

**FORM 990  
PUBLIC INSPECTION COPY**

**PUBLIC CITIZEN, INC.  
FOR THE YEAR ENDED SEPTEMBER 30, 2005**

# 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)

OMB No. 1545-0047

**2004**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the **2004** calendar year, or tax year beginning **OCT 1, 2004** and ending **SEP 30, 2005**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>PUBLIC CITIZEN, INC.</b>	<b>D</b> Employer identification number <b>23-7104508</b>
	Please use IRS label or print or type. See Specific Instructions. Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1600 20TH STREET NW</b>	<b>E</b> Telephone number <b>202-588-1000</b>
	City or town, state or country, and ZIP + 4 <b>WASHINGTON, DC 20009</b>	<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).	

**H and I are not applicable to section 527 organizations.**  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates ▶  
**H(c)** Are all affiliates included? **N/A**  Yes  No  
 (If "No," attach a list.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G** Website: **WWW.CITIZEN.ORG**

**J** Organization type (check only one) ▶  501(c) ( **4** ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check here  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 received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **3,631,773.**

**M** Check  if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

Revenue	<b>1</b> Contributions, gifts, and similar amounts received:			
	<b>a</b> Direct public support	<b>1a</b>	<b>2,868,918.</b>	
	<b>b</b> Indirect public support	<b>1b</b>		
	<b>c</b> Government contributions (grants)	<b>1c</b>		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>2,868,918.</b> noncash \$ )			<b>1d 2,868,918.</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		<b>81,289.</b>
	<b>3</b> Membership dues and assessments	<b>3</b>		
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		
	<b>5</b> Dividends and interest from securities	<b>5</b>		<b>64,520.</b>
	<b>6 a</b> Gross rents <b>See Statement 1</b>	<b>6a</b>	<b>461,414.</b>	
	<b>b</b> Less: rental expenses <b>See Statement 2</b>	<b>6b</b>	<b>225,744.</b>	
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		<b>235,670.</b>
<b>7</b> Other investment income (describe )	<b>7</b>			
Revenue	<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	<b>b</b> Less: cost or other basis and sales expenses	<b>8a</b>		
	<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>		
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>		
	<b>8d</b>			
	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1a)	<b>9a</b>		
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>		
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			
Revenue	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>	<b>130.</b>	
	<b>b</b> Less: cost of goods sold	<b>10b</b>		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		<b>Stmt 3</b>	<b>10c 130.</b>
	<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>		<b>155,502.</b>
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		<b>3,406,029.</b>	
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		<b>2,832,514.</b>
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		<b>672,254.</b>
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		<b>411,992.</b>
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>		<b>3,916,760.</b>
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<b>-510,731.</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>4,086,266.</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<b>See Statement 4</b>	<b>16,253.</b>
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		<b>3,591,788.</b>

**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
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	117,263.	97,097.	14,938.	5,228.
26	Other salaries and wages	1,549,831.	1,284,910.	221,322.	43,599.
27	Pension plan contributions	60,041.	42,166.	15,978.	1,897.
28	Other employee benefits	162,916.	95,363.	62,808.	4,745.
29	Payroll taxes	162,983.	123,346.	33,252.	6,385.
30	Professional fundraising fees	64,283.			64,283.
31	Accounting fees	8,778.		8,778.	
32	Legal fees	12,744.	2,550.	10,194.	
33	Supplies	95,396.	25,539.	69,236.	621.
34	Telephone	73,994.	34,096.	38,902.	996.
35	Postage and shipping	457,386.	261,236.	109,521.	86,629.
36	Occupancy	72,596.	72,596.		
37	Equipment rental and maintenance	47,650.	4,098.	43,453.	99.
38	Printing and publications	239,951.	135,384.	56,033.	48,534.
39	Travel	26,777.	21,223.	4,829.	725.
40	Conferences, conventions, and meetings	13,500.	6,264.	7,236.	
41	Interest	8,410.		8,410.	
42	Depreciation, depletion, etc. (attach schedule)	93,364.		93,364.	
43	Other expenses not covered above (itemize):				
a					
b					
c					
d					
e	See Statement 5	648,897.	626,646.	-126,000.	148,251.
44	Total functional expenses (add lines 22 through 43) (Organizations completing columns (B)-(D), carry these totals to lines 13-15.)	3,916,760.	2,832,514.	672,254.	411,992.

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 \$ 1,359,056.; (ii) the amount allocated to Program services \$ 625,286.; (iii) the amount allocated to Management and general \$ 391,707.; and (iv) the amount allocated to Fundraising \$ 342,063.

