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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)

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 JUL 1, 2004 and ending JUN 30, 2005

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. E Telephone number: 617-292-4800. F Accounting method: Accrual.

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? H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling?

G Website: WWW.MASSPIRG.ORG

J Organization type: 501(c)(4)

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.

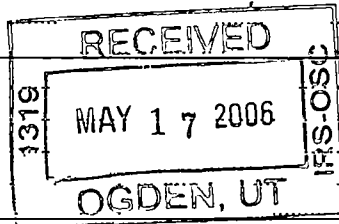
L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 2,649,953.

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

Part 1 Revenue, Expenses, and Changes in Net Assets or Fund Balances

SCANNED JUL 18 2006 Revenue

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, and similar amounts received (Total 2,434,274); 2 Program service revenue (Total 10,943); 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments (Total 43,480); 5 Dividends and interest from securities (Total 3,054); 6a Gross rents; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income (SEE STATEMENT 1) (Total 158,202); 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less direct expenses; 9c Net income or (loss); 10a Gross sales of inventory, less returns and allowances; 10b Less cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue (2,649,953); 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses (1,789,973); 18 Excess or (deficit) for the year (859,980); 19 Net assets or fund balances at beginning of year (5,234,483); 20 Other changes in net assets or fund balances (SEE STATEMENT 2) (13,677); 21 Net assets or fund balances at end of year (6,108,140).



MASSACHUSETTS PUBLIC INTEREST RESEARCH GROUP, INC.

04-2536325

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 \$ 123,041 • noncash \$)	123,041.	123,041.	STATEMENT 5	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	29,053.	21,499.	291.	7,263.
26	Other salaries and wages	627,879.	473,768.	4,040.	150,071.
27	Pension plan contributions	1,308.	1,068.	48.	192.
28	Other employee benefits	21,534.	15,776.	169.	5,589.
29	Payroll taxes	61,660.	46,316.	333.	15,011.
30	Professional fundraising fees				
31	Accounting fees	8,500.		8,500.	
32	Legal fees				
33	Supplies				
34	Telephone	28,871.	21,604.	224.	7,043.
35	Postage and shipping	71,682.	34,236.	544.	36,902.
36	Occupancy	36,858.	27,976.	545.	8,337.
37	Equipment rental and maintenance				
38	Printing and publications	72,156.	44,158.	8.	27,990.
39	Travel	58,938.	43,031.		15,907.
40	Conferences, conventions, and meetings	496.	376.		120.
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	1,961.	1,831.	130.	
43	Other expenses not covered above (itemize)				
a					
b					
c					
d					
e	SEE STATEMENT 3	646,036.	384,931.	53,935.	207,170.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	1,789,973.	1,239,611.	68,767.	481,595.

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 \$ 1,329,399. , (ii) the amount allocated to Program services \$ 997,049. ,
 (iii) the amount allocated to Management and general \$, and (iv) the amount allocated to Fundraising \$ 332,350.

Part III Statement of Program Service Accomplishments

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

	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 \$ 123,041.)	1,239,611.
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)	1,239,611.

MASSACHUSETTS PUBLIC INTEREST RESEARCH
GROUP, INC.

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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	2,381,560.	46	2,847,945.
	47 a Accounts receivable	47a 415,698.		
	b Less allowance for doubtful accounts	47b	236,509.	47c 415,698.
	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		8,855.	53 3,162.
	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	2,836,675.	56	3,013,620.
57 a Land, buildings, and equipment basis	57a 7,424.			
b Less accumulated depreciation	57b 2,523.	4,258.	57c	4,901.
58 Other assets (describe ▶)			58	
59 Total assets (add lines 45 through 58) (must equal line 74)		5,467,857.	59	6,285,326.
Liabilities	60 Accounts payable and accrued expenses	233,374.	60	177,186.
	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)		233,374.	66	177,186.
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	5,234,483.	67	6,108,140.
	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)		5,234,483.	73	6,108,140.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		5,467,857.	74	6,285,326.

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 (2004)

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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	2,663,630.
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 \$ 13,677.		
	Add amounts on lines (1) through (4)	b	13,677.
c	Line a minus line b	c	2,649,953.
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	2,649,953.

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

a	Total expenses and losses per audited financial statements	a	1,789,973.
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	1,789,973.
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	1,789,973.

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.	20,582.	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.	8,471.	339.	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.

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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	76	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	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	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?	80a	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?	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	
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? N/A	85g	
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	85h	
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 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	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 MASSACHUSETTS		
b	Number of employees employed in the pay period that includes March 12, 2004 90b 16		
91	The books are in care of PETER CAMPBELL 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 92 N/A and enter the amount of tax-exempt interest received or accrued during the tax year		

MP/IRS

MASSACHUSETTS PUBLIC INTEREST RESEARCH GROUP, INC.

