

Form **990**Department of the Treasury
Internal Revenue Service**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)

OMB No 1545-0047

2007Open to Public
Inspection

▶ 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 **JUL 1, 2007** and ending **JUN 30, 2008****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization**FUND FOR PUBLIC INTEREST RESEARCH, INC.**

Number and street (or P.O. box if mail is not delivered to street address)

44 WINTER STREET

Room/suite

City or town, state or country, and ZIP + 4

BOSTON, MA 02108**D** Employer identification number**04-2762647****E** Telephone number**(617) 292-4800****F** Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and **I** are not applicable to section 527 organizations**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **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****G** Website: ▶ **WWW.FFPIR.ORG****J** Organization type (check only one) ☒ 501(c)(3) (**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**M** Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **33,621,640.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	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	21,613,426.	
	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 \$ 21,613,426. noncash \$)		1e	21,613,426.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	10,689,352.	
	3	Membership dues and assessments		3		
	4	Interest on savings and temporary cash investments		4	914,321.	
	5	Dividends and interest from securities		5	404,541.	
Expenses	6 a	Gross rents		6a		
	b	Less: rental expenses		6b		
	c	Net rental income or (loss). Subtract line 6b from line 6a		6c		
	7	Other investment income (describe ▶)		7		
	8 a	Gross amount from sales of assets other than inventory		(A) Securities	8a	(B) Other
	b	Less: cost or other basis and sales expenses		8b		
	c	Gain or (loss) (attach schedule)		8c		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)		8d		
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		9a		
	a	Gross revenue (not including \$ of contributions reported on line 1b)		9a		
Net Assets	b	Less: direct expenses other than fundraising expenses		9b		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a		9c		
	10 a	Gross sales of inventory, less returns and allowances		10a		
	b	Less: cost of goods sold		10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a		10c		
	11	Other revenue (from Part VII, line 103)		11		
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12	33,621,640.	
	13	Program services (from line 44, column (B))		13	20,658,394.	
	14	Management and general (from line 44, column (C))		14	4,950,605.	
	15	Fundraising (from line 44, column (D))		15	5,516,852.	
Net Assets	16	Payments to affiliates (attach schedule)		16		
	17	Total expenses. Add lines 16 and 44, column (A)		17	31,125,851.	
	18	Excess or (deficit) for the year. Subtract line 17 from line 12		18	2,495,789.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	36,824,986.	
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 1		20	-693,773.	
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20		21	38,627,002.		

723001
12-27-07

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2007)

• 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	Name of Exempt Organization	Employer identification number
	FUND FOR PUBLIC INTEREST RESEARCH, INC.	04-2762647
	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
	44 WINTER STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	BOSTON, MA 02108	

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

☒ 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) 292-4805**

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

4 I request an additional 3-month extension of time until **MAY 15, 2009**
 5 For calendar year _____, or other tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**
 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	S
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	S
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	S 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 **Peter Campbell** Title **CFA** Date **2/11/09**

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 \$ <u>0</u> • noncash \$ <u>0</u> •) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>2,472,269</u> • noncash \$ <u>0</u> •) If this amount includes foreign grants, check here <input type="checkbox"/>	22b 2,472,269.	2,472,269.	STATEMENT 3	
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 311,696.	230,657.	24,935.	56,104.
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 14,841,833.	11,016,328.	1,121,640.	2,703,865.
27 Pension plan contributions not included on lines 25a, b, and c	27 132,169.	44,097.	85,066.	3,006.
28 Employee benefits not included on lines 25a - 27	28 505,535.	320,158.	104,541.	80,836.
29 Payroll taxes	29 1,469,159.	1,100,177.	95,912.	273,070.
30 Professional fundraising fees	30			
31 Accounting fees	31 48,100.		48,100.	
32 Legal fees	32 250,416.	5,246.	244,157.	1,013.
33 Supplies	33 559,376.	304,466.	191,742.	63,168.
34 Telephone	34 345,472.	249,190.	41,231.	55,051.
35 Postage and shipping	35 828,276.	454,303.	20,795.	353,178.
36 Occupancy	36 862,118.	548,629.	179,413.	134,076.
37 Equipment rental and maintenance	37			
38 Printing and publications	38 1,132,384.	753,924.	24,993.	353,467.
39 Travel	39 995,235.	765,819.	63,457.	165,959.
40 Conferences, conventions, and meetings	40 389,125.	190,470.	180,443.	18,212.
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 58,737.	22,908.	32,305.	3,524.
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g SEE STATEMENT 2	43g 5,923,951.	2,179,753.	2,491,875.	1,252,323.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 31,125,851.	20,658,394.	4,950,605.	5,516,852.

