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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning 07-01-2007 and ending 06-30-2008

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: MASSACHUSETTS PUBLIC INTEREST RESEARCH GROUP INC. Number and street: 44 WINTER STREET. City or town: BOSTON, MA 02108

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).

G Web site: WWW.MASSPIRG.ORG

J Organization type: 501(c)(4)

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

L Gross receipts: 1,512,927

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? I Group Exemption Number. M Check if the organization is not required to attach Sch B

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

Table with 21 rows and 4 columns: Line number, Description, Sub-column (a-d), and Amount. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events and activities, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets or fund balances at beginning of year, Other changes in net assets, and Net assets or fund balances at end of year.

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 (See the instructions.)

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 \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ 76,071 noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	76,071	76,071	
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 (attach schedule)	25a	49,520	40,689	1,969
b Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b			
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) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b and c	26	132,264	107,459	4,582
27 Pension plan contributions not included on lines 25a, b and c	27	126	115	11
28 Employee benefits not included on lines 25a - 27	28	7,182	6,341	530
29 Payroll taxes	29	15,299	12,418	524
30 Professional fundraising fees	30			
31 Accounting fees	31	14,000		14,000
32 Legal fees	32			
33 Supplies	33			
34 Telephone	34	6,366	4,760	49
35 Postage and shipping	35	41,534	20,510	969
36 Occupancy	36	19,888	16,226	726
37 Equipment rental and maintenance	37			
38 Printing and publications	38	52,695	37,498	15,197
39 Travel	39	13,615	9,727	3,888
40 Conferences, conventions, and meetings	40	555	555	
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42	1,559	1,420	139
43 Other expenses not covered above (itemize)				
a See Additional Data Table	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	698,414	468,531	45,356

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 \$ 286,831, (ii) the amount allocated to Program services \$ 215,122, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ 71,709

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? ▶ TO PURSUE SOLUTIONS TO ISSUES AFFECTING THE SOCIAL WELFARE OF THE PEOPLE OF MASSACHUSETTS All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
a Public 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 \$) If this amount includes foreign grants, check here <input type="checkbox"/>	71,707
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 -public transit-solid waste, recycling and packaging-health care reform-energy policy legislation-utility reform-student rights and higher education legislation-good government/democracy. (Grants and allocations \$ 76,071) If this amount includes foreign grants, check here <input type="checkbox"/>	189,674
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 \$) If this amount includes foreign grants, check here <input type="checkbox"/>	135,444
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 \$) If this amount includes foreign grants, check here <input type="checkbox"/>	71,706
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) <input type="checkbox"/>	468,531

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)		(B)		
		Beginning of year		End of year		
Assets	45 Cash—non-interest-bearing		1,091,061	45	1,103,782	
	46 Savings and temporary cash investments		3,648,439	46	4,303,535	
	47a Accounts receivable	47a	84,160			
	b Less allowance for doubtful accounts	47b		91,612	47c	84,160
	48a Pledges receivable	48a				
	b Less allowance for doubtful accounts	48b			48c	
	49 Grants receivable				49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)				50b	
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges		3,915	53	2,672	
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		260,365	54a	225,457	
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b		
55a Investments—land, buildings, and equipment basis	55a					
b Less accumulated depreciation (attach schedule)	55b			55c		
56 Investments—other (attach schedule)		2,902,798	56	<input type="checkbox"/>	2,599,092	
57a Land, buildings, and equipment basis	57a	7,424				
b Less accumulated depreciation (attach schedule)	57b	7,200	1,783	57c	<input type="checkbox"/> 224	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)		19,996	58	<input type="checkbox"/>	153,186	
59 Total assets (must equal line 74) Add lines 45 through 58		8,019,969	59		8,472,108	
Liabilities	60 Accounts payable and accrued expenses		138,434	60	135,227	
	61 Grants payable			61		
	62 Deferred revenue			62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64a Tax-exempt bond liabilities (attach schedule)			64a		
	b Mortgages and other notes payable (attach schedule)			64b		
	65 Other liabilities (describe <input type="checkbox"/> _____)			65		
66 Total liabilities Add lines 60 through 65		138,434	66		135,227	
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		7,881,535	67	8,336,881	
	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)		7,881,535	73		8,336,881
	74 Total liabilities and net assets / fund balances Add lines 66 and 73		8,019,969	74		8,472,108

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	1,153,760
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	-55,461
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify) _____	b4	-303,706
	Add lines b1 through b4	b	-359,167
c	Subtract line b from line a	c	1,512,927
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	-359,167
e	Total revenue (Part I, line 12) Add lines c and d	e	1,512,927

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

a	Total expenses and losses per audited financial statements	a	698,414
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	
c	Subtract line b from line a	c	698,414
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	
e	Total expenses (Part I, line 17) Add lines c and d	e	698,414

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	23,290	3,464	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 0 50	20,455	2,311	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 1536 WYNKOOP STREET STE 100 DENVER, CO 80202	DIRECTOR 0 50	0	0	0

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings	5		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		No
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions	75c		No
d Does the organization have a written conflict of interest policy?	75d	Yes	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information (See the instructions.)

