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Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2014

OMB No 1545-1150

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

	Department of the Treasury Internal Revenue Service Information about Form 990-EZ and its instructions is at www.irs.gov/form990.				0.	Inspection	on		
			l ar year, or tax year beginning July 1 , 2014, and er		June 3	30 ,20	15		
_		rif applicable C Name of organization			D Employer identification number				
	Address	change	Maryland Public Interest Research Group, Inc.		52-1103818				
	Name cha	•	Number and street (or P O. box, if mail is not delivered to street address) Room	/suite E 7	elephone r				
] Initial retu	ım ,	2110 S. Campus Dining Hall Univ. of Manyland			01 214 9252			
Ļ	ī .	nal return/terminated				301-314-8353 Group Exemption			
┝	Amended	return on pending	College Park, MD 20742		Number	•			
_ G		ting Method:			eck ▶ ☐ if the organization is n				
	Website	•	//marylandpirgstudents.org			tach Schedule B	i is not		
			eck only one) — ☐ 501(c)(3) ☑ 501(c) (4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 5	 `		90-EZ, or 990-PF).			
			: ☑ Corporation ☐ Trust ☐ Association ☐ Other	(1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (000, 00				
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	r if total ass	ets	· · · ·			
			w) are \$500,000 or more, file Form 990 instead of Form 990-EZ		. ▶ 9	\$ 1	105,574		
	Part I	Revenu	ie, Expenses, and Changes in Net Assets or Fund Balances (se	ee the inst	truction		<u> </u>		
	عيجد		the organization used Schedule O to respond to any question in this			•	. 🗹		
c 🙃	1		ons, gifts, grants, and similar amounts received				05,574		
ö	2		ervice revenue including government fees and contracts		. 2	<u> </u>	0		
\geq	3	-	nip dues and assessments		3				
\leq	4	Investment		• • •	4				
SCANNED	5a		punt from sale of assets other than inventory 5a	• • •	0				
J	Ь		or other basis and sales expenses		_	}			
=	c		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c		0		
<u>=</u>	6		nd fundraising events	,	. 33	· · ·			
>	a								
	1		· · · · · · · · · · · · · · · · · · ·		0				
ב אמיני	Ь	Gross inco	-4						
2010		from fundr							
, .	-		ch gross income and contributions exceeds \$15,000) 6b		0				
	C	Less: direc	ct expenses from gaming and fundraising events 6c		o				
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b a	and subtrac	ct	{			
		line 6c) .			. 6d	1	0		
	7a	Gross sales	s of inventory, less returns and allowances		0				
	ь		of goods sold		0				
	С	Gross profi	fit or (loss) from sales of inventory (Subtract line 7b from line 7a)		. 7c		0		
	8	Other rever	nue (describe in Schedule O)	٠٠٠. أ	. 8		0		
	9	Total rever	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u> </u>	9	1	05,574		
	10	Grants and	d similar amounts paid (list in Schedule O)	1	<u>n</u> 10		0		
	11	Benefits pa	aid to or for members	۱ . ن ۱	\ <u>\11</u>		0		
0	3 12		ther compensation, and employee benefits	໌ ປົ $\mathcal{Q}j_{O}$.	\ c 12		23,206		
Expenses	13		al fees and other payments to independent contractors	[13		29			
	រុំ 14		ther compensation, and employee benefits	-1· \)	.14		0		
	٠,١٠		ublications, postage, and shipping	ستعمره الأسكا	. 15		256		
	16		enses (describe in Schedule O)	A CALL	. 16		1,510		
_	17		enses. Add lines 10 through 16	<u></u>	17		25,001		
ą	18		(deficit) for the year (Subtract line 17 from line 9)		. 18		80,573		
Net Assets	19		s or fund balances at beginning of year (from line 27, column (A)) (mus	-					
Š	[]	=	ar figure reported on prior year's return)		· 19		<u> 12,895</u>		
Ž	20		nges in net assets or fund balances (explain in Schedule O)		. 20		0		
_	21		or fund balances at end of year. Combine lines 18 through 20		21		93,468		
Fo	or Paper	work Reducti	tion Act Notice, see the separate instructions. Cat No. 106	642I	I = I	7 Form 990-EZ	. (2014)		