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 \$ 13665532. (ii) the amount allocated to Program services \$ 10249161.

(iii) the amount allocated to Management and general \$ 0. and (iv) the amount allocated to Fundraising \$ 3,416,371.

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? ► SEE STATEMENT 6	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 ORGANIZATIONAL SUPPORT AND ADVISORY SERVICES TO OTHER EXEMPT ORGANIZATIONS. - THE FUND FOR PUBLIC INTEREST RESEARCH PROVIDES CONSULTING AND OTHER ORGANIZATIONAL ASSISTANCE, AS WELL AS GRANTS, TO NONPROFIT PUBLIC INTEREST ORGANIZATIONS THROUGHOUT THE COUNTRY.	
(Grants and allocations \$ 2,318,055.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	6,261,186.
b SEE STATEMENT 4	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	2,012,830.
c SEE STATEMENT 5	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,047,391.
d ENVIRONMENT CALIFORNIA MEMBERSHIP EDUCATION AND SERVICES PROJECT. - THIS PROJECT ENTAILS PRODUCING AND DISTRIBUTING THE ENVIRONMENT CALIFORNIA NEWSLETTER AND OTHER PUBLICATIONS TO MEMBERS TO KEEP THEM INFORMED ON ENVIRONMENTAL ISSUES.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	607,963.
e Other program services (attach schedule) SEE STATEMENT 7	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	10,729,024.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	20,658,394.

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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	14,794,978.	45	18,794,163.
	46 Savings and temporary cash investments	16,728,806.	46	16,971,365.
	47 a Accounts receivable	47a 8,417,815.		
	b Less: allowance for doubtful accounts	47b	47c	8,417,815.
	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	262,051.	53	151,142.
	54 a Investments - publicly-traded securities STMT 11 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	3,337,147.	54a	2,985,696.
	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 8	967,552.	56	920,519.	
57 a Land, buildings, and equipment: basis	57a 1,035,680.			
b Less: accumulated depreciation STMT 9	57b 814,617.	57c	221,063.	
58 Other assets, including program-related investments (describe ► <u>SECURITY DEPOSITS</u>)	86,370.	58	121,358.	
59 Total assets (must equal line 74). Add lines 45 through 58	40,683,964.	59	48,583,121.	
Liabilities	60 Accounts payable and accrued expenses	3,267,242.	60	6,659,840.
	61 Grants payable		61	
	62 Deferred revenue	297,801.	62	297,801.
	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 ► <u>SEE STATEMENT 10</u>)	293,935.	65	2,998,478.
66 Total liabilities. Add lines 60 through 65	3,858,978.	66	9,956,119.	
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	3,909,045.	67	622,864.
	68 Temporarily restricted	32,915,941.	68	38,004,138.
	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)	36,824,986.	73	38,627,002.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	40,683,964.	74	48,583,121.

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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	32927867.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify): SEE STATEMENT 12	b4	-693,773.
	Add lines b1 through b4	b	-693,773.
c	Subtract line b from line a	c	33621640.
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	33621640.

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

a	Total expenses and losses per audited financial statements	a	31125851.
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	31125851.
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	31125851.

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
FAYE PARK 44 WINTER STREET BOSTON, MA 02108	PRESIDENT 20.00	24,157.	4,050.	0.
JANET DOMENITZ 44 WINTER STREET BOSTON, MA 02108	VP/TREASURER 1.00	0.	0.	0.
GEORGE E. JOHNSON 44 WINTER STREET BOSTON, MA 02108	DIRECTOR 40.00	46,456.	7,534.	0.
RICHARD HANNIGAN 44 WINTER STREET BOSTON, MA 02108	DIRECTOR 40.00	69,180.	9,682.	0.
MARJORIE ALT 44 WINTER STREET BOSTON, MA 02108	SECRETARY 16.00	31,591.	2,933.	0.
KIRK WEINERT 44 WINTER STREET BOSTON, MA 02108	DIRECTOR 40.00	77,503.	8,592.	0.
SUSAN RAKOV 44 WINTER STREET BOSTON, MA 02108	DIRECTOR 1.00	0.	0.	0.
DOUG PHELPS 44 WINTER STREET BOSTON, MA 02108	CHAIR OF BOARD 1.00	21,168.	8,850.	0.

