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)

A For the 2008 calendar year, or tax year beginning JULY 1, 2008, and ending JUNE 30, 2009

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

C Name of organization
MOPIRG CITIZENS ORGANIZATION

D Employer identification number
43 - 1609044

E Telephone number
(314) 454-9560

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.MOPIRG.ORG

J Organization type (check only one) - ☑ 501(c)(4) ☐ 4947(a)(1) or ☐ 5327

K Check ☐ if the organization is not a section 509(a)(2) 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 $1,000,000 or more, file Form 990 instead of Form 990-EZ

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

<table>
<thead>
<tr>
<th>(See the instructions for Part I)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Contributions, gifts, grants, and similar amounts received</td>
</tr>
<tr>
<td>2 Program service revenue including government fees and contracts</td>
</tr>
<tr>
<td>3 Membership dues and assessments</td>
</tr>
<tr>
<td>4 Investment income</td>
</tr>
<tr>
<td>5a Gross amount from sale of assets other than inventory</td>
</tr>
<tr>
<td>b Less: cost or other basis and sales expenses</td>
</tr>
<tr>
<td>c Gain (or loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)</td>
</tr>
<tr>
<td>6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐</td>
</tr>
<tr>
<td>a Gross revenue (not including $ of contributions reported on line 1)</td>
</tr>
<tr>
<td>b Less: direct expenses other than fundraising expenses</td>
</tr>
<tr>
<td>c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)</td>
</tr>
<tr>
<td>7a Gross sales of inventory, less returns and allowances</td>
</tr>
<tr>
<td>b Less: cost of goods sold</td>
</tr>
<tr>
<td>c Gross profit (or loss) from sales of inventory (Subtract line 7b from line 7a)</td>
</tr>
<tr>
<td>8 Other revenue (describe ▶)</td>
</tr>
<tr>
<td>9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, 7c, and 8</td>
</tr>
</tbody>
</table>

Part II Expenses

<table>
<thead>
<tr>
<th>(See the instructions for Part II)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 Grants and similar amounts paid (attach schedule)</td>
</tr>
<tr>
<td>11 Benefits paid to or for members</td>
</tr>
<tr>
<td>12 Salaries, other compensation, and employee benefits</td>
</tr>
<tr>
<td>13 Professional fees and other payments to independent contractors</td>
</tr>
<tr>
<td>14 Occupancy, rent, utilities, and maintenance</td>
</tr>
<tr>
<td>15 Printing, publications, postage, and shipping</td>
</tr>
<tr>
<td>16 Other expenses (describe ▶ INSURANCE, CITIZEN OUTREACH)</td>
</tr>
<tr>
<td>17 Total expenses. Add lines 10 through 16</td>
</tr>
</tbody>
</table>

Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ.

<table>
<thead>
<tr>
<th>(See the instructions for Part II)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A) Beginning of year</td>
</tr>
<tr>
<td>22 Cash, savings, and investments</td>
</tr>
<tr>
<td>23 Land and buildings</td>
</tr>
<tr>
<td>24 Other assets (describe ▶ ACCTS REC)</td>
</tr>
<tr>
<td>25 Total assets</td>
</tr>
<tr>
<td>26 Total liabilities (describe ▶ ACCTS PAYABLE)</td>
</tr>
<tr>
<td>27 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 Instruction for Form 990.
**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)

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**

<table>
<thead>
<tr>
<th>(Grants $ )</th>
<th>If this amount includes foreign grants, check here □</th>
<th>28a</th>
<th>Expenses 137059.35</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>29a</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>30a</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>31a</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>32a</td>
<td>137059.35</td>
</tr>
</tbody>
</table>

**Part IV List of Officers, Directors, Trustees, and Key Employees** (See the instructions for Part IV.)

<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>310 N EUCLID AVE ST LOUIS MO 63108</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DAVID ROSENFELD</td>
<td>SECRETARY/0.5</td>
<td>-0-</td>
<td>-0-</td>
<td>-0-</td>
</tr>
<tr>
<td>310 N EUCLID AVE ST LOUIS MO 63108</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAM GOLDMAN</td>
<td>TREASURER/0.5</td>
<td>-0-</td>
<td>-0-</td>
<td>-0-</td>
</tr>
<tr>
<td>310 N EUCLID AVE ST LOUIS MO 63108</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Part V  Other Information (Note the statement requirements in the instructions for Part VI.)

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, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.
   a  Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?  

35a  

b  If "Yes," has it filed a tax return on Form 990-T for this year?  

35b  

36  Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N.  

