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

For organizations with gross receipts less than $100,000 and total assets less than $250,000 at the end of the year.

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

A For the 2005 calendar year, or tax year beginning July 1, 2005, and ending June 30, 2006

B Check if applicable

[ ] Address change
[ ] Name change
[ ] Initial return
[ ] Final return
[ ] Amended return
[ ] Application pending

C Name of organization
NCPIRG Citizen Lobby, Inc.

D Employer identification number
56: 2136514

E Telephone number
(919) 1833-2070

F Group Exemption Number

G Accounting method: [ ] Cash [ ] Accrual

H Check [ ] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: www.ncpirg.org

J Organization type (check only one)—[ ] 501(c)(4) [ ] 501(c)(7) or [ ] 501(c)(9)

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

L 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

1 Contributions, gifts, grants, and similar amounts received

2 Program service revenue including government fees and contracts

3 Membership dues and assessments

4 Investment income

5a Gross amount from sale of assets other than inventory

b Less: cost or other basis and sales expenses

c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)

6 Special events and activities (attach schedule). If any amount is from gaming, check here [ ]

a Gross revenue (not including $ of contributions reported on line 1)

b Less: direct expenses other than fundraising expenses

c Net income or (loss) from special events and activities (line 6a less line 6b)

d Gross profit or (loss) from sales of inventory (line 7a less line 7b)

7a Gross sales of inventory, less returns and allowances

b Less: cost of goods sold

c Gross profit or (loss) from sales of inventory (line 7a less line 7b)

8 Other revenue (describe)

9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)

10 Grants and similar amounts paid (attach schedule)

11 Benefits paid to or for members

12 Salaries, other compensation, and employee benefits

13 Professional fees and other payments to independent contractors

14 Occupancy, rent, utilities, and maintenance

15 Printing, publications, postage, and shipping

16 Other expenses (describe conferences, depreciation, insurance)

17 Total expenses (add lines 10 through 16)

18 Excess or (deficit) for the year (line 9 less line 17)

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)

20 Other changes in net assets or fund balances (attach explanation)

21 Net assets or fund balances at end of year (combine lines 18 through 20)

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 41 of the instructions.)

(A) Beginning of year

22 Cash, savings, and investments

23 Land and buildings

24 Other assets (describe accounts receivable)

25 Total assets

26 Total liabilities (describe accounts payable, payroll liabilities)

27 Net assets or fund balances (line 27 of column (B) must equal line 27 of column (A))

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form 990-EZ (2005)

Revised 9-05
**Part III** Statement of Program Service Accomplishments

What is the organization’s primary exempt purpose? **Public Interest Lobbying**

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. To engage in public interest lobbying, grassroots lobbying, and to assist other organizations to do the same.

<table>
<thead>
<tr>
<th>(Grants $     )</th>
<th>If this amount includes foreign grants, check here</th>
<th>28a</th>
<th>$36,834.18</th>
</tr>
</thead>
</table>

29. ..............................................................................................................

30. ..............................................................................................................

31. Other program services (attach schedule)

<table>
<thead>
<tr>
<th>(Grants $     )</th>
<th>If this amount includes foreign grants, check here</th>
<th>31a</th>
</tr>
</thead>
</table>

32. Total program service expenses (add lines 28a through 31a)

| 32 | $36,834.18 |

**Part IV** List of Officers, Directors, Trustees, and Key Employees

List each one even if not compensated. See page 42 of the instructions.

<table>
<thead>
<tr>
<th>(A) Name and address</th>
<th>(B) Title and average hours per week devoted to position</th>
<th>(C) Compensation (if not paid, enter -0-)</th>
<th>(D) Contributions to employee benefit plans &amp; other retirement</th>
<th>(E) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Elizabeth Ouzts</strong></td>
<td><em>paid as employee</em></td>
<td>President</td>
<td>$14,344.72</td>
<td>$430.30</td>
</tr>
<tr>
<td>Raleigh, NC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Rob Thompson</strong></td>
<td><em>paid as employee</em></td>
<td>Secretary</td>
<td>$8,243.25</td>
<td>0</td>
</tr>
<tr>
<td>Raleigh, NC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Adam Lloz</strong></td>
<td>Director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Haven, CT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Part V** Other Information

(Attach the requirement in General Instruction V, page 14.)

33. Did the organization engage in any activity not previously reported to the IRS? If “Yes,” attach a detailed description of each activity.

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.

<table>
<thead>
<tr>
<th>35a</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>35b</td>
<td>Yes</td>
</tr>
</tbody>
</table>

36. Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If “Yes,” attach a statement.)

| 36 | Yes |

37a. Enter amount of political expenditures, direct or indirect, as described in the instructions.

| 37a | 0 |

37b. Did the organization file Form 1120-POL for this year?

| 37b | Yes |

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?

| 38a | Yes |

39. 501(c)(7) organizations. Enter:

<table>
<thead>
<tr>
<th>39a</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>39b</td>
<td>0</td>
</tr>
</tbody>
</table>

40a. 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

| 40a | 0 |

40b. 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.

| 40b | Yes |

41. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.

| 41 | 0 |

42. Enter amount of tax on line 40c reimbursed by the organization.

| 42 | 0 |
Part V: Other Information (Note the attachment requirement in General Instruction V, page 14.) (Continued)

41 List the states with which a copy of this return is filed. ➤ North Carolina

42a The books are in care of ➤ Elizabeth Ouzts

Located at ➤ 112 S, Blount Street, Suite 102 Raleigh NC

Telephone no. ➤ (919) 833-2070

ZIP + 4 ➤ 27601-1474

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: ➤

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.

Please Sign Here

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

Signature of officer

Elizabeth Ouzts, President

Date 5/14/07

Preparer's SSN or PTIN (See Gen Inst. W)

Preparer's signature

Date

Check if self-employed ➤

Preparer's name or yours if self-employed.

EIN ➤

Phone no ➤

Form 990-EZ (2005)
Attachment 1.

A change in net assets occurred because of an accounting error in accounts receivable...