	Yes	No
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- | | | |
|-----|--|---|
| 75b | | X |
| | | |
| 75c | | X |
| | | |
| 75d | | X |

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.)

[illegible]

	Yes	No
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- | | | |
|-----|--|---|
| 76 | | X |
| 77 | | X |
| 78a | | X |
| 78b | | |
| 79 | | X |
| 80a | | X |
| 81b | | X |

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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 <i>quid pro quo</i> 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 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	X	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		X
c	Dues, assessments, and similar amounts from members		
	85c N/A		
d	Section 162(e) lobbying and political expenditures		
	85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
	86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
	87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b N/A		
88 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
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A, section 4912 N/A, section 4955 N/A		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
	0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
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 assets?		
90 a	List the states with which a copy of this return is filed SEE		
b	Number of employees employed in the pay period that includes March 15 of the year		
91 a	The books are in care of PETER CAMPBELL Located at 44 WINTER STREET, BOSTON, MA		
b	At any time during the calendar year, did the organization have an interest in a financial account in a foreign country (such as a bank account, security, or other financial instrument)? If "Yes," enter the name of the foreign country N/A See the instructions for exceptions and filing requirements for Form T and Financial Accounts.		

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

X

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					10,689,352.
b SERVICES PROVIDED TO					
c OTHER EXEMPT					
d ORGANIZATIONS					
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	914,321.	
96 Dividends and interest from securities			14	404,541.	
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					
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.		1,318,862.	10,689,352.
105 Total (add line 104, columns (B), (D), and (E))					12,008,214.

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)
▼	SEE STATEMENT 14

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

X No

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

Yes

X 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). 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

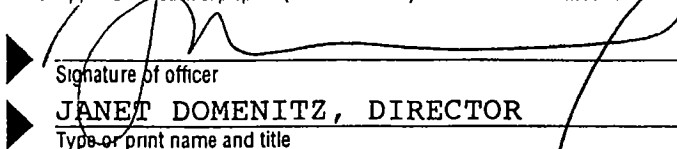
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

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?

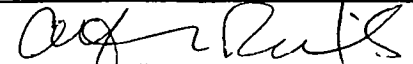
Yes No

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

Signature of officer  Date 1/5/15/09
JANET DOMENITZ, DIRECTOR
Type or print name and title

Paid
Preparer's
Use Only

Preparer's signature  Date 05/15/09 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 (2007)

2007 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Conv	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	OFFICE EQUIPMENT	06/30/05	SL	10.00	HY	16	775,572.				775,572.	588,034.		43,868.	631,902.
2	FURNITURE AND FIXTURES	06/30/07	SL	10.00	HY	16	128,790.				128,790.	98,459.		7,345.	105,804.
3	LEASEHOLD IMPROVEMENTS	06/30/07	SL	10.00	HY	16	47,616.				47,616.	36,402.		2,716.	39,118.
4	AUTOMOBILES	06/30/07	SL	5.00	HY	16	36,759.				36,759.	32,985.		2,461.	35,446.
5	OFFICE EQUIPMENT	12/31/07	SL	10.00	HY	16	46,943.				46,943.			2,347.	2,347.
	* TOTAL 990 PAGE 2 DEPR						1,035,680.				1,035,680.	755,880.		58,737.	814,617.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
DESCRIPTION		AMOUNT	
UNREALIZED LOSSES ON INVESTMENTS		-607,190.	
EQUITY IN LOSS OF PARADIGM PARTNERS		-86,583.	
TOTAL TO FORM 990, PART I, LINE 20		-693,773.	

FORM 990	OTHER EXPENSES			STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
CONSULTANTS	948,678.	831,182.	112,497.	4,999.	
ADVERTISING	1,015,309.	803,956.	8,940.	202,413.	
INSURANCE	273,627.	176,528.	59,307.	37,792.	
DATA PROCESSING	146,015.	105,261.	13,204.	27,550.	
UTILITIES	53,132.	19,607.	28,500.	5,025.	
LISTS AND LABELS	157,064.	28,939.	0.	128,125.	
WEB/DOMAIN FEES	73,175.	73,175.	0.	0.	
ENTERTAINMENT	58,426.	46,695.	0.	11,731.	
BANK/CREDIT CARD FEES	929,837.	94,410.	739.	834,688.	
SETTLEMENT	2,268,688.		2,268,688.		
TOTAL TO FM 990, LN 43	5,923,951.	2,179,753.	2,491,875.	1,252,323.	