Par	t II Balance Sheets (see the instructions	for Part II)				• •
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		🗵
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[15,740	22	55,255
23	Land and buildings		[0	23	C
24	Other assets (describe in Schedule O)		[41,641		73,277
25	Total assets		· · · · · · -	57,381		128,532
26	Total liabilities (describe in Schedule O)		F	44,486		35,064
27	Net assets or fund balances (line 27 of column			12,895	27	93,468
Part		•		•		Expenses
\A/bak	Check if the organization used Schedule	•	ny question in this	Part III 🗹	(Red	guired for section
	is the organization's primary exempt purpose?	See Schedule O				(c)(3) and 501(c)(4)
as m	ribe the organization's program service accompli- easured by expenses. In a clear and concise mans benefited, and other relevant information for ea	nanner, describe the	f its three largest per services provided	orogram services, d, the number of	orga	anizations; optional for ers.)
28	Researching and influencing public policy: staff eng	age in legislative acti	vities including rese	arch, education,	ĺ	
	legal & policy development on the following issues:	environmental protec	tion, consumer prot	ection, and		
	·	ıncludes foreign gra			28 a	14,835
	Public education and outreach services: recruiting v				ŀ	
	surveys and discussing issues with the general publ	***************************************		. Issues include:		
	environmental protection, consumer protection, and					
	(Grants \$) If this amount	includes foreign gra	ints, check here .	<u> ▶ ⊔</u>	29a	6,358
30						
	(Grants \$) If this amount	includes foreign gra	nto chock horo	······	30a	
	Other program services (describe in Schedule O)	308				
	· ·	includes foreign gra			 31a	
	Total program service expenses (add lines 28a t				32	
Part						
	Check if the organization used Schedule					
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and	ee (e)	
Tom I						
Chair		.5hrs/week)	0	0
Erika	Armetta	j				
Direct	or	.5hrs/week			0	0
Morga	n Folger	_				
Direct	or	.5hrs/week	(0	0
Andre	a Holtermann	_				
Direct		.5hrs/week)	0	0
	Neswick	-				
<u>Direct</u>		.5hrs/week)	0	0
	t Swam	-				
<u>Direct</u>	<u>or</u>	.5hrs/week	() <u> </u>	0	0
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Part	The state of the s	s in th	1e	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
35a	change on Schedule O (see instructions)	34		✓
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b	-	
36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		√
270	during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			_
39	Section 501(c)(7) organizations. Enter:	ļ		
a b	Initiation fees and capital contributions included on line 9	1		
40a	Gross receipts, included on line 9, for public use of club facilities	ł		
	section 4911 ▶ n/a ; section 4912 ▶ n/a ; section 4955 ▶ n/a			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		√
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
_	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶ Maryland			
42a	The organization's books are in care of ▶ Dennis Plato Telephone no. ▶ 303	-573-5	995 #3	341
		80202		
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)?	405	Yes	
	If "Yes," enter the name of the foreign country:	42b		✓
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: n/a	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. •	► □
	and since the amount of tax exempt interest reserved of accorded during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		√
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
С	Did the organization receive any payments for indoor tanning services during the year?	44c		*
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44.		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a	\longrightarrow	√
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	70d	\dashv	<u>v</u>
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).	45b		.,

