Form **990-EZ**

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)

2016

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No. 1545-1150

Open to Public Inspection

A I	For the	2016 calenda	ar year, or tax year beginning	July 1,	2016,	and ending	_ J	une 30	, 20	17
В	Check if ap	Dicable C Name of organization ?			D Empl	loyer identification number				
	Address d	hange	Maryland Public Interest Research	Group, Inc			1	52	2-1103818	
\Box	Name cha	nge				E Telep	elephone number			
=	Initial retur	al return/terminated 3110 S. Campus Dining Hall, University of Maryland City or town, state or province, country, and ZIP or foreign postal code			1	30	1-314-8353			
_					~ ? ?	F Grou				
=	Amended Application		College Park, MD 20742			04		ber Þ	•	\
_		ing Method:	Cash Accrual Other (sp	necity). ▶		T _u			the organization	
		-				"			ach Schedule B	?
										_
J Tax-exempt status (check only one) — ☐ 501(c)(3)									7-LZ, 01 330-11)	
	K Form of organization: Corporation Trust Association Other									
	L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ									
					· ·	•	•	\$		9,001
Ŀ	art I		e, Expenses, and Changes i							
_			the organization used Schedule		stion i	n this Part I	١			<u>. Ľ</u>
?	1		ons, gifts, grants, and similar amo					1		9,001
?	2	Program se	ervice revenue including governm	ent fees and contracts .				2		
?	3	Membersh	ip dues and assessments					3		
?	4	Investment	: income					4		
	5a	Gross amo	unt from sale of assets other that	n inventory	5a					
	b	Less: cost	or other basis and sales expense	s	5b					
	С	Gain or (los	ss) from sale of assets other than		5c					
	6	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events								
	а	Gross inco	ome from gaming (attach Sch	edule G if greater than						
e		\$15,000) .		İ	•					
Revenue	Ь	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the								
ě	-									
Œ			th gross income and contribution	•	6b			,		
			t expenses from gaming and fun-	•	6c					
	d d					6h and su	htract			
	"	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)								
	7.	•	a of inventory long returns and a	lawanaa	1 7- 1		• •	6d		
	7a		s of inventory, less returns and al	llowances	7a					
	b	Less: cost of goods sold								
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)						7c		
	8		The state of the s				• •	8		
_	9		nue. Add lines 1, 2, 3, 4, 5c, 6d,		· ·	<u> </u>		-9-	=]	9,001
	10		l similar amounts paid (list in Sch	edule O)		RECE	<u> </u>)10		
	11	•	aid to or for members		l r				<u> </u>	
es	12		ther compensation, and employe		2		F	12		20,335
Expens	13		al fees and other payments to inc	-	121	MAY I 6 2		813	<u>က်</u>	7,296
	14		y, rent, utilities, and maıntenance	· · · · · · · · · · · · · · · · · · ·	- ∦~-			14	<u>또 </u>	
	15		ublications, postage, and shippin		\ .\	OGD	5N.1	ļ° 1 5	1	283
	16	Other expe	enses (describe in Schedule O) 📱	1	·L.	UGE		~16 ~	1	13,249
	17	Total expe	enses. Add lines 10 through 16			<u></u>	. ▶	17		41,162
Net Assets	18		(deficit) for the year (Subtract line					18		-32,161
	19	Net assets	or fund balances at beginning	of year (from line 27, colur	nn (A))	(must agre	e with			
		end-of-yea	f-year figure reported on prior year's return)							149,554
et	20	Other chan	iges in net assets or fund balance	es (explain in Schedule O) .				19 20		
ž	21		or fund balances at end of year.				. ▶	21		117,393
For	1		ion Act Notice, see the senarate in			No. 10642I			Form 990-E2	