FORM 990

CASH GRANTS AND ALLOCATIONS
TO OTHERS

STATEMENT 3

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
PROGRAM SUPPORT ENVIRONMENT CALIFORNIA 1107 9TH STREET, SUITE 601 SACRAMENTO, CA 95814	554,214.
PROGRAM SUPPORT CALPIRG 1107 9TH STREET, SUITE 601 SACRAMENTO, CA 95814	100,000.
PROGRAM SUPPORT COLORADO PIRG 1536 WYNKOOP STREET, SUITE 100 DENVER, CO 80202	60,000.
PROGRAM SUPPORT ENVIRONMENT COLORADO 1536 WYNKOOP STREET, SUITE 100 DENVER, CO 80202	100,000.
PROGRAM SUPPORT ENVIRONMENT FLORIDA 926 E PARK AVE. TALLAHASSEE, FL 32301	45,000.
PROGRAM SUPPORT OSPIRG CITIZEN LOBBY 1536 SE 11TH AVE. PORTLAND, OR 97214	41,000.
PROGRAM SUPPORT ENVIRONMENT OREGON 1536 SE 11TH AVE. PORTLAND, OR 97214	60,000.
PROGRAM SUPPORT USPIRG 218 D STREET SE WASHINGTON, DC 20003-1900	50,000.
PROGRAM SUPPORT NC PIRG CITIZEN LOBBY 112 S BLOUNT STREET RALEIGH, NC 27601	25,000.

FUND FOR PUBLIC INTEREST RESEARCH, INC.

04-2762647

PROGRAM SUPPORT GEORGIA PIRG 741 PIEDMONT AVE NE ATLANTA, GA 30308	48,000.
PROGRAM SUPPORT ENVIRONMENT WASHINGTON 1402 3RD AVE SEATTLE, WA 98101	30,000.
PROGRAM SUPPORT PIRGIM PUBLIC INTEREST LOBBY 103 EAST LIBERTY, SUITE 202 ANN ARBOR, MI 48104	50,000.
PROGRAM SUPPORT ENVIRONMENT MICHIGAN 103 EAST LIBERTY, SUITE 202 ANN ARBOR, MI 48104	50,000.
PROGRAM SUPPORT RHODE ISLAND PUBLIC INTEREST 9 SOUTH ANGELL ST PROVIDENCE, RI 02906	30,000.
PROGRAM SUPPORT ENVIRONMENT RHODE ISLAND 9 SOUTH ANGELL ST PORTLAND, OR 97214	20,000.
PROGRAM SUPPORT CONNPIRG CITIZEN LOBBY 198 PARK RD WEST HARTFORD, CT 06119	15,000.
PROGRAM SUPPORT ENVIRONMENT CONNECTICUT 198 PARK RD WEST HARTFORD, CT 06119	30,000.
PROGRAM SUPPORT ENVIRONMENT MARYLAND 3121 ST PAUL ST BALTIMORE, MD 21218-3857	66,000.
PROGRAM SUPPORT OHIO PIRG 197 E BROAD ST COLUMBUS, OH 43215	15,000.

FUND FOR PUBLIC INTEREST RESEARCH, INC.

04-2762647

PROGRAM SUPPORT ENVIRONMENT OHIO 197 E BROAD ST COLUMBUS, OH 43215	37,000.
PROGRAM SUPPORT NEW MEXICO PIRG PO BOX 40173 ALBERQUERQUE, NM 87196-0713	17,000.
PROGRAM SUPPORT ARIZONA PIRG 130 N CENTRAL AVE PHOENIX, AZ 85004	15,000.
PROGRAM SUPPORT AKPIRG PO BOX 101093 ANCHORAGE, AK 99510	53,555.
PROGRAM SUPPORT ENVIRONMENT ARIZONA 130 N CENTRAL AVE PHOENIX, AZ 85004	14,000.
PROGRAM SUPPORT PENNPIRG 1420 WALNUT ST PHILADELPHIA, PA 19102	76,000.
PROGRAM SUPPORT PENN ENVIRONMENT 1420 WALNUT ST PHILADELPHIA, PA 19102	80,000.
PROGRAM SUPPORT WISPIRG 122 STATE ST MADISON, WI 53703	21,000.
PROGRAM SUPPORT WISCONSIN PIRG 122 STATE ST MADISON, WI 53703	35,000.
PROGRAM SUPPORT ILLINOIS PIRG 407 S DEARBORN CHICAGO, IL 60605	51,000.

