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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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)

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2005

Open to Public Inspection

A For the 2005 calendar year, or tax year beginning JULY 1, 2005, and ending JUNE 30, 20 06

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	Please use IRS label or print or type. See Specific Instructions.	C Name of organization IOWA PUBLIC INTEREST RESEARCH GROUP		D Employer identification number 42-1488674
		Number and street (or P O box, if mail is not delivered to street address) Room/suite P.O. BOX 93951		E Telephone number (515) 282-4193
		City or town, state or country, and ZIP + 4 DES MOINES IA 50393		F Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).
G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ WWW.IOWAPIRG.ORG
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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

K Check 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 chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 38 of the instructions.)

		1	Contributions, gifts, grants, and similar amounts received	1
		2	Program service revenue including government fees and contracts	2
		3	Membership dues and assessments	3
		4	Investment income	4
Revenue	5a		Gross amount from sale of assets other than inventory	
	5b		Less: cost or other basis and sales expenses	
	5c		Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule).	
	6		Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	
	6a		Gross revenue (not including \$ _____ of contributions reported on line 1)	
	6b		Less: direct expenses other than fundraising expenses	
	6c		Net income or (loss) from special events and activities (line 6a less line 6b)	
Revenue	7a		Gross sales of inventory, less returns and allowances	
	7b		Less: cost of goods sold	
	7c		Gross profit or (loss) from sales of inventory (line 7a less line 7b)	
	8		Other revenue (describe ▶)	
	9		Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8).	
Expenses	10		Grants and similar amounts paid (attach schedule)	
	11		Benefits paid to or for members	
	12		Salaries, other compensation, and employee benefits	
	13		Professional fees and other payments to independent contractors	
	14		Occupancy, rent, utilities, and maintenance	
	15		Printing, publications, postage, and shipping	
	16		Other expenses (describe ▶)	
	17		Total expenses (add lines 10 through 16)	
Net Assets	18		Excess or (deficit) for the year (line 9 less line 17)	
	19		Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	
	20		Other changes in net assets or fund balances (attach explanation)	
	21		Net assets or fund balances at end of year (combine lines 18 through 20)	

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See page 41 of the instructions.)

	(A) Beginning of year	(B) End of year
22		22
23		23
24		24
25		25
26		26
27		27

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 106421 Form 990-EZ (2005)

POSTMARK DATE
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Part III Statement of Program Service Accomplishments (See page 42 of the instructions.)	Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? _____ 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 _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (attach schedule) _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a) _____	32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 42 of the instructions.)				
(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

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	
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	34	
35 <i>If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.</i>		
a Did the organization have unrelated business gross income of \$1,000 or more or 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," attach a statement.)	36	
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
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?	38a	
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	
39 <i>501(c)(7) organizations.</i> 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 <i>501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b <i>501(c)(3) and (4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.	40b	
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Enter amount of tax on line 40c reimbursed by the organization		

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.) (Continued)

- 41** List the states with which a copy of this return is filed. ▶ _____
- 42a** The books are in care of ▶ _____ Telephone no. ▶ (____) _____
 Located at ▶ _____ ZIP + 4 ▶ _____
- 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.
- | | Yes | No |
|------------|-----|----|
| 42b | | |
| 42c | | |
- c** At any time during the calendar year, did the organization maintain an office outside of the U.S.?
 If "Yes," enter the name of the foreign country: ▶ _____
- 43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. ▶
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43** | _____

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

▶ Peter L Campbell Signature of officer Date 5/15/07
 ▶ **PETER L CAMPBELL, CONTROLLER** Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ _____ Date _____ Check if self-employed ▶ Preparer's SSN or PTIN (See Gen Inst W) _____
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____ EIN ▶ _____
 Phone no ▶ (____) _____

- 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.		
Type or print	Name of Exempt Organization IOWA PUBLIC INTEREST RESEARCH GROUP	Employer identification number 42 1488674
File by the extended due date for filing the return. See instructions.	Number, street and room or suite no. (if a P.O. box, see instructions) 3021 INGERSOLL AVE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DES MOINES IA 50312	

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

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

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 and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **MAY 15**, 20**07**
- For calendar year _____ or other tax year beginning _____, 20____, and ending _____, 20____.
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension: **INFORMATION NEEDED TO FILE A COMPLETE RETURN IS STILL BEING COLLECTED**

- 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. \$ _____
- 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. \$ _____
- Balance Due.** Subtract line 5b from line 5a. 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 **Peter J. Campbell** Title **CONTROLLER** Date **2/15/07**

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 _____

Director _____ By _____ Date _____

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 FFPIR
	Number and street (include suite, room, or apt. no.) or a P.O. box number 44 WINTER ST
	City or town, province or state, and country (including postal or ZIP code) BOSTON MA 02108