assets or fund balances (attach explanation)	20				
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	34470.34			

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ (See page 60 of the instructions.)

		(A) Beginning of year		(B) End of year			
22	Cash, savings, and investments	100067.72	22	97782.93			
23	Land and buildings		23				
24	Other assets (describe ▶ ACCTS REC)	0	24	76516.00			
25	Total assets	100067.72	25	174298.93			
26	Total liabilities (describe ▶ ACCTS PAYABLE)	129614.31	26	139828.59			
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	-29546.59	27	34470.34			

GA 14

Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? CITIZEN ORGANIZING, EDUCATION, ADVOCACY			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	RESEARCH, EDUCATION, AND ADVOCACY ON PUBLIC INTEREST ISSUES INCLUDING THE ENVIRONMENT, ENERGY USE, TRANSPORTATION, HEALTH CARE, CONSUMER RIGHTS, AND GOOD GOVERNMENT		
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	9889.54
29			
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30			
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule)		
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses. Add lines 28a through 31a	32	9889.54

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of 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	(E) Expense account and other allowances
IVAN FRISHBERG 310 N EUCLID AVE ST LOUIS MO 63108	PRES/0.5	0	0	0
DAVID ROSENFELD 310 N EUCLID AVE ST LOUIS MO 63108	SECRETARY/0.5	0	0	0
SAM GOLDMAN 310 N EUCLID AVE ST LOUIS MO 63108	TREASURER/0.5	0	0	0

Part V Other Information (Note the statement requirement in General Instruction V.)		Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		✓
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		✓
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
37b	b Did the organization file Form 1120-POL for this year?		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		✓
38b	b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved		
39	501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

- 40a** 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
 section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____
- b** 501(c)(3) and (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 an explanation . . .
- c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ _____
- d** Enter amount of tax on line 40c reimbursed by the organization . . . ▶ _____
- e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . .

	Yes	No
40b		✓
40c		
40d		
40e		✓

41 List the states with which a copy of this return is filed. ▶ _____

42a The books are in care of ▶ **FFPIR** Telephone no. ▶ (**617**) **292-4800**
 Located at ▶ **44 WINTER ST, BOSTON MA** ZIP + 4 ▶ **02108**

- 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: ▶ _____
 See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.
- c** At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . .
 If "Yes," enter the name of the foreign country: ▶ _____

	Yes	No
42b		✓
42c		✓

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ **43**

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

▶ *Peter Campbell* Signature of officer Date **5/14/09**

▶ **PETER CAMPBELL, FINANCE DIRECTOR**
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ _____ Date _____ 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 ▶ _____ EIN ▶ _____ Phone no ▶ () _____

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. 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 MOPING CITIZENS ORGANIZATION	Employer identification number 43 1609044
	Number, street, and room or suite no. If a P.O. box, see instructions. 310A N EUCLID AVE	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions ST LOUIS MO 63108	

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

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

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 **FFPIR, 44 WINTER ST, BOSTON MA 02108**
Telephone No. **(617) 292-4805** FAX No. **(617) 292-8057**
- 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 **MAY 15**, 20**08**.
- 5 For calendar year _____, or other tax year beginning **JULY 1**, 20**07**, and ending **JUNE 30**, 20**08**.
- 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 **INFORMATION NEEDED TO FILE A COMPLETE RETURN IS STILL BEING COLLECTED**

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	\$

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 Title **CONTROLLER** Date