Form 990 (2004)

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Part VII Analysis of Income-Producing Activities (See page 33 of the instructions)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues, 95 Interest on savings, 96 Dividends, 97 Net rental income, 98 Net rental income from personal property, 99 Other investment income, 100 Gain or loss from sales of assets, 101 Net income from special events, 102 Gross profit from sales of inventory, 103 Other revenue, 104 Subtotal, 105 Total.

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)

Table with 2 columns: 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.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions)

Table with 5 columns: (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.

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? (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Signature and information section including: Signature of officer, Date, Type or print name and title, Preparer's signature, Firm's name, address, and ZIP + 4, Date, Check if self-employed, Preparer's SSN or PTIN, EIN, Phone no.

FORM 990	OTHER INVESTMENT INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
INVESTMENT IN PARADIGM PARTNERS - 95-4348365		158,202.	
TOTAL TO FORM 990, PART I, LINE 7		158,202.	

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

DESCRIPTION	AMOUNT
UNREALIZED INVESTMENT GAINS	13,677.
TOTAL TO FORM 990, PART I, LINE 20	13,677.

FORM 990

OTHER EXPENSES

STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONSULTANTS	216,177.	110,485.	50,415.	55,277.
CITIZEN OUTREACH SERVICES	224,491.	168,368.		56,123.
OFFICE EXPENSE	13,707.	11,170.	323.	2,214.
BANK/DISCOUNT FEES	69,976.	6,259.		63,717.
PUBLICITY	97,100.	72,825.		24,275.
ENTERTAINMENT	3,740.	2,805.		935.
FILING FEES	1,335.		1,335.	
DATA PROCESSING	12,964.	6,688.	1,653.	4,623.
INSURANCE	3,175.	2,960.	209.	6.
DUES	535.	535.		
BOOKS AND PUBLICATIONS	2,836.	2,836.		
TOTAL TO FM 990, LN 43	646,036.	384,931.	53,935.	207,170.

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

<u>CLASSIFICATION</u>	<u>DONEE'S NAME</u>	<u>DONEE'S ADDRESS</u>	<u>DONEE'S RELATIONSHIP</u>	<u>AMOUNT</u>
GENERAL SUPPORT	U.S. PIRG	218 D STREET, SE, WASHINGTON, DC 20003	NONE	36,411.
GENERAL SUPPORT	FUND FOR PUBLIC INTEREST RESEARCH	44 WINTER STREET, BOSTON, MA	NONE	86,630.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				<u>123,041.</u>

FORM 990 OTHER INVESTMENTS STATEMENT 6

DESCRIPTION	VALUATION METHOD	AMOUNT
INVESTMENT IN PARADIGM PARTNERS - 95-434836	MARKET VALUE	2,766,436.
ZERO COUPON - US TREASURY SECURITIES	MARKET VALUE	48,543.
MUTUAL FUNDS	MARKET VALUE	198,641.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		3,013,620.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	7
DESCRIPTION		AMOUNT	
NET UNREALIZED GAIN ON INVESTMENTS		13,677.	
TOTAL TO FORM 990, PART IV-A		13,677.	

MASSACHUSETTS PUBLIC INTEREST RESEARCH GROUP, INC
04-2536325
June 30, 2005

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 Expenses: 294,409

(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 36,461 Expenses 150,975

(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 Expenses: 413,238

(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 Expenses: 294,408

(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.

Grants and Allocations: 86,580

Expenses 86,580

Total Grants and Allocations 123,041

Total Expenses 1,239,610

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	\$7,424	\$2,523	\$4,901

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- 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.		
Type or print. File by the extended due date for filing the return. See instructions.	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	For IRS use only
	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):

Form 990
 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.

- The books are in the care of **PETER CAMPBELL**
Telephone No. **(617) 292-4800** 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.

4 I request an additional 3-month extension of time until **MAY 15, 2006**.

5 For calendar year _____, or other tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005**.

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
ADDITIONAL TIME IS NECESSARY IN ORDER TO FILE A COMPLETE AND ACCURATE TAX 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. 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 \$ _____

c **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 \$ **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 _____ Title _____ Date _____

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 (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to 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 a 10-day grace period.
 - We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
 - Other _____
- EXTENSION APPROVED**
MAR 6 2006

Director _____ By _____ FIELD DIRECTOR
SUBMISSION PROCESSING, OGDEN

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.

Type or print	Name EDLESTEIN & COMPANY LLP
	Number and street (include suite, room, or apt. no.) or a P.O. box number 24 SCHOOL STREET
	City or town, province or state, and country (including postal or ZIP code) BOSTON, MA 02108