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Return of Organization Exempt From Income Tax

2003

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

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

A For the 2003 calendar year, or tax year beginning **JUL 1, 2003** and ending **JUN 30, 2004**

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

C Name of organization
MASSACHUSETTS PUBLIC INTEREST RESEARCH GROUP, INC.

D Employer identification number
04-2536325

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
44 WINTER STREET

E Telephone number
617-292-4800

City or town, state or country, and ZIP + 4
BOSTON, MA 02108

F Accounting method: Cash Accrual
 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.MASSPIRG.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.

I Group Exemption Number _____

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **2,726,986.**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	2,492,409.		
	b Indirect public support	1b			
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ <u>2,492,409.</u> noncash \$ _____)	1d		2,492,409.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		32,836.	
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4		14,694.	
	5 Dividends and interest from securities	5		1,222.	
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe SEE STATEMENT 1)	7		185,825.		
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a			
	(B) Other	8b			
	Less: cost or other basis and sales expenses	8c			
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			
9 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 1a)	9a			
	b Less: direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10 a Gross sales of inventory, less returns and allowances		10a			
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		2,726,986.		
Expenses	13 Program services (from line 44, column (B))	13	1,475,544.		
	14 Management and general (from line 44, column (C))	14	82,582.		
	15 Fundraising (from line 44, column (D))	15	553,181.		
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17		2,111,307.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		615,679.		
Net Assets	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	4,584,660.		
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20	34,144.		
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		5,234,483.	

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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. Page 2

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 \$ <u>143,930.</u> noncash \$	22 143,930.	143,930.	STATEMENT 5	
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25 24,016.	17,807.	183.	6,026.
26	Other salaries and wages	26 721,321.	539,662.	5,351.	176,308.
27	Pension plan contributions	27 1,272.	624.	62.	586.
28	Other employee benefits	28 27,659.	20,466.	574.	6,619.
29	Payroll taxes	29 71,315.	53,363.	569.	17,383.
30	Professional fundraising fees	30			
31	Accounting fees	31 7,500.		7,500.	
32	Legal fees	32			
33	Supplies	33			
34	Telephone	34 50,284.	37,470.	1,393.	11,421.
35	Postage and shipping	35 70,044.	26,814.	1,928.	41,302.
36	Occupancy	36 93,734.	74,849.	2,767.	16,118.
37	Equipment rental and maintenance	37			
38	Printing and publications	38 105,814.	68,734.	19.	37,061.
39	Travel	39 72,819.	53,582.		19,237.
40	Conferences, conventions, and meetings	40 2,572.	2,482.	55.	35.
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule) ...	42 2,102.	1,982.	120.	
43	Other expenses not covered above (itemize):				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	SEE STATEMENT 3	43e 716,925.	433,779.	62,061.	221,085.
44	<small>Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15</small>	44 2,111,307.	1,475,544.	82,582.	553,181.

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 \$ 1,404,100. ; (ii) the amount allocated to Program services \$ 1,052,903. ;
(iii) the amount allocated to Management and general \$ _____ ; and (iv) the amount allocated to Fundraising \$ 351,197.

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **SEE STATEMENT 4**

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	SEE ATTACHED	
	(Grants and allocations \$ <u>143,930.</u>)	1,475,544.
b		
	(Grants and allocations \$ _____)	
c		
	(Grants and allocations \$ _____)	
d		
	(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,475,544.

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		45
	46 Savings and temporary cash investments	2,128,201.	46 2,381,560.
	47 a Accounts receivable	47a 236,509.	
	b Less: allowance for doubtful accounts	47b	47c 236,509.
	48 a Pledges receivable	48a	
	b Less: allowance for doubtful accounts	48b	48c
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	16,658.	53 8,855.
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54
	55 a Investments - land, buildings, and equipment: basis	55a	
	b Less: accumulated depreciation	55b	55c
56 Investments - other	SEE STATEMENT 6	2,613,729.	56 2,836,675.
57 a Land, buildings, and equipment: basis	57a 10,511.		
b Less: accumulated depreciation	57b 6,253.	1,540.	57c 4,258.
58 Other assets (describe		58	
59 Total assets (add lines 45 through 58) (must equal line 74)	4,862,936.	59 5,467,857.	
Liabilities	60 Accounts payable and accrued expenses	278,276.	60 233,374.
	61 Grants payable		61
	62 Deferred revenue		62
	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		65
66 Total liabilities (add lines 60 through 65)	278,276.	66 233,374.	
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	4,584,660.	67 5,234,483.
	68 Temporarily restricted		68
	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)	4,584,660.	73 5,234,483.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	4,862,936.	74 5,467,857.

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.

MASSACHUSETTS PUBLIC INTEREST RESEARCH GROUP, INC.