FUND FOR PUBLIC INTEREST RESEARCH, INC.

04-2762647

PROGRAM SUPPORT ENVIRONMENT ILLINOIS 407 S DEARBORN CHICAGO, IL 60605	35,000.
PROGRAM SUPPORT IOWA PIRG 3209 INGERSOLL AVE DES MOINES, IA 50312	45,000.
PROGRAM SUPPORT ENVIRONMENT IOWA 3209 INGERSOLL AVE DES MOINES, IA 50312	20,000.
PROGRAM SUPPORT ENVIRONMENT MASSACHUSETTS 44 WINTER ST BOSTON, MA 02108	50,000.
PROGRAM SUPPORT ENVIRONMENT GEORGIA 817 WEST PEACHTREE ST ATLANTA, GA 30308	30,000.
PROGRAM SUPPORT ENVIRONMENT NORTH CAROLINA 112 SOUTH BLOUNT ST RALEIGH, NC 27601	49,000.
PROGRAM SUPPORT NH PIRG 30 S. MAIN STEET CONCORD, NH 03301	15,000.
PROGRAM SUPPORT ENVIRONMENT NEW JERSEY 143 EAST STREET TRENTON, NJ 08608	88,000.
PROGRAM SUPPORT TEXPIRG 815 BRAZOS AUSTIN, TX 78701	55,000.
PROGRAM SUPPORT ENVIRONMENT TEXAS 815 BRAZOS AUSTIN, TX 78701	10,000.

'FUND' FOR PUBLIC INTEREST RESEARCH, INC.

04-2762647

PROGRAM SUPPORT ENVIRONMENT MAINE 39 EXCHANGE ST PORTLAND, ME 04101	35,500.
PROGRAM SUPPORT ENVIRONMENT NEW MEXICO PO BOX 40173 ALBERQUERQUE, NM 87196-0713	26,000.
PROGRAM SUPPORT ENVIRONMENT NEW HAMPSHIRE 30 S. MAIN STEET CONCORD, NH 03301	25,000.
PROGRAM SUPPORT ENVIRONMENT CONNECTICUT 198 PARK RD WEST HARTFORD, CT 06119	55,000.
PROGRAM SUPPORT CENTER FOR AMERICAN PROGRESS 1333 H ST. NW WASHINGTON, DC 20005	30,000.
PROGRAM SUPPORT US ACTION 1825 K ST. NW WASHINGTON, DC 20006	5,000.
PROGRAM SUPPORT ACORN 2-4 NEVINS ST BROOKLYN, NY 11217	5,000.
PROGRAM SUPPORT CENTER FOR BUDGET AND POLICY PRIORITIES 820 FIRST ST NE WASHINGTON, DC 20002	5,000.
PROGRAM SUPPORT PROGRESS NOW 1436 WYNKOOP ST DENVER, CO 80202	100,000.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B

2,472,269.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	4
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DESCRIPTION OF PROGRAM SERVICE TWO

HUMAN RIGHTS CAMPAIGN PUBLIC EDUCATION, OUTREACH, AND ADVOCACY PROJECT - THIS PROJECT INVOLVES TALKING WITH CITIZENS OF CITIES AND TOWNS THROUGHOUT THE COUNTRY ON A DOOR-TO-DOOR BASIS, DISCUSSING THE OBJECTIVES OF HUMAN RIGHTS CAMPAIGN AND FFPIR. CITIZENS ARE MOBILIZED TO TAKE ACTION ON THE ORGANIZATIONS' SUPPORTED ISSUES, ENCOURAGED TO JOIN AND PARTICIPATE IN THE ORGANIZATION, AND PROVIDED EDUCATIONAL MATERIALS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B		2,012,830.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	5
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DESCRIPTION OF PROGRAM SERVICE THREE

SIERRA CLUB PUBLIC EDUCATION, OUTREACH, AND ADVOCACY PROJECT
 - THIS PROJECT INVOLVES TALKING WITH CITIZENS OF CITIES AND
 TOWNS THROUGHOUT THE COUNTRY ON A DOOR-TO-DOOR BASIS,
 DISCUSSING THE ENVIRONMENTAL PROTECTION AND CONSERVATION
 OBJECTIVES OF SIERRA CLUB AND FFPIR. CITIZENS ARE MOBILIZED
 TO TAKE ACTION ON THE ORGANIZATIONS' SUPPORTED ISSUES,
 ENCOURAGED TO JOIN AND PARTICIPATE IN THE ORGANIZATION, AND
 PROVIDED EDUCATIONAL MATERIALS.

