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
Form 990-EZ

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)

► 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.

A For the 2007 calendar year, or tax year beginning JULY 1, 2007, and ending JUNE 30, 2008

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

Please use IC label or print or type.

C Name of organization
MOPING CITIZENS ORGANIZATION

D Employer identification number
43: 1609944

E Telephone number
(314) 454-9560

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.MOPING.ORG

J Organization type (check only one)— ☑ 501(c) (4) (insert no) ☐ 501(c)(4) 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. ▶ $ 76516.00

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Revenue</th>
<th>Expenses</th>
<th>Net Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Contributions, gifts, grants, and similar amounts received.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Program service revenue including government fees and contracts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Membership dues and assessments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Investment income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td>Gross amount from sale of assets other than inventory</td>
<td>5a</td>
<td></td>
</tr>
<tr>
<td>5b</td>
<td>Less: cost or other basis and sales expenses</td>
<td>5b</td>
<td></td>
</tr>
<tr>
<td>5c</td>
<td>Gain or (loss) from sale of assets other than inventory Subtract line 5b from line 5a (attach schedule)</td>
<td>5c</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Special events and activities (attach schedule). If any amount is from gaming, check here ▶</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6a</td>
<td>Gross revenue (not including $ of contributions reported on line 1)</td>
<td>6a</td>
<td></td>
</tr>
<tr>
<td>6b</td>
<td>Less: direct expenses other than fundraising expenses</td>
<td>6b</td>
<td></td>
</tr>
<tr>
<td>6c</td>
<td>Net revenue (excess) from special events and activities. Subtract line 6b from line 6a</td>
<td>6c</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Gross sales of inventory</td>
<td>7a</td>
<td></td>
</tr>
<tr>
<td>7c</td>
<td>Less: cost of goods sold</td>
<td>7b</td>
<td></td>
</tr>
<tr>
<td>7d</td>
<td>Gain or (loss) from sales of inventory. Subtract line 7b from line 7a</td>
<td>7c</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Other revenue (describe ▶)</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Grants and similar amounts paid (attach schedule)</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Benefits paid to or for members</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Salaries, other compensation, and employee benefits</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Professional fees and other payments to independent contractors</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Occupancy, rent, utilities, and maintenance</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Printing, publications, postage, and shipping</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Other expenses (describe ▶ DUES, INSURANCE, SUPPLIES, TRAVEL)</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Total expenses. Add lines 10 through 16</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Excess or (deficit) for the year. Subtract line 17 from line 9</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>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)</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Other changes in net assets or fund balances (attach explanation)</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Net assets or fund balances at end of year. Combine lines 18 through 20</td>
<td>21</td>
<td></td>
</tr>
</tbody>
</table>

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.)

<table>
<thead>
<tr>
<th>(A)</th>
<th>(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Cash, savings, and investments</td>
</tr>
<tr>
<td>23</td>
<td>Land and buildings</td>
</tr>
<tr>
<td>24</td>
<td>Other assets (describe ▶ ACCTS REC)</td>
</tr>
<tr>
<td>25</td>
<td>Total assets</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities (describe ▶ ACCTS PAYABLE)</td>
</tr>
<tr>
<td>27</td>
<td>Net assets or fund balances (line 27 of column (B)) must agree with line 21</td>
</tr>
</tbody>
</table>

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.
Part III  Statement of Program Service Accomplishments (See page 50 of the instructions.)

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.

**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 ▶ □ 28a 9889.54

29  

(Grants $  ) If this amount includes foreign grants, check here ▶ □ 29a

30  

(Grants $  ) If this amount includes foreign grants, check here ▶ □ 30a

31 Other program services (attach schedule)  

(Grants $  ) If this amount includes foreign grants, check here ▶ □ 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.)

<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; deferred compensation</th>
<th>(E) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>IVAN FRISBERG</td>
<td>PRES/0.5</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>DAVID ROSENFIELD</td>
<td>SECRETARY/0.5</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SAM GOLDMAN</td>
<td>TREASURER/0.5</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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

**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 Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?

35b 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.

36a Enter amount of political expenditures, direct or indirect, as described in the instructions.

36b 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 If “Yes,” attach the schedule specified in the line 38 instructions and enter the amount involved.

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

39a Initiation fees and capital contributions included on line 9.

39b 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.

40b Yes □ No □

40c Enter amount of tax imposed on organization directors or disqualified persons during the year under sections 4912, 4955, and 4958

40e Yes □ No □

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

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

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

42b Yes □ No □

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.

42c Yes □ No □

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.

43

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

Date

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. ▶

Form 990-EZ (2007)
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.

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

<table>
<thead>
<tr>
<th>Type of print</th>
<th>Name of Exempt Organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MOPING CITIZENS ORGANIZATION</td>
<td>43</td>
</tr>
</tbody>
</table>

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.
- ST LOUIS MO 63108

For IRS use only

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 6069
- Form 4720
- Form 8870
- Form 5227

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 FFIR, 44 WINTER ST, BOSTON MA 02108

Telephone No. (617) 292-8057 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.

I request an additional 3-month extension of time until ________ MAY 15 _______ 20.08

For calendar year ________, or other tax year beginning ________ JULY 1 ________, and ending ________ JUNE 30 ________, 20.08

If this tax year is for less than 12 months, check reason:

- Initial return
- Final return
- Change in accounting period

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.

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.

8c 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.

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 ▶

Form 8868 (Rev 4-2008)