Form 990 (2003)

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

a	Total revenue, gains, and other support per audited financial statements	a	2,761,130.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments		
(2)	Donated services and use of facilities		
(3)	Recoveries of prior year grants		
(4)	Other (specify): STMT 7		34,144.
	Add amounts on lines (1) through (4)	b	34,144.
c	Line a minus line b	c	2,726,986.
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	2,726,986.

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

a	Total expenses and losses per audited financial statements	a	2,111,307.
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	2,111,307.
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	2,111,307.

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
JANET DOMENITZ C/O MASSPIRG, 44 WINTER STREET BOSTON, MA 02108	PRESIDENT; EXEC DIR 14 HR./WK.	18,683.	0.	0.
RICHARD HANNIGAN C/O MASSPIRG, 44 WINTER STREET BOSTON, MA 02108	VICE PRESIDENT/TREASURER 1 HR./WK	0.	0.	0.
DEIDRE CUMMINGS C/O MASSPIRG, 44 WINTER STREET BOSTON, MA 02108	DIRECTOR 8 HR./WK.	5,333.	213.	0.
ANDREW MACDONALD C/O MASSPIRG, 44 WINTER STREET BOSTON, MA 02108	SECRETARY 1 HR./WK	0.	0.	0.
JEFFREY SPRAGUE C/O MASSPIRG, 44 WINTER STREET BOSTON, MA 02108	DIRECTOR 1 HR./WK	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

**MASSACHUSETTS PUBLIC INTEREST RESEARCH
GROUP, INC.**

Form 990 (2003)

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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? N/A		
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 and check whether it is <input 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?		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?		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?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	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.		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? 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? 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		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A ; section 4912 N/A ; section 4955 N/A		
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		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 MASSACHUSETTS		
b	Number of employees employed in the pay period that includes March 12, 2003 90b 16		
91	The books are in care of THE ORGANIZATION Telephone no. (617) 292-4800		
Located at 44 WINTER STREET, BOSTON, MA ZIP + 4 02108			
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		

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Form 990 (2003)

MASSACHUSETTS PUBLIC INTEREST RESEARCH GROUP, INC.

Form 990 (2003)

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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 TECHNICAL AND ADVISORY					32,836.
b SERVICES PROVIDED TO					
c OTHER EXEMPT ORGS.					
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			14	14,694.	
96 Dividends and interest from securities			14	1,222.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			14	185,825.	
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					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		201,741.	32,836.
105 Total (add line 104, columns (B), (D), and (E))					234,577.

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).
93A	TECHNICAL AND ADVISORY SERVICES PROVIDED TO OTHER EXEMPT ORGANIZATIONS WITH SIMILAR PROGRAMMATIC OBJECTIVES

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).

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: *[Signature]* Date: 5/13/05 Type or print name and title: Janet S. Dornowitz, President

Preparer's signature: *[Signature]* Date: 05/12/05 Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: EDELSTEIN & COMPANY LLP, 24 SCHOOL STREET, BOSTON, MASSACHUSETTS 02108-5113

EIN: _____ Phone no.: (617) 227-6161

Form 990 (2003)

**MASSACHUSETTS PUBLIC RESEARCH INTEREST GROUP
FORM 990**

EIN #: 04-2536325

PART IV, BALANCE SHEET, LINE 57

<u>DESCRIPTION</u>	<u>COST</u>	<u>ACCUMULATED DEPRECIATION</u>	<u>NET BOOK VALUE</u>
OFFICE FURNITURE & EQUIPMENT	\$10,511	\$6,253	\$4,258

MASSACHUSETTS PUBLIC INTEREST RESEARCH GROUP, INC.
04-2536325
June 30, 2004

Form 990, Part III
Statement of Program Services

(a.) **Public Education and Outreach Services:**

This project involves talking and meeting with citizens of roughly 340 Massachusetts cities and towns on a door-to-door basis as well as by telephone. Discussion centers around energy, consumer, and environmental issues of concern to citizens of the Commonwealth. Educational literature is distributed.

Grants and Allocations:	0.00	Expenses:	350,853
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(b.) **General Program Activity:**

This project involves general research, advocacy, educational activities, and lobbying on the following issues:

- consumer protection
- toxics and toxic use reduction
- clean air
- clean water
- solid waste, recycling and packaging
- environmental preservation
- energy policy legislation
- utility reform
- student rights legislation
- good government/democracy

Grants and Allocations:	39,669	Expenses:	169,851
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(c.) **Membership Education and Services:**

This program entails distributing the MASSPIRG quarterly newsletter and other publications to members of MASSPIRG to keep them informed on consumer, environmental, energy, and other public interest issues.

Grants and Allocations:	0.00	Expenses:	468,483
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(d.) **Citizen Lobbying:**

This program mobilizes citizens to take action on MASSPIRG supported issues. This includes encouraging citizens to write or call legislators or to attend meetings regarding these issues.

