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Return of Organization Exempt From Income Tax

2006

Open to Public Inspection

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)

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

A For the 2006 calendar year, or tax year beginning JUL 1, 2006 **and ending** JUN 30, 2007

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	C Name of organization MASSACHUSETTS PUBLIC INTEREST RESEARCH GROUP, INC.	D Employer identification number 04-2536325	
	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) 44 WINTER STREET	Room/suite 	E Telephone number 617-292-4800
	City or town, state or country, and ZIP + 4 BOSTON, MA 02108		F 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).

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 is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **2,275,722.**

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 **N/A**
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
I Group Exemption Number **N/A**
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 01 2008

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received						
a	Contributions to donor advised funds	1a					
b	Direct public support (not included on line 1a)	1b	1,994,513.				
c	Indirect public support (not included on line 1a)	1c					
d	Government contributions (grants) (not included on line 1a)	1d					
e	Total (add lines 1a through 1d) (cash \$ 1,991,032. noncash \$ 3,481.)	1e				1,994,513.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2				15,502.	
3	Membership dues and assessments	3					
4	Interest on savings and temporary cash investments	4				179,191.	
5	Dividends and interest from securities	5				40,203.	
6a	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				46,313.	
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other			
b	Less cost or other basis and sales expenses	8a					
c	Gain or (loss) (attach schedule)	8b					
d	Net gain or (loss) Combine line 8c, columns (A) and (B)	8c					
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	9d					
a	Gross revenue (not including \$ of contributions reported on line 1b)	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					
10a	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 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12					2,275,722.
13	Program services (from line 44, column (B))	13					919,927.
14	Management and general (from line 44, column (C))	14					66,576.
15	Fundraising (from line 44, column (D))	15					339,187.
16	Payments to affiliates (attach schedule)	16					
17	Total expenses. Add lines 16 and 44, column (A)	17					1,325,690.
18	Excess or (deficit) for the year Subtract line 17 from line 12	18					950,032.
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19					6,900,623.
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20					30,880.
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	21					7,881,535.

16

MASSACHUSETTS PUBLIC INTEREST RESEARCH
GROUP, INC.

Form 990 (2006)

04-2536325 Page 2

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
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 . noncash \$ 0 . If this amount includes foreign grants, check here <input type="checkbox"/> 22a				
22b Other grants and allocations (attach schedule) (cash \$ 119428 . noncash \$ 0 . If this amount includes foreign grants, check here <input type="checkbox"/> 22b	119,428.	119,428.	STATEMENT 4	
23 Specific assistance to individuals (attach schedule) 23				
24 Benefits paid to or for members (attach schedule) 24				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A 25a	43,169.	33,202.	780.	9,187.
b Compensation of former officers, directors, key employees, etc listed in Part V-B 25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 25c				
26 Salaries and wages of employees not included on lines 25a, b, and c 26	381,576.	292,273.	5,651.	83,652.
27 Pension plan contributions not included on lines 25a, b, and c 27	1,668.	1,494.	83.	91.
28 Employee benefits not included on lines 25a - 27 28	13,261.	10,228.	604.	2,429.
29 Payroll taxes 29	39,179.	29,901.	554.	8,724.
30 Professional fundraising fees 30				
31 Accounting fees 31	11,000.		11,000.	
32 Legal fees 32				
33 Supplies 33				
34 Telephone 34	21,657.	16,240.	80.	5,337.
35 Postage and shipping 35	58,870.	36,567.	683.	21,620.
36 Occupancy 36	38,955.	29,990.	757.	8,208.
37 Equipment rental and maintenance 37				
38 Printing and publications 38	71,393.	53,440.		17,953.
39 Travel 39	29,820.	20,595.		9,225.
40 Conferences, conventions, and meetings 40	3,407.	3,354.		53.
41 Interest 41				
42 Depreciation, depletion, etc. (attach schedule) 42	1,559.	1,459.	100.	
43 Other expenses not covered above (itemize):				
a 43a				
b 43b				
c 43c				
d 43d				
e 43e				
f 43f				
g SEE STATEMENT 3 43g	490,748.	271,756.	46,284.	172,708.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 44	1,325,690.	919,927.	66,576.	339,187.

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 \$ 686,007. ; (ii) the amount allocated to Program services \$ 514,505. ;
(iii) the amount allocated to Management and general \$, and (iv) the amount allocated to Fundraising \$ 171,502.