Form	990-EZ (2016)					Page 2
Pa	rt II Balance Sheets (see the instructions t					_
	Check if the organization used Schedule	O to respond to a	ny question in this		·	
			-	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			40,954		21,799
23	Land and buildings				23	
24	Other assets (describe in Schedule O)			156,233		143 <u>,531</u>
25	Total assets			197,187		165 <u>,</u> 330
26	Total liabilities (describe in Schedule O)		<u> </u>	47,634		47,937
27	Net assets or fund balances (line 27 of column			149,554	27	117,393
Par	Statement of Program Service Accom					Evnance
	Check if the organization used Schedule		ny question in this	Part III 🗹	(Re	Expenses equired for section
Wha	t is the organization's primary exempt purpose?	See Schedule O				I(c)(3) and 501(c)(4)
as n	cribe the organization's program service accomplisheasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	nanner, describe the	f its three largest p services provided	rogram services, d, the number of		ganizations; optional for ers.)
28	Researching and influencing public policy: staff enga	age in activities inclu	ding research, educ	ation,		
	and legal and policy development on the following Is	sues: environmental	protection, consum	er protection,]	
	and hunger and homelessness.					
7	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ □	28	a 23,047
29	Public education and outreach services: recruiting v					
	surveys, and discussing issues with the public and L					
	issues: environmental protection, consumer protecti					
		ıncludes foreign gra			29	a 9,877
30	•					
		•••••••••••••				
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🗆	30	а
31	Other program services (describe in Schedule O)					
		includes foreign gra	ants, check here .	▶ 🗆	31	a
32	Total program service expenses (add lines 28a t	through 31a)		•	32	32,924
Par	t IV List of Officers, Directors, Trustees, and Key	y Employees (list eacl	n one even if not com	pensated-see the in	nstru	uctions for Part IV)
	Check if the organization used Schedule	O to respond to a	ny question in this	Part IV		🗆
	-	(b) Average	(c) Reportable ?	(d) Health benefits,) Estimated amount of
	? (a) Name and title	hours per week	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and		other compensation
		devoted to position	(if not paid, enter -0-)		n	·
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V Other Information (Note the Schedule A and personal benefit contract statement requirements	s in th		age
		٧	_[
Did the organization engage in any significant activity not previously reported to the IRS2 If "Yes." provide a	_	Yes	No
detailed description of each activity in Schedule O	33		,
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			
· · · · · · · · · · · · · · · · · · ·	34	igsquare	~
activities (such as those reported on lines 2, 6a, and 7a, among others)?	250		
Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	000	\Box	_
reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		V
Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	36	igsquare	V
		l	
	3/6		
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		·······································
If "Yes," complete Schedule L, Part II and enter the total amount involved			
Section 501(c)(7) organizations. Enter:			
section 4911 ► ; section 4912 ► ; section 4955 ►	*		
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			
·	40b		·
	,		
4955, and 4958			
			,
40c reimbursed by the organization			
All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	40e		V
The example heate are in case of a Tiffeny Ven	202.57	2 5001	-
Located at N 1542 Wares Street Suite 400 Danier CO			
At any time during the calendar year, did the organization have an interest in or a signature or other authority over			N
a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		v
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FRAR)			
	120	ļ	·
If "Yes," enter the name of the foreign country	420	ш	•
		. 1	▶ [
and enter the amount of tax-exempt interest received or accrued during the tax year			
Did the control of th		Yes	N
organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	<u>44a</u>	\vdash	٠
	44h		·
	44c	\vdash	-
If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	44d		
Uid the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	 	V
meaning of section 512(b)(13)? If "Yes" Form 990 and Schedule B may need to be completed instead of			
Form 990-EZ (see instructions)	45b		
	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 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 change on Schedule O (See instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? If "Yes," to line 35a, has the organization filled a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization undergo a liquidation, dissolution, termination subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete Schedule C, Part III. Did the organization in Judge and includation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete Schedule C, Part III. Did the organization file Form 1120-POL for this year? Did the organization file Form 1120-POL for this year? Did the organization file Form year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under section 4911 Ps. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under section 4915, and 4955. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization manages or disqualified persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3), 501(c)(4), and 501(c)(29	Instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part 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. 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 change on Schedule O (see instructions) Jot the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? Jot the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? John the organization as section \$501(e)(4), 501(e)(6), or \$51(e)(6) organization subject to section 633(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . 36. 37. 38. 38. 38. 38. 39. 39. 39. 39	Voter Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V Check if the organization provided to the IRS? If "Yes," provide a detailed description of each activity in Schedule O Ves Schedule O Ves Schedule O Ves Schedule O Ves Ves