Grants and Allocations:	0.00	Expenses:	350,853
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(e.) Organizational Development:

MASSPIRG shares in the support of the Fund for Public Interest Research, a national non-profit organization which provides technical assistance to the state-based Public Interest Research Groups throughout the country. MASSPIRG also shares office space with the MASSPIRG Education Fund.

Grants and Allocations:	104,261	Expenses:	135,505
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Total Grants and Allocations:	143,930	Total Expenses:	1,475,544
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FORM 990

OTHER INVESTMENT INCOME

STATEMENT 1

DESCRIPTION

AMOUNT

EQUITY IN INCOME OF PARADIGM PARTNERS - 95-4348365

185,825.

TOTAL TO FORM 990, PART I, LINE 7

185,825.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

DESCRIPTION	AMOUNT
UNREALIZED GAINS ON INVESTMENTS	34,144.
TOTAL TO FORM 990, PART I, LINE 20	34,144.

FORM 990

OTHER EXPENSES

STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
TRAINING	8,681.	6,510.		2,171.
INSURANCE	6,280.	5,462.	646.	172.
CONSULTANTS	257,203.	136,183.	57,526.	63,494.
DATA PROCESSING	9,240.	3,203.	1,671.	4,366.
BANK/CREDIT CARD PROCESSING FEES	73,131.	9,230.	25.	63,876.
PUBLICITY	77,523.	58,142.		19,381.
FILING FEES	495.		495.	
CITIZEN OUTREACH SERVICES	257,384.	193,038.		64,346.
OFFICE EXPENSE	26,988.	22,011.	1,698.	3,279.
TOTAL TO FM 990, LN 43	716,925.	433,779.	62,061.	221,085.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4
PART III

EXPLANATION

TO PURSUE SOLUTIONS TO ISSUES AFFECTING THE SOCIAL WELFARE OF THE PEOPLE
OF MASSACHUSETTS.

FORM 990

CASH GRANTS AND ALLOCATIONS

STATEMENT 5

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
GENERAL SUPPORT	U.S. PIRG	218 D STREET, SE, WASHINGTON, DC 20003	NONE	39,669.
GENERAL SUPPORT	FUND FOR PUBLIC INTEREST RESEARCH	44 WINTER STREET, BOSTON, MA	NONE	104,261.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				<u>143,930.</u>

FORM 990

OTHER INVESTMENTS

STATEMENT 6

DESCRIPTION	VALUATION METHOD	AMOUNT
INVESTMENT IN PARADIGM PARTNERS - 95-4348365	MARKET VALUE	2,608,234.
ZERO COUPON - US TREASURY SECURITIES	MARKET VALUE	47,596.
MUTUAL FUNDS	MARKET VALUE	180,845.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		2,836,675.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 7

DESCRIPTION	AMOUNT
NET UNREALIZED GAIN ON INVESTMENTS	34,144.
TOTAL TO FORM 990, PART IV-A	34,144.

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 - Must file Original and One Copy.

Name of Exempt Organization: MASSACHUSETTS PUBLIC INTEREST RESEARCH GROUP, INC. Employer identification number: 04-2536325. Address: 44 WINTER STREET, BOSTON, MA 02108.

Check type of return to be filed: Form 990 (checked), Form 990-EZ, Form 990-T (sec. 401(a) or 408(a) trust), Form 1041-A, Form 5227, Form 8870, Form 990-BL, Form 990-PF, Form 990-T (trust other than above), Form 4720, Form 6069.

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

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).

I request an additional 3-month extension of time until MAY 16, 2005. For calendar year JUL 1, 2003 and ending JUN 30, 2004.

State in detail why you need the extension: ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. 8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. 8c Balance Due. Subtract line 8b from line 8a.

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: [Signature] Title: CPA Date: 2/11/05

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return. We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return... We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period. We cannot consider this application because it was filed after the due date of the return for which an extension was requested. Other

Director By: Date: [Stamp: EXTENSION APPROVED MAR 13 2005]

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Name: EDELSTEIN & COMPANY LLP. Address: 24 SCHOOL STREET, BOSTON, MASSACHUSETTS 02108-5113.

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box X
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Note: 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)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization MASSACHUSETTS PUBLIC INTEREST RESEARCH GROUP, INC.	Employer identification number 04-2536325
	Number, street, and room or suite no. If a P.O. box, see instructions. 44 WINTER STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOSTON, MA 02108	

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

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401 (a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- 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 will cover.

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until FEBRUARY 15, 2005 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or

▶ tax year beginning JUL 1, 2003, and ending JUN 30, 2004

2 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 \$ _____

b 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 \$ _____

c **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 \$ N/A

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 ▶ *Serdar Janadi* Title ▶ CPA Date ▶ 10/24/04

LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)