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Form 990 (2006)

MASSACHUSETTS PUBLIC INTEREST RESEARCH
GROUP, INC.

Form 990 (2006)

04-2536325 Page 3

Part III Statement of Program Service Accomplishments (See the instructions.)

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.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 5</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts; but optional for others.)
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.)	
a <u>SEE ATTACHED STATEMENT</u>	
(Grants and allocations \$ <u>119,428.</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	919,927.
b	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	919,927.

Form 990 (2006)

MASSACHUSETTS PUBLIC INTEREST RESEARCH
GROUP, INC.

Form 990 (2006)

04-2536325 Page 4

Part IV Balance Sheets (See the instructions)

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	92,797.	45	1,091,061.
	46 Savings and temporary cash investments	3,688,666.	46	3,648,439.
	47 a Accounts receivable	47a 91,612.		
	b Less: allowance for doubtful accounts	47b	47c	91,612.
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	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	3,426.	53	3,915.
	54 a Investments - publicly-traded securities STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	216,577.	54a	260,365.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55 a Investments - land, buildings, and equipment: basis	55a			
b Less: accumulated depreciation	55b	55c		
56 Investments - other	SEE STATEMENT 6	56	2,902,798.	
57 a Land, buildings, and equipment: basis	57a 7,424.			
b Less: accumulated depreciation STMT 7	57b 5,641.	57c	1,783.	
58 Other assets, including program-related investments (describe DUE FROM AFFILIATES)	146,154.	58	19,996.	
59 Total assets (must equal line 74) Add lines 45 through 58	7,130,364.	59	8,019,969.	
Liabilities	60 Accounts payable and accrued expenses	229,741.	60	138,434.
	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	229,741.	66	138,434.	
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	6,900,623.	67	7,881,535.
	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 and column (B) must equal line 21)	6,900,623.	73	7,881,535.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	7,130,364.	74	8,019,969.	

Form 990 (2006)

MASSACHUSETTS PUBLIC INTEREST RESEARCH
GROUP, INC.

Form 990 (2006)

04-2536325 Page 5

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	2,306,602.
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1	30,880.	
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify) _____	b4		
	Add lines b1 through b4		b	30,880.
c	Subtract line b from line a		c	2,275,722.
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): _____	d2		
	Add lines d1 and d2		d	0.
e	Total revenue (Part I, line 12) Add lines c and d		e	2,275,722.

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

a	Total expenses and losses per audited financial statements		a	1,325,690.
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify) _____	b4		
	Add lines b1 through b4		b	0.
c	Subtract line b from line a		c	1,325,690.
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) _____	d2		
	Add lines d1 and d2		d	0.
e	Total expenses (Part I, line 17). Add lines c and d		e	1,325,690.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See 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 plans	(E) Expense account and other allowances
JANET DOMENITZ 44 WINTER STREET BOSTON, MA 02108	EXECUTIVE DIRECTOR 12.00	20,920.	2,489.	0.
RICHARD HANNIGAN 44 WINTER STREET BOSTON, MA 02108	PRESIDENT 0.50	0.	0.	0.
DEIRDRE CUMMINGS CAMPBELL** 44 WINTER STREET BOSTON, MA 02108	TREASURER 14.00	17,816.	1,944.	0.
ANDREW MACDONALD 44 WINTER STREET BOSTON, MA 02108	VICE PRESIDENT 0.50	0.	0.	0.
JEFFREY SPRAGUE 44 WINTER STREET BOSTON, MA 02108	DIRECTOR 0.50	0.	0.	0.
DOUGLAS PHELPS 44 WINTER STREET BOSTON, MA 02108	DIRECTOR 0.50	0.	0.	0.
**FOR SERVICES PERFORMED AS AN EMPLOYEE; NOT AS A BOARD MEMBER				

Form 990 (2006)

MASSACHUSETTS PUBLIC INTEREST RESEARCH
GROUP, INC.

Form 990 (2006)

04-2536325 Page 7

Part VI Other Information (continued)		Yes	No
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		
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 a	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
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
88b			
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
89b			
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.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
89g			
90 a	List the states with which a copy of this return is filed MA		
b	Number of employees employed in the pay period that includes March 12, 2006	90b	7
91 a	The books are in care of PETER CAMPBELL Telephone no (617) 292-4800 Located at 44 WINTER STREET, BOSTON, MA ZIP + 4 02108		
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 N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

Form 990 (2006)

MASSACHUSETTS PUBLIC INTEREST RESEARCH GROUP, INC.