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? **WORK FOR CONSUMER RIGHTS**

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.)

	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a PUBLIC INFORMATION & EDUCATION-PCI PUBLISHES BOOKS, PERIODICAL TESTIMONY ON CURRENT ISSUES IN HEALTH & SAFETY, LAW, ENERGY POLICY & GOVT & CORPORATE ACCOUNTABILITY (Grants and allocations \$ _____)	1,131,250.
b CONGRESS WATCH-PCI REPRESENTED THE INTERESTS OF CITIZENS/ CONSUMER THROUGH ITS RESEARCH, ORGANIZING, AND OUTREACH ON HEALTH AND SAFETY REGULATIONS AND CAMPAIGN FINANCE REFORM. (Grants and allocations \$ _____)	590,733.
c GLOBAL TRADE WATCH-LED A NATIONAL COALITION OF ENVIRONMENTAL, CONSUMER, LABOR, RELIGIOUS, FAMILY-FARM GROUPS AGAINST THE PUSH FOR GLOBALIZATION THROUGH TREATIES. (Grants and allocations \$ _____)	295,448.
d PUBLICATIONS- PCI PUBLISHES BOOKS PERIODICALS SPECIAL REPORTS AND EXPERT TESTIMONY ON CURRENT ISSUES IN HEALTH & SAFETY, LAW, ENERGY POLICY, GOVERNMENT & CORPORATE RESPONSIBILITY (Grants and allocations \$ _____)	217,164.
e Other program services (attach schedule) Statement 6 (Grants and allocations \$ _____)	597,919.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	2,832,514.

**Part IV Balance Sheets**

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	390,750.	45	106,325.	
	46 Savings and temporary cash investments	986,184.	46	237,038.	
	47 a Accounts receivable	47a 60,182.			
	b Less: allowance for doubtful accounts	47b			
			72,929.	47c	60,182.
	48 a Pledges receivable	48a			
	b Less: allowance for doubtful accounts	48b			
	49 Grants receivable			48c	
	50 Receivables from officers, directors, trustees, and key employees			49	
	51 a Other notes and loans receivable	51a		50	
	b Less: allowance for doubtful accounts	51b		51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges		143,425.	53	128,345.
	54 Investments - securities Stmt 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		1,486,230.	54	1,713,565.
	55 a Investments - land, buildings, and equipment: basis Stmt 9	55a			
b Less: accumulated depreciation	55b		55c		
56 Investments - other			56		
57 a Land, buildings, and equipment: basis	57a 2,940,558.				
b Less: accumulated depreciation	57b 1,460,197.				
58 Other assets (describe ▶ See Statement 8 )		1,532,622.	57c	1,480,361.	
		29,491.	58	500,573.	
59 Total assets (add lines 45 through 58) (must equal line 74)		4,641,631.	59	4,226,389.	
Liabilities	60 Accounts payable and accrued expenses	415,152.	60	534,418.	
	61 Grants payable		61		
	62 Deferred revenue	16,122.	62	16,602.	
	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 ▶ CAPITAL LEASE PAYABLE )		124,091.	65	83,581.
66 Total liabilities (add lines 60 through 65)		555,365.	66	634,601.	
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	4,070,698.	67	3,565,262.	
	68 Temporarily restricted	15,568.	68	26,526.	
	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; column (B) must equal line 21)		4,086,266.	73	3,591,788.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		4,641,631.	74	4,226,389.	

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.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return**

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

a	Total revenue, gains, and other support per audited financial statements	a	3,422,282.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$ 16,253.		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify): \$		
	Add amounts on lines (1) through (4)	b	16,253.
c	Line a minus line b	c	3,406,029.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2)	d	0.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	3,406,029.

a	Total expenses and losses per audited financial statements	a	3,916,760.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify): \$		
	Add amounts on lines (1) through (4)	b	0.
c	Line a minus line b	c	3,916,760.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2)	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	3,916,760.

**Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)**

(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
JOAN CLAYBROOK 1600 20TH ST. NW WASHINGTON, DC 20009	PRESIDENT 26	67,968.	5,991.	0.
JOSEPH ZILLO 1600 20TH ST. NW WASHINGTON, DC 20009	CHIEF OPERATING OFFICER 20	49,295.	8,586.	0.
THE HONORABLE HOWARD METZENBAUM 1600 20TH ST. NW WASHINGTON, DC 20009	CHAIRMAN 0.	0.	0.	0.
JOSEPH PAGE 1600 20TH ST. NW WASHINGTON, DC 20009	SECRETARY-TREASURER 0.	0.	0.	0.
ADOLPH L. REED, JR. 1600 20TH ST. NW WASHINGTON, DC 20009	DIRECTOR 0.	0.	0.	0.
THE HONORABLE DAVID E. BONIOR 1600 20TH ST. NW WASHINGTON, DC 20009	DIRECTOR 0.	0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule.  Yes  No **Stmt 10**

Part VI Other Information

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X	
b	If "Yes," enter the name of the organization <b>PUBLIC CITIZEN FOUNDATION, INC</b> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	X
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?	82a	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	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	X
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	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.	85b	X
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
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?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	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	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <b>N/A</b> ; section 4912 <b>N/A</b> ; section 4955 <b>N/A</b>		
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		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed <b>SEE ATTACHED SCHEDULE</b>		
b	Number of employees employed in the pay period that includes March 12, 2004	90b	107
91	The books are in care of <b>THE ORGANIZATION</b> Telephone no. <b>202-588-1000</b>		
	Located at <b>1600 20TH STREET NW, WASHINGTON, DC</b> ZIP + 4 <b>20009</b>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> 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 page 33 of 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>OIL COMMISSIONS</b>	211110	81,289.			
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					
96 Dividends and interest from securities			14	64,520.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	235,670.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
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					130.
103 Other revenue:					
a <b>LIST RENTAL ROYALTY</b>			13	149,691.	
b <b>MISCELLANEOUS REVENUE</b>					5,811.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		81,289.		449,881.	5,941.
105 Total (add line 104, columns (B), (D), and (E))					537,111.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of 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).
102	<b>BOOKS, PERIODICALS AND SPECIAL REPORTS WERE PUBLISHED ON CURRENT ISSUE IN HEALTH, THE LAW, GOVERNMENT, AND CORPORATE ACCOUNTABILITY AND ENERGY POLICY. THIS INFORMATION WAS PUBLIC.</b>
103B	<b>REIMBURSEMENT OF EXPENSES.</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of 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 page 34 of 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).

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: **Signature of officer** *Joan Claybrook* Date *1/9/06* **Type or print name and title.** *Joan Claybrook - President*

Paid Preparer's Use Only: Preparer's signature *Mark C Thomas CPA* Date *1/5/06* Check if self-employed  Preparer's SSN or PTIN \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: **DROLET & ASSOCIATES, P.L.L.C**  
**1140 CONNECTICUT AVE, NW #1000**  
**WASHINGTON, DC 20036**

EIN: \_\_\_\_\_ Phone no.: **202-822-0717**

Form 990	Rental Income	Statement	1
<u>Kind and Location of Property</u>		<u>Activity Number</u>	<u>Gross Rental Income</u>
Rental Income, Non-Debt. Financed Property		2	461,414.
Total to Form 990, Part I, line 6a			461,414.

Form 990	Rental Expenses	Statement	2
<u>Description</u>	<u>Activity Number</u>	<u>Amount</u>	<u>Total</u>
Rental Expense, Non-Debt. Financed Property			
- SubTotal -	2	225,744.	225,744.
Total to Form 990, Part I, line 6b			225,744.

Form 990

Income and Cost of Goods Sold  
Included on Part I, Line 10

Statement 3

Income

1. Gross receipts . . . . .	130	
2. Returns and allowances . . . . .		
3. Line 1 less line 2 . . . . .		130
4. Cost of goods sold (line 13) . . . . .		
5. Gross profit (line 3 less line 4) . . . . .		130

Cost of Goods Sold

6. Inventory at beginning of year . . . . .		
7. Merchandise purchased . . . . .		
8. Cost of labor . . . . .		
9. Materials and supplies . . . . .		
10. Other costs . . . . .		
11. Add lines 6 through 10 . . . . .		
12. Inventory at end of year . . . . .		
13. Cost of goods sold (line 11 less line 12). . . . .		

Form 990	Other Changes in Net Assets or Fund Balances	Statement	4
Description		Amount	
UNREALIZED GAIN ON INVESTMENTS		16,253.	
Total to Form 990, Part I, line 20		16,253.	