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		No
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		No
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		No
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		No
80a 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		No
b If "Yes," enter the name of the organization ► _____ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a Enter direct or indirect political expenditures (See line 81 instructions)	81a		
b Did the organization file Form 1120-POL for this year?	81b		No

Part VI Other Information (continued)

Yes No

82a 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?
82b If "Yes," you may indicate the value of these items here
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h 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?
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter a Gross income from members or shareholders
87b Gross income from other sources
88a 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?
88b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)?
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
89b 501(c)(3) and 501(c)(4) orgs. 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?
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter Amount of tax on line 89c, above, reimbursed by the organization
89e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?
89g 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?

90a List the states with which a copy of this return is filed MA
90b Number of employees employed in the pay period that includes March 12, 2007 (See instructions) 9

91a The books are in care of PETER CAMPBELL Telephone no (617) 292-4800
44 WINTER STREET
Located at BOSTON, MA ZIP + 4 02108

91b 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, Report of Foreign Bank and Financial Accounts

Part VI Other Information (continued)

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 _____

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** _____

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) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	169,048	
96 Dividends and interest from securities			14	45,176	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				214,224	
105 Total (add line 104, columns (B), (D), and (E))					214,224

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)

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
	%			
	%			
	%			
	%			

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).




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)

				Yes	No
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					
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

				Yes	No
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					
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

		Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?			

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	2009-05-13 Date
	JANET DOMENITZ EXECUTIVE DIRECTOR Type or print name and title	

Paid Preparer's Use Only	Preparer's signature  ALFONSO PERILLO	Date 2009-05-13	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 EDELSTEIN AND COMPANY LLP 24 SCHOOL STREET BOSTON, MA 021085113	EIN 	Phone no  (617) 227-6161	

Additional Data

Software ID:

Software Version:

EIN: 04-2536325

Name: MASSACHUSETTS PUBLIC INTEREST RESEARCH
GROUP INC

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a CONSULTANTS	43a	117,224	57,311	19,269	40,644
b CITIZEN OUTREACH SERVICES	43b	72,112	54,084		18,028
c OFFICE EXPENSE	43c	4,386	3,297	366	723
d BANKDISCOUNT FEES	43d	49,720	3,742		45,978
e ADVERTISING	43e	17,180	12,885		4,295
f FILING FEES	43f	1,050		1,050	
g DATA PROCESSING	43g	3,646	1,260	980	1,406
h INSURANCE	43h	2,422	2,163	192	67

TY 2007 Cash Grants Paid Schedule

Name: MASSACHUSETTS PUBLIC INTEREST RESEARCH GROUP INC

EIN: 04-2536325

Class of Activity	Recipient's name	Address	Amount	Relationship
GENERAL SUPPORT	US PUBLIC INTEREST RESEARCH GROUP INC	218 D STREET SE WASHINGTON, DC 20003	21,265	
GENERAL SUPPORT	FUND FOR THE PUBLIC INTEREST INC	44 winter street BOSTON, MA 02108	54,806	

TY 2007 Depreciation and Depletion Schedule

Name: MASSACHUSETTS PUBLIC INTEREST RESEARCH GROUP INC

EIN: 04-2536325

Asset	Amount
FURNITURE AND FIXTURES	625
COMPUTER EQUIPMENT	934

TY 2007 Investments - Other Schedule

Name: MASSACHUSETTS PUBLIC INTEREST RESEARCH GROUP INC

EIN: 04-2536325

Description	Book Value	Cost/FMV
INVESTMENT IN PARADIGM PARTNERS - 95-434836	2,599,092	F

TY 2007 Land etc. Schedule

Name: MASSACHUSETTS PUBLIC INTEREST RESEARCH GROUP INC

EIN: 04-2536325

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
FURNITURE AND FIXTURES	3,127	3,127	0
COMPUTER EQUIPMENT	4,297	4,073	224

TY 2007 Other Assets Schedule

Name: MASSACHUSETTS PUBLIC INTEREST RESEARCH GROUP INC

EIN: 04-2536325

Description	Beginning of Year Amount	End of Year Amount
DUE FROM AFFILIATES	19,996	153,186

TY 2007 Other Changes in Net Assets Schedule**Name:** MASSACHUSETTS PUBLIC INTEREST RESEARCH GROUP INC**EIN:** 04-2536325

Description	Amount
UNREALIZED LOSS ON SECURITIES	-55,461
LOSS FROM INVESTMENT IN PARADIGM PARTNERS	-303,706

TY 2007 Other Revenues Included Schedule**Name:** MASSACHUSETTS PUBLIC INTEREST RESEARCH GROUP INC**EIN:** 04-2536325

Description	Amount
LOSS FROM INVESTMENT IN PARADIGM PARTNERS	-303,706