Form 990 (2006)

04-2536325 Page 8

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c Yes No

If "Yes," enter the name of the foreign country **N/A**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

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 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					15,502.
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	179,191.	
96 Dividends and interest from securities			14	40,203.	
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	46,313.	
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.		265,707.	15,502.
105 Total (add line 104, columns (B), (D), and (E))					281,209.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See 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 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 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).

Form 990 (2006)

MASSACHUSETTS PUBLIC INTEREST RESEARCH
GROUP, INC.

Form 990 (2006)

04-2536325 Page 9

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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: Javier S. Domowitz (pc) Signature of officer | 5/15/08 Date

Type or print name and title: JAVIER S. DOMOWITZ EXEC DIR

Paid Preparer's Use Only: Preparer's signature Scott B. Inoué, CPA | Date 05/14/08 | Check if self-employed | Preparer's SSN or PTIN (See Gen. Inst. X) _____

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

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

Form 990 (2006)

FORM 990	OTHER INVESTMENT INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
GAIN FROM INVESTMENT IN PARADIGM PARTNERS - 95-4348365		46,313.	
TOTAL TO FORM 990, PART I, LINE 7		46,313.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
DESCRIPTION		AMOUNT	
UNREALIZED GAINS ON SECURITIES		30,880.	
TOTAL TO FORM 990, PART I, LINE 20		30,880.	

FORM 990	OTHER EXPENSES			STATEMENT	3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
CONSULTANTS	211,430.	108,588.	42,824.	60,018.	
CITIZEN OUTREACH SERVICES	147,676.	110,757.		36,919.	
OFFICE EXPENSE	5,873.	5,121.	134.	618.	
BANK/DISCOUNT FEES	64,764.	4,927.		59,837.	
PUBLICITY	42,655.	31,991.		10,664.	
ENTERTAINMENT	1,299.	974.		325.	
FILING FEES	1,983.		1,983.		
DATA PROCESSING	10,617.	5,606.	1,187.	3,824.	
INSURANCE	4,451.	3,792.	156.	503.	
TOTAL TO FM 990, LN 43	490,748.	271,756.	46,284.	172,708.	

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 4
TO OTHERS

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
GENERAL SUPPORT U.S. PUBLIC INTEREST RESEARCH GROUP, INC. 218 D STREET, SE WASHINGTON, DC 20003	36,765.
GENERAL SUPPORT FUND FOR PUBLIC INTEREST RESEARCH, INC. 44 WINTER STREET BOSTON, MA 02108	82,663.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	119,428.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5
PART III

EXPLANATION

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

FORM 990 OTHER INVESTMENTS STATEMENT 6

DESCRIPTION	VALUATION METHOD	AMOUNT
INVESTMENT IN PARADIGM PARTNERS - 95-434836	MARKET VALUE	2,902,798.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		2,902,798.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 7

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE & FIXTURES	3,127.	2,502.	625.
COMPUTER EQUIPMENT	4,297.	3,139.	1,158.
TOTAL TO FORM 990, PART IV, LN 57	7,424.	5,641.	1,783.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 8

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MUTUAL FUNDS	FMV			260,365.	260,365.
TO FORM 990, LINE 54A, COL B				260,365.	260,365.

MASSACHUSETTS PUBLIC INTEREST RESEARCH GROUP, INC.
04-2536325
June 30, 2007

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: 171,502

(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: 36,765 Expenses: 208,016

(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: 286,244

(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: 171,502

(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: 82,663

Expenses: 82,663

Total Grants and Allocations: 119,428

Total Expenses: 919,927

- 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. You 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, 2008**.

5 For calendar year _____, or other tax year beginning **JUL 1, 2006**, and ending **JUN 30, 2007**.

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 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.	8a	\$
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.	8b	\$
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.	8c	\$ 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 _____

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 EDELSTEIN & 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

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
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization MASSACHUSETTS PUBLIC INTEREST RESEARCH GROUP, INC.	Employer identification number 04-2536325
	File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 44 WINTER STREET

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 |

- 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 will cover.

1 I request an automatic 3-month (6-months for a section 501(c) corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2008** , 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, 2006** , and ending **JUN 30, 2007** .

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.	3a	\$	
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.	3b	\$	
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.	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.