Form 990	Other Expenses			Statement	5
Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising	
CONSULTING & PROF. FEES	178,182.	64,833.	80,554.	32,795.	
PUBLIC RELATIONS	2,980.	2,252.	728.		
CONTRACT LABOR	64,275.	19,323.	44,952.		
CAGING	75,436.	34,701.	21,725.	19,010.	
MAIL HOUSE	297,431.	148,640.	79,355.	69,436.	
LIST RENTAL COST	38,476.	17,699.	11,081.	9,696.	
MISCELLANEOUS	22,889.	11,440.	10,673.	776.	
ADMINISTRATIVE PERSONNEL	-151,961.	263,498.	-425,351.	9,892.	
RECRUITMENT	10,621.	7,246.	3,325.	50.	
DUES, SUBS. & PUBLICATIONS	49,984.	33,339.	14,279.	2,366.	
LICENSE & FEES	33,352.	10,383.	22,339.	630.	
BANK CHARGES	21,187.	7,247.	10,340.	3,600.	
UTILITIES	6,045.	6,045.			
Total to Fm 990, ln 43	648,897.	626,646.	-126,000.	148,251.	

Form 990	Other Program Services	Statement	6
Description	Grants and Allocations	Expenses	
PC TEXAS		204,452.	
PC CALIFORNIA		152,494.	
BUYERS UP		48,785.	
CRITICAL MASS ENERGY PROJECT		192,131.	
AUTO SAFETY		57.	
Total to Form 990, Part III, line e		597,919.	

Form 990 Government Securities Statement 7

Description	Cost/FMV	U.S. Government	State and Local Gov't	Total Gov't Securities
US TREASURY FUNDS	FMV	369,881.		369,881.
Total to Form 990, line 54, Col B		369,881.		369,881.

Form 990 Other Assets Statement 8

Description	Amount
INTEREST RECEIVABLE	6,740.
RENT RECEIVABLE	16,882.
OTHER ASSETS	8,064.
DUE FROM PUBLIC CITIZEN FOUNDATION, INC.	468,887.
Total to Form 990, Part IV, line 58, Column B	500,573.

Form 990 Other Securities Statement 9

Security Description	Cost/FMV	Other Securities
CERTIFICATES OF DEPOSIT (AT COST)	Cost	966,023.
MUTUAL FUNDS	FMV	377,661.
To Form 990, line 54, Col B		1,343,684.

Form 990

Part V - Officer Compensation from  
Related Organizations

Statement 10

<u>Officer's Name</u>	<u>Name and EIN of Related Organization</u>	<u>Compen- sation</u>	<u>Employee Ben Plan Contrib</u>	<u>Expense Account</u>
JOAN CLAYBROOK	PUBLIC CITIZEN FOUNDATION, INC. - 52-1263996	36,597.	3,226.	0.

FORM 990, PART IV, LINE 57a LAND, BUILDINGS, AND EQUIPMENT: BASIS

DESCRIPTION	BEG YEAR	ADDITIONS	RETIREMENTS	END YEAR
LAND	604,270			604,270
BUILDING	1,566,801	3,120		1,569,921
EQUIPMENT	696,980	69,387		766,367
	<u>2,868,051</u>	<u>72,507</u>	<u>-</u>	<u>2,940,558</u>

FORM 990, PART IV, LINE 57B LAND, BUILDINGS, AND EQUIPMENT: ACCUMULATED DEPRECIATION

DESCRIPTION	BEG YEAR	ADDITIONS	RETIREMENTS	END YEAR
LAND	-	-		-
BUILDING	867,219	31,405		898,624
EQUIPMENT	468,210	93,363		561,573
	<u>1,335,429</u>	<u>124,768</u>	<u>-</u>	<u>1,460,197</u>

**SCHEDULE OF STATES THAT RECEIVE FEDERAL FORM 990**

**STATE**

ALABAMA

ALASKA

ARIZONA

ARKANSAS

CALIFORNIA

CONNECTICUT

FLORIDA

GEORGIA

ILLINOIS

KANSAS

KENTUCKY

MAINE

MARYLAND

MASSACHUSETTES

MINNESOTA

MISSISSIPPI

MISSOURI

NEW HAMPSHIRE

NEW JERSEY

NEW YORK

**SCHEDULE OF STATES THAT RECEIVE FEDERAL FORM 990  
(Continued)**

**STATE**

NORTH CAROLINA

NORTH DAKOTA

OHIO

OKLAHOMA

OREGON

PENNSYLVANIA

RHODE ISLAND

SOUTH CAROLINA

TENNESSEE

UTAH

VIRGINIA

WASHINGTON

WEST VIRGINIA

WISCONSIN