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#### DLN: 93493195035330 OMB No. 1545-0047 **Return of Organization Exempt From Income Tax**

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

**2018** 

Department of the Internal Revenue Service  $\blacktriangleright$  Do not enter social security numbers on this form as it may be made public.

▶ Go to  $\underline{www.irs.gov/Form990}$  for instructions and the latest information.

					6-30-2019			
<b>B</b> Check if applicable:  ☐ Address change			C Name of organization United States Public Interest Resea	arch			-	ification number
□ Na			Group Inc			04-2	2790740	
☐ Ini		eturn rn/terminated	Doing business as					
		rn/terminated ed return		mail is not delivered to street address) Roo	m/suite	E Tele	ohone numbe	er
□ Ар	plicati	ion pending	1543 Wazee Street			(202	2) 546-970	7
			City or town, state or province, cou Denver, CO 80202	untry, and ZIP or foreign postal code		<b>G</b> Gros	s receipts \$	3 095 590
			<b>F</b> Name and address of princip	al officer:	H(a)	Is this a group	• • •	· · ·
			Douglas H Phelps			subordinates?		□Yes <b>☑</b> No
					Н(b)	Are all subord included?	inates	☐ Yes 🗹 No
I Ta	x-exer	mpt status:	☐ 501(c)(3) <b>☑</b> 501(c)(4)	(insert no.) $\square$ 4947(a)(1) or $\square$ 5	<b>   </b>	If "No," attach	•	•
J W	ebsit	te:▶ ww	w.uspirg.org		H(c)	Group exempt	ion numbe	er 🟲
<b>K</b> Forr	n of o	organization:	Corporation Trust Ass	ociation Other ►	<b>L</b> Year	of formation: 198	3 M State	e of legal domicile: DC
Pa	art I	Sum	mary					
vernance	-             	The purpo activities: protection public and inhabitant above. (C) to work in	(A) To identify problems and advagainst discrimination on the baccupational health and safety; s of the United States. (B) To cord To publish information and concept.	or most significant activities: rmed is to operate exclusively for the rocate solutions in the areas of: (1) C sis of illegal or unjust criteria; (4) cor (6) energy policy; and, (7) other mat nduct research, analysis, testing, and duct public education on the aforementions which are exempt from federal in	onsumer proporate and leters affecting investigation tioned matters.	otection; (2) en governmental r ig the economic ns on the matte ers; (D) To pro	vironmenta esponsiblity and social ers listed in vide techni	al preservation; (3) y to the public; (5) l well-being of the n subparagraph (A) ical assistance to, and
Activities & Governance				iscontinued its operations or disposed				1
T M	l		•	ing body (Part VI, line 1a) of the governing body (Part VI, line 1b			3	
Ac	l		nber of individuals employed in c	5				
	l		nber of volunteers (estimate if ne	, , , , , , , , , , , , , , , , , , , ,			6	
	7a	Total unr	elated business revenue from Pa	rt VIII, column (C), line 12			7a	a (
	ь	Net unrel	ated business taxable income fro	m Form 990-T, line 34	<u> </u>		7b	
						Prior Year		Current Year
	۰	Cambuilant	iona and supple (Dout VIII line 1h	Λ.		2.0	E1 170	3 000 F1/
ēn u	l		ions and grants (Part VIII, line 1h service revenue (Part VIII, line 2d	•		<u>'</u>	51,178 44.097	2,909,510 180.32
ēnuēvēj	9	Program	tions and grants (Part VIII, line 1h service revenue (Part VIII, line 2g ant income (Part VIII, column (A),	) 		<u>'</u>	51,178 44,097 566	2,909,510 180,32 58
Ravenue	9 10	Program Investme	service revenue (Part VIII, line 2g	lines 3, 4, and 7d )		<u>'</u>	44,097	180,32
Ravenue	9 10 11 12	Program Investme Other rev Total reve	service revenue (Part VIII, line 2gent income (Part VIII, column (A), venue (Part VIII, column (A), lines enue—add lines 8 through 11 (m	y) lines 3, 4, and 7d ) 5, 6d, 8c, 9c, 10c, and 11e) ust equal Part VIII, column (A), line 12	2)	· · · · · · · · · · · · · · · · · · ·	44,097	180,32 58