Form 99	0-EZ (20	014)								Р	age 4		
	•	•								Yes	No		
46	Did th	ne organization engage, directly or in	directly, in political c	ampaign activities	on behalf	of or in o	pposit	ion [
		ndidates for public office? If "Yes," o						.	46		1		
Part		Section 501(c)(3) organizations	•	<u> </u>									
ı aı t				ationa 47 40h ar	.d E0	امصصا	-t- th	- t-bi	f	ar line			
		All section 501(c)(3) organization	s must answer que	stions 47–490 ai	10 52, and	Compi	ste rue	e labi	62 10	אווווו זכ	35		
		50 and 51.									_		
		Check if the organization used Sch	nedule O to respond	to any question i	n this Part	: VI .							
										Yes	No		
47	Did tl	ne organization engage in lobbying	activities or have a s	section 501(h) elec	ction in effe	ect durin	g the	tax [
		If "Yes," complete Schedule C, Part						.	47				
40	-	organization a school as described in		\2 If "Voc " comple	to Cabadul	. E		·	48				
48								. }					
49a		ne organization make any transfers to						-	49a				
		s," was the related organization a se							49b				
50		olete this table for the organization's											
	emplo	oyees) who each received more than	\$100,000 of comper	isation from the or	ganizatıon.	If there	is none	e, ente	er "N	one."			
			(b) Average	(c) Reportable		ealth benef							
	(a)	Name and title of each employee	hours per week	compensation		tions to em				d amou			
			devoted to position	(Forms W-2/1099-MIS		lans, and d mpensatior		Othe	er COM	pensati	IQI I		
							- 1						
							+						
					_								
					1								
f	Total	number of other employees paid over	er \$100,000	. ▶		_							
51	Comp	olete this table for the organization's	s five highest compe	ensated independe	ent contrac	tors who	each	recei	ived	more	than		
	\$100,	000 of compensation from the orga	nization. If there is no	ne, enter "None."									
				# N.T			4.3	<u> </u>		_			
	(a)	Name and business address of each independ	ent contractor	(b) Type of s	service		(C)	Compe	ensatio	п			
			· -	•									
						1							
													
						-							
						<u> </u>							
La,	Total	number of other independent access	otoro oceh reselules	OVOR \$100 000									
		number of other independent contra	_		· >								
52		he organization complete Schedu	le A? Note . All se	ction 501(c)(3) or	ganızatıon:	s must							
	comp	leted Schedule A						.▶□	Yes	<u>_U_</u>	10		
		of perjury, I declare that I have examined this r					of my kne	owledg	e and	beilef,	ıt ıs		
true, con	ect, and	d complete. Declaration of preparer (other than	officer) is based on all info	mation of which prepar	er has any kn	owledge.							
	Dennis P.D. 2							5/13/16					
Sign		Signature of officer									-		
Here		Signature of officer Dennis PiPlato											
i iGi C			<u> </u>										
		Type or print name and title	<u></u>					1					
Paid		Print/Type preparer's name	Preparer's signature	İ	Date	Ch	eck 🔲	ıf P	TIN				
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uren	ror		<u> </u>			301	Op. 0,	eu					
Prepa		Firm's name ▶	1			l I		eul					
Prepa Use (Firm's name ► Firm's address ►				Firm's EIN		eul					

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number

Open to Public Inspection

Maryland Public Interest Research Group, Inc.	52-1103818					
Part I Line 16						
Other Expenses of \$1,510 are comprised of:						
Office Supplies: \$14; Travel: \$564; Insurance: \$87; Recruitment: \$573; National Campus Dues and Coalition dues: \$272						
Part II Line 24						
Other Assets of \$73,277 are comprised entirely of Accounts Receivable.						
Part II Line 26						
Total Liabilities of \$35,064 are comprised entirely of Accounts Payable.						
Part III - What is the organization's primary exempt purpose?						
Together we can make change happen. It's a good thing, too. Our generation has some big challenges	to tackle - from global warming to the					
rising cost of college, from homelessness to the ever increasing influence big money has on elections	. It won't be easy, but by acting					
together, we can find solutions.	·····					
That's where we come in. Here at Maryland PIRG Students, we organize college students to solve some	e of the world's most pressing public					
interest problems.						
Maryland PIRG Students is an independent statewide student organization that works on issues like er	vironmental protection, consumer					
protection, and hunger and homelessness. Since 1973 Maryland PIRG students have been making a re	al difference in people's lives and					
winning concrete changes to build a better world.						
We give students the skills and opportunity to practice effective citizenship. Both here on campus and	out in the world, we mobilize students					
to investigate big social problems, come up with practical solutions, convince the media and public to	pay attention, and get decision-makers					
to act.						

Schedule O (Form 990 or 990-EZ) (2014)	Page
Name of the organization	Employer identification number
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·/	
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