	GRANTS	EXPENSES	
TO FORM 990, PART III, LINE C		1,047,391.	

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	6
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EXPLANATION

THE FUND'S MISSION IS TO FURTHER PUBLIC INTEREST RESEARCH, EDUCATION, AND
 ADVOCACY ON ISSUES AFFECTING THE SOCIAL WELFARE BY PROVIDING FINANCIAL,
 ORGANIZATIONAL, AND OTHER ASSISTANCE TO PUBLIC INTEREST ORGANIZATIONS.

FORM 990	OTHER PROGRAM SERVICES	STATEMENT	7
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DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES	
FUND CONDUCTS A VARIETY OF CITIZEN OUTREACH PROGRAMS WITH ITS PARTNER PUBLIC INTEREST RESEARCH GROUPS, INCLUDING PUBLIC EDUCATION AND ADVOCACY RELATED TO ENVIRONMENTAL AND CONSUMER ISSUES.	0.	10,729,024.	
TOTAL TO FORM 990, PART III, LINE E		10,729,024.	

FORM 990	OTHER INVESTMENTS	STATEMENT	8
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DESCRIPTION	VALUATION METHOD	AMOUNT
LITHOGRAPHS	COST	40,000.
INVESTMENT IN PARADIGM PARTNERS, 95-4348365	COST	740,969.
CATALYST LLC	MARKET VALUE	139,550.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		920,519.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	9
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OFFICE EQUIPMENT	822,515.	634,249.	188,266.
FURNITURE AND FIXTURES	128,790.	105,804.	22,986.
LEASEHOLD IMPROVEMENTS	47,616.	39,118.	8,498.
AUTOMOBILES	36,759.	35,446.	1,313.
TOTAL TO FORM 990, PART IV, LN 57	1,035,680.	814,617.	221,063.

FORM 990	OTHER LIABILITIES	STATEMENT	10
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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
RETIREMENT PLAN CONTRIBUTION PAYABLE	293,935.	299,499.
CITIZEN OUTREACH CONTRACT	0.	430,291.
ACCRUAL FOR SETTLEMENT		2,268,688.
TOTAL TO FORM 990, PART IV, LINE 65	293,935.	2,998,478.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 11

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
GREEN CENTURY FUNDS	FMV			718,890.	718,890.
STOCK MUTUAL FUNDS	FMV			1,956,273.	1,956,273.
CORPORATE STOCK	FMV	310,533.			310,533.
TO FORM 990, LINE 54A, COL B		310,533.		2,675,163.	2,985,696.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 12

DESCRIPTION	AMOUNT
UNREALIZED LOSSES ON INVESTMENTS	-607,190.
EQUITY IN LOSS OF PARAGIGM PARTNERS	-86,583.
TOTAL TO FORM 990, PART IV-A	-693,773.

FORM 990	LIST OF STATES RECEIVING COPY OF RETURN	STATEMENT	13
	PART VI, LINE 90		

STATES

MA, CA, NJ, OR, CT, WI, MN, PA, NH, NC, WA, NY, FL, AZ, MD, VA, IL, TN, OH, RI, IN, SC, KS, AK, UT
NM, GA, LA, ME, DC, CO, AR, KY

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 14
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	THE FUND FOR PUBLIC INTEREST RESEARCH PROVIDES CONSULTING AND OTHER ORGANIZATIONAL SUPPORT & ASSISTANCE WITH CITIZEN OUTREACH PROGRAMS AS WELL AS GRANTS TO PUBLIC INTEREST GROUPS THROUGHOUT THE COUNTRY. THESE GROUPS REIMBURSE THE FUND FOR PUBLIC INTEREST RESEARCH FOR THESE SERVICES.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► 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).

A corporation 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 a corporation 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 File by the due date for filing your return. See instructions.	Name of Exempt Organization FUND FOR PUBLIC INTEREST RESEARCH, INC.	Employer identification number 04-2762647
	Number, street, and room or suite no. If a P.O. box, see instructions. 44 WINTER STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOSTON, MA 02108	

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

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

- The books are in the care of ► **PETER CAMPBELL**

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 will cover

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2009**, 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, 2007**, and ending **JUN 30, 2008**

- 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.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 4-2008)