See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490
### Short Form

**Return of Organization Exempt From Income Tax**

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

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

<table>
<thead>
<tr>
<th>A</th>
<th>For the 2004 calendar year, or tax year beginning:</th>
<th>JULY 1, 2004, and ending:</th>
<th>JUNE 30, 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>Check applicable:</td>
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</tr>
<tr>
<td></td>
<td>Address change</td>
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<tr>
<td></td>
<td>Name change</td>
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<tr>
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<td>Initial return</td>
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<td></td>
<td>Final return</td>
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<tr>
<td></td>
<td>Amended return</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Application pending</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### C: Name of organization

**ARIZONA PIRG EDUCATION FUND**

130 N CENTRAL AVE STE 311

PHOENIX AZ 85004

#### D: Employer Identification number

35: 2259362

#### E: Telephone number

- |

#### F: Group Exemption Number

- |

#### G: Accounting method

- | Cash | Accrual |

#### H: Check if the organization's gross receipts are not more than $50,000

- |

#### I: Website

WWW.ARIZONAPIRG.ORG

#### J: Organization type (check only one)

- | 501(c) 3 |

#### K: Check if the organization's gross receipts are not more than $25,000

- |

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

### Part I: Revenue, Expenses, and Changes in Net Assets or Fund Balances

#### Revenue

1. Contributions, grants, gifts, and similar amounts received

2. Program service revenue including government fees and contracts

3. Membership dues and assessments

4. Investment income

5a. Gross amount from sale of assets other than inventory

5b. Less: Cost or other basis and sales expenses

6a. Gross revenue (not including § contributions reported on line 1)

6b. Less: Direct expenses other than fundraising expenses

7a. Gross sales of inventory, less returns and allowances

7b. Less: Cost of goods sold

9. Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)

#### Expenses

10. Grants and similar amounts paid

11. Benefits paid to or for members

12. Salaries, other compensation, and employee benefits

13. Professional fees and other payments to independent contractors

14. Occupancy, rent, utilities, and maintenance

15. Printing, publications, postage, and shipping

16. Other expenses

17. Total expenses (add lines 10 through 16)

18. Excess (or deficit) for the year (line 9 less line 17)

19. Net assets or fund balances at beginning of year (from line 27, column (A) and end-of-year figure reported or prior year's return)

20. Other changes in net assets or fund balances (attach explanation)

21. Net assets or fund balances at end of year (combine lines 18 through 20)

### Part II: Balance Sheets

(A) Beginning of year

(B) End of year

22. Cash, savings, and investments

23. Land and buildings

24. Other assets

25. Total assets

26. Total liabilities

27. Net assets or fund balances (line 27 of column (B) must agree with line 21)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.
Part III  Statement of Program Service Accomplishments (See page 41 of the instructions)  Expenses  
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others) 

What is the organization’s primary exempt purpose?  
Describe what was achieved in carrying out the organization’s exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28  

(Grants $)  

28a  

29  

(Grants $)  

29a  

30  

(Grants $)  

30a  

31 Other program services (attach schedule)  

(Grants $)  

31a  

32 Total program service expenses (add lines 28a through 31a)  

Part IV  List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 of the instructions)  

(A) Name and address  

(B) Title and average hours per week devoted to position  

(C) Compensation (if not paid, enter 0—)  

(D) Contributions to employee benefit plans and deferred compensation  

(E) Expense account and other allowances  

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

33 Did the organization engage in any activity not previously reported to the IRS? If “Yes,” attach a detailed description of each activity.

34 Were any changes made to the organizing or governing documents not reported to the IRS? If “Yes,” attach a conform copy of the changes.

35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.

a Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?

b If “Yes,” has it filed a tax return on Form 990-T for this year?

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If “Yes,” attach a statement.

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 

38a Did the organization file Form 1120-POL for this year?

b If “Yes,” attach the schedule specified in the line 38 instructions and enter the amount involved.

39 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 9  

b Gross receipts, included on line 9, for public use of club facilities 

40a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911; section 4912; section 4955  

b 501(c)(3) and (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 an explanation.

c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958.

d Enter: Amount of tax on line 40c, above, reimbursed by the organization.

41 List the states with which a copy of this return is filed.

42 The books are in care of  

Telephone no.  

Located at  

ZIP + 4  

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here if you and enter the amount of tax-exempt interest received or accrued during the tax year.

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  

Type or print name and title  

Preparer’s signature  

Date  

Check if self-employed  

Preparer’s SSN or PTIN (See General Instruction W)

Firm’s name (or yours if self-employed), address, and ZIP + 4  

EIN  

Phone no.
Form 8888 (Rev. 12-2004)

- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box. □

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8888.

- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

**Part II**  Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.

<table>
<thead>
<tr>
<th>Type or print</th>
<th>Name of Exempt Organization</th>
<th>Employer Identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ARIZONA PIRG EDUCATION FUND</td>
<td>35: 2259362</td>
</tr>
</tbody>
</table>

Fill in the extended due date for filing. See instructions.

- Number, street, and room or suite no. if a P.O. box, see instructions.
  - 130 N CENTRAL AVE STE 311

- City, town or post office, state, and ZIP code. For a foreign address, see instructions.
  - PHOENIX AZ 85004

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

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

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8888.

- The books are in the care of: ▲ FFPIR, 44 WINTER ST, BOSTON MA 02108
- Telephone No. ▲ (617) 292-4805
- FAX No. ▲ (617) 292-8057

- If the organization does not have an office or place of business in the United States, check this box: □
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN): ▲

If this is for the whole group, check this box ▲. If it is for part of the group, check this box □ and attach a list with the names and EINs of all members the extension is for.

4. I request an additional 3-month extension of time until: ▲ MAY 15, 20 08.

5. For calendar year, or other tax year beginning, ▲ JULY 1, 20 04, and ending, ▲ JUNE 30, 20 05.

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: INFORMATION NEEDED TO FILE A COMPLETE RETURN IS STILL BEING COLLECTED.

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: ▲ $_____

8b. 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. ▲ $_____

8c. 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. ▲ $_____

**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** ▲ Lates 2 Campbell ▲ Title ▲ SENIOR ACCOUNTANT ▲ Date ▲ 03/05/06

**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

**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.

<table>
<thead>
<tr>
<th>Name</th>
<th>FFPIR</th>
</tr>
</thead>
</table>

- Number and street (include suite, room, or apt. no.) or a P.O. box number
  - 44 WINTER ST

- City or town, province or state, and country (including postal or ZIP code)
  - BOSTON MA 02108