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46 Did	d the organization engage, directly or i	ndirectly in political	rampaian activities	on bobalf of o	in annociti	ion [Yes	No
to	candidates for public office? If "Yes,"	complete Schedule C	, Part I	· · · · ·		46	 	1
Part VI	Section 501(c)(3) organization All section 501(c)(3) organization 50 and 51. Check if the organization used Sc	s only ns must answer que	estions 47–49b ar	nd 52, and co			or lin	
							Yes	No
47 Did yea	d the organization engage in lobbying ar? If "Yes," complete Schedule C, Pai	ganization engage in lobbying activities or have a section 501(h) election in effect during the tax estimates of complete Schedule C, Part II						
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							
49a Dic	id the organization make any transfers to an exempt non-charitable related organization?				49a	+	<u> </u>	
b If "	res," was the related organization a si emplete this table for the organization's	ection 527 organization	on?			49b		d ko
em	aployees) who each received more than	n \$100,000 of compe	nsation from the or	ganization. If the	ers, directo iere is none	e, enter "N	es, an Ione."	u key
	(a) Name and trile of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) Health contributions benefit plans,	benefits, to employee and deferred	(e) Estimate other con	ed amo	unt of
				comper	Isation			
				<u> </u>				
	•						·	
51 Co	tal number of other employees paid over the organization of the organization of compensation from the organization from the organiza	's five highest comp	ensated independe	ent contractors	who each	received	more	thar
	(a) Name and business address of each independent contractor		(b) Type of	service	(c) Compensation			
		••••			-			
								·
					-	•		
d Tot	tal number of other independent contra	actors each receiving	over \$100,000 .	.▶				
52 Did	d the organization complete Schedumpleted Schedule A	ule A? Note: All se	ection 501(c)(3) or	ganizations m		a ▶∐ Yes	. D	No
Under penalti true, correct,	ties of perjury, I declare that I have examined this and complete. Declaration of preparer (other than	return, including accompan	ying schedules and state	ements, and to the er has any knowled	best of my kno			rt ıs
0:	(party)							
Sign Here	Signature of office Aristea Papadopoulos Flores			Date		/04/2	018	<u> </u>
	Type or print name and title	1_						
Paid Prepare	Print/Type preparer's name	Preparer's signature		Date	Check Self-employ	of PTIN		

Preparer

Use Only

Firm's name

Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions

► ✓ Yes ☐ No

Firm's EIN ▶

Phone no

?

SCHEDULE O (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.

Open to Public Inspection

Name of the organization	Employer identification number
Maryland Public Interest Research Group, Inc.	52-1103818
Completion as	
Part I, Line 16	
Travel: \$351; Bad Debt: \$6,611; Coalition Dues: \$6,287	
······	
Part II, Line 24, Column A	
Accounts Receivable: \$156,233	
Accounts Reservance 9 100/200	
Part II, Line 24, Column B	
Accounts Receivable \$143,531	
Part II, Line 26, Column A	
Accounts Payable: \$46,574; Payroll Liabilities: \$1,060	
Part II, Line 26, Column B	<u></u>
Accounts Payable: \$47,067; Payroll Liabilities: \$870	
	······································
Part III, Organization's Primary Exempt Purpose	
The numbers for which the Corneration is formed and the chicate to be served as and a sefermed by	1 000 00 follows (4) to consent to
The purposes for which the Corporation is formed and the objects to be carried on and performed by i	t are as follows: (1) in general to
advocate and participate in projects and activities promoting the public interest, said project and activities	ities to be representative of the goals
and concerns of the students of participating colleges and universities in the State of Maryland as deti	ermined on a priority basis by a
Student Board of Directors elected in accordance with the By-Laws of MaryPIRG; (2) To employ through	the Student Board of Directors a
staff of full and part-time professionals (from such fields as law, accounting, social sciences, economic	cs, engineering, and ecology) to carry
out projects and activities with significant impact on the public well-being; (3) To engage in research,	studies, preparation, and submission of
written reports, representation, litigation, lobbying, public education, and similar efforst to advocate the	ne public interest in such areas (by way
of illustration, not limitation) as governmental responsibility anniversal account of the	
of illustration, not limitation) as governmental responsibility, environmental preservation, equal rights	, consumer protection, and corporate
responsibility.	

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
	
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