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

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

37b  

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?  

b  If "Yes," complete Schedule L, Part II and enter the total amount involved.  

38b  

39  Section 501(c)(7) organizations. Enter:
   a  Initiation fees and capital contributions included on line 9.  

39a  

b  Gross receipts, included on line 9, for public use of club facilities.  

39b  

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

section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0  

b  Section 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," complete Schedule L, Part I.  

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

40b  

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

40c  

e  All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.  

40e  

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

42a  The books are in care of FFPI. Telephone no. (617) 292-4800  

Located at 44 WINTER ST, BOSTON MA ZI P + 4 20108  

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, Report of Foreign Bank and Financial Accounts.  

42b  

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.  

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  

44  Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.  

44  

45  Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.  

45  

Form 990-EZ (2008)
### Part VI  Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>46  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If &quot;Yes,&quot; complete Schedule C, Part I.</td>
<td></td>
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<tr>
<td>47  Did the organization engage in lobbying activities? If &quot;Yes,&quot; complete Schedule C, Part II.</td>
<td></td>
<td></td>
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<tr>
<td>48  Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If &quot;Yes,&quot; complete Schedule E.</td>
<td></td>
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</tr>
<tr>
<td>49a Did the organization make any transfers to an exempt non-charitable related organization?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>49b If &quot;Yes,&quot; was the related organization(s) a section 527 organization?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 50
Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter “None.”

<table>
<thead>
<tr>
<th>(a) Name and address of each employee paid more than $100,000</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Compensation</th>
<th>(d) Contributions to employee benefit plans &amp; deferred compensation</th>
<th>(e) Expense account and other allowances</th>
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</tbody>
</table>

Total number of other employees paid over $100,000 ▶

#### 51
Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter “None.”

<table>
<thead>
<tr>
<th>(a) Name and address of each independent contractor paid more than $100,000</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total number of other independent contractors each receiving over $100,000 ▶

---

**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 preparer**

**Date**

---

**Preparer’s signature**

**Preparer’s Identifying Number (See instructions)**

**EIN**

**Phone no.**

---

May the IRS discuss this return with the preparer shown above? See instructions ▶

---

Form 990-EZ (2008)
MOPIRG CITIZENS ORGANIZATION

43-1609044

Statement

Question 20

Other changes in net assets or fund balances

The change in net assets is a result of MOPIRG recognizing an amount due from the Fund for the Public Interest (the Fund) resulting from prior joint campaigns. Prior to July 1, 2008, MOPIRG and the Fund were considered to be financially interrelated. Due to a change in operations where oversight functions shifted to the United States Public Interest Research Group, MOPIRG and the Fund are no longer considered financially interrelated. Consequently, assets that had previously been shown as restricted net assets in the Fund are now payable to MOPIRG.
Application for Extension of Time To File an Exempt Organization Return

Form 8868
(Rev. April 2001)
Department of the Treasury
Internal Revenue Service

OMB No 1545-1709

File a separate application for each return.

1. If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box.
2. 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
MORPHER CITIZENS ORGANIZATION

Employer identification number
43: 1659044

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
210A N EUCLID

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

Telephone No ☐ ( ) 747-4401
FAX No ☐ ( )

If the organization does not have a 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.

I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until FEB 15 20 10, to file the exempt organization return for the organization named above. The extension is for the organization’s return.

☑ calendar year 20 09 or
☑ tax year beginning JULY 1 20 08 and ending JUNE 30 20 09

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.

3b 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.

3c 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.

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.

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

Cat No 27916D

Form 8868 (Rev 4-2007)
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.

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.**

<table>
<thead>
<tr>
<th>Type or print</th>
<th>Name of Exempt Organization</th>
<th>Employer Identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MOBIRG CITIZENS ORGANIZATION</td>
<td>43  : 1608044</td>
</tr>
</tbody>
</table>

File by the extended due date for filing the return. See instructions.

- **Address:** 310A N EUCLID AVE
- **City, town or post office, state, and ZIP code:** ST LOUIS MO 63108

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

- [ ] Form 990
- [ ] Form 990-PF
- [ ] Form 1041-A
- [ ] Form 6069
- [ ] Form 990-BL
- [ ] Form 990-T (sec. 401(a) or 408(a) trust)
- [ ] Form 4720
- [ ] Form 8870
- [ ] Form 990-EZ
- [ ] Form 990-T (trust other than above)
- [ ] 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: 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.  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, 2010.

5 For calendar year ...... or other tax year beginning JULY 1, 2009, and ending JUNE 30, 2009.

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.  

8b 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: 2/12/10

Form 8868 (Rev 4-2008)