Ravenue	9 10 11 12 13	Program Investme Other rev Total reve Grants ar	service revenue (Part VIII, line 2gent income (Part VIII, column (A), venue (Part VIII, column (A), lines enue—add lines 8 through 11 (mand similar amounts paid (Part IX,	y) Ilines 3, 4, and 7d ) 5, 6d, 8c, 9c, 10c, and 11e) ust equal Part VIII, column (A), line 12 column (A), lines 1–3 )	2)	2,0	44,097 566	180,32 56 5,70
- Rav	9 10 11 12 13 14	Program Investme Other rev Total reve Grants an Benefits p	service revenue (Part VIII, line 2gent income (Part VIII, column (A), venue (Part VIII, column (A), lines enue—add lines 8 through 11 (mand similar amounts paid (Part IX, coaid to or for members (Part IX, coaid to or for members)	y) lines 3, 4, and 7d ) lines 1-8		2,0	95,841 55,000	180,32: 56 5,70: 3,095,596 355,006
- Rav	9 10 11 12 13 14 15	Program Investme Other rev Total revo Grants ar Benefits p Salaries,	service revenue (Part VIII, line 2gent income (Part VIII, column (A), venue (Part VIII, column (A), lines enue—add lines 8 through 11 (mand similar amounts paid (Part IX, coaid to or for members (Part IX, cother compensation, employee between the service of the	pl)		2,0 1,0	566 95,841	180,32: 5,70: 3,095,59( 355,00( 555,60:
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Expenses Rav	9 10 11 12 13 14 15 16a b 17	Program Investme Other rev Total reve Grants ar Benefits p Salaries, a Professio Total fundr Other exp	service revenue (Part VIII, line 2gent income (Part VIII, column (A), venue (Part VIII, column (A), lines enue—add lines 8 through 11 (mond similar amounts paid (Part IX, poid to or for members (Part IX, cother compensation, employee benal fundraising fees (Part IX, column (D), penses (Part IX, column (A), lines	lines 3, 4, and 7d )	0)	2,0 1,0 5 1 9 2,6	44,097 566 95,841 55,000 57,270 10,809 25,780 48,859 53,018	180,32 5; 5,70; 3,095,59; 355,00; (0) 555,60; 30,56; 1,748,88; 2,690,05; 405,53;
Expenses Rav	9 10 11 12 13 14 15 16a b 17	Program Investme Other rev Total reve Grants ar Benefits p Salaries, a Professio Total fundr Other exp	service revenue (Part VIII, line 2gent income (Part VIII, column (A), venue (Part VIII, column (A), lines enue—add lines 8 through 11 (mond similar amounts paid (Part IX, column to or for members (Part IX, column compensation, employee benal fundraising fees (Part IX, column fundraising expenses (Part IX, column (D), penses (Part IX, column (A), lines enses. Add lines 13–17 (must equal to the column to the column to the column (A), lines enses.	lines 3, 4, and 7d )	0)	2,0 1,0 5 1	44,097 566 95,841 55,000 57,270 10,809 25,780 48,859 53,018	180,32: 56 5,70: 3,095,596 355,006 555,60: 30,566 1,748,889 2,690,056
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Expenses Rav	9 10 11 12 13 14 15 16a b 17 18 19	Program Investme Other rev Total reve Grants ar Benefits p Salaries, a Professio Total fundr Other exp Total exp Revenue  Total asso Total liab	service revenue (Part VIII, line 2gent income (Part VIII, column (A), venue (Part VIII, column (A), lines enue—add lines 8 through 11 (mond similar amounts paid (Part IX, paid to or for members (Part IX, cother compensation, employee benal fundraising fees (Part IX, column (D), penses (Part IX, column (A), lines enses. Add lines 13–17 (must expless expenses. Subtract line 18 feets (Part X, line 16)	lines 3, 4, and 7d )	0)	2,0 1,0 5 1 9 2,6 -5 ginning of Curre 5,8 2,0	44,097 566 95,841 55,000 57,270 10,809 25,780 48,859 53,018 <b>nt Year</b> 91,469 40,327	180,32: 56 5,70: 3,095,596 355,006 555,60: 30,566 1,748,889 2,690,056 405,53: End of Year 6,143,19: 1,994,026
Net Assets or Expenses Ray	9 10 11 12 13 14 15 16a b 17 18 19	Program Investme Other rev Total reve Grants ar Benefits p Salaries, a Professio Total fundr Other exp Total exp Revenue  Total asso Total liab Net asset	service revenue (Part VIII, line 2gent income (Part VIII, column (A), venue (Part VIII, column (A), lines enue—add lines 8 through 11 (mond similar amounts paid (Part IX, column to or for members (Part IX, cother compensation, employee benal fundraising fees (Part IX, column (D), penses (Part IX, column (A), lines enses. Add lines 13–17 (must expless expenses. Subtract line 18 feets (Part X, line 16)	lines 3, 4, and 7d )	0)	2,0 1,0 5 1 9 2,6 -5 ginning of Curre 5,8 2,0	44,097 566 95,841 55,000 57,270 10,809 25,780 48,859 53,018 <b>nt Year</b> 91,469	180,32: 56 5,70: 3,095,596 355,006 555,60: 30,566 1,748,886 2,690,056 405,53: End of Year 6,143,19:
Net Assets or Expenses Ray Mances Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Program Investme Other rev Total reve Grants ar Benefits p Salaries, Total fundr Other exp Total exp Revenue  Total asset  Signal Total signal Total signal	service revenue (Part VIII, line 2gent income (Part VIII, column (A), venue (Part VIII, column (A), lines enue—add lines 8 through 11 (mend similar amounts paid (Part IX, paid to or for members (Part IX, cother compensation, employee benal fundraising fees (Part IX, column (D), penses (Part IX, column (A), lines enses. Add lines 13–17 (must expless expenses. Subtract line 18 feets (Part X, line 16)	lines 3, 4, and 7d )	0) Beg	2,0 1,0 5 1 9 2,6 -5 ginning of Curre 5,8 2,0 3,8	44,097 566 95,841 55,000 57,270 10,809 25,780 48,859 53,018 <b>nt Year</b> 91,469 40,327 51,142 ents, and tr	180,32: 56 5,70: 3,095,596 355,006 555,60: 30,566 1,748,889 2,690,056 405,53: End of Year 6,143,19: 1,994,026 4,149,17: to the best of my
Net Assets or Expenses Ray Mances Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Program Investme Other rev Total reve Grants ar Benefits p Salaries, Total fundr Other exp Total exp Revenue  Total asso Total liab Net asset Sign and belie	service revenue (Part VIII, line 2gent income (Part VIII, column (A), venue (Part VIII, column (A), lines enue—add lines 8 through 11 (mend similar amounts paid (Part IX, paid to or for members (Part IX, cother compensation, employee benal fundraising fees (Part IX, column (D), penses (Part IX, column (A), lines enses. Add lines 13–17 (must expless expenses. Subtract line 18 feets (Part X, line 16)	lines 3, 4, and 7d )	0) Beg	2,0 1,0 5 1 9 2,6 -5 ginning of Curre 5,8 2,0 3,8	44,097 566 95,841 55,000 57,270 10,809 25,780 48,859 53,018 <b>nt Year</b> 91,469 40,327 51,142 ents, and to	180,32: 56 5,70: 3,095,596 355,006 555,60: 30,566 1,748,889 2,690,056 405,53: End of Year 6,143,19: 1,994,026 4,149,17: to the best of my
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Signature Net Assets or Expenses Ray	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 itll pendedge nowled	Program Investme Other rev Total reve Grants ar Benefits p Salaries, a Professio Total fundr Other exp Total exp Revenue  Total asso Total liab Net asset Sign: alties of pe e and belie edge.  Faye P. Type o	service revenue (Part VIII, line 2gent income (Part VIII, column (A), venue (Part VIII, column (A), lines enue—add lines 8 through 11 (mond similar amounts paid (Part IX, column (A) and to or for members (Part IX, column (B), lines (Part IX, column (B), lines (Part IX, column (A), lines (Part IX, column (B), lines (Part IX, column (B), column (B), lines (Part IX, line 16)		O)  Beg	2,0 1,0 5 1 9 2,6 -5 ginning of Curre 5,8 2,0 3,8 tiles and statem pased on all info	44,097 566 95,841 55,000 57,270 10,809 25,780 48,859 53,018 <b>nt Year</b> 91,469 40,327 51,142 ents, and trormation of	180,32: 56 5,70: 3,095,596 355,006 555,60: 30,566 1,748,889 2,690,056 405,53: End of Year 6,143,19: 1,994,026 4,149,17: to the best of my
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Form	990 (2018)								Page <b>2</b>
Pa	rt III Statement	of Program Se	rvice Accomplis	hments					
	Check if Sche	dule O contains a i	response or note to a	any line in this Part III					<b>✓</b>
1	Briefly describe the o	organization's miss	ion:						
(A) T discr and s cond publi	o identify problems ar imination on the basis safety; (6) energy poli uct research, analysis, c education on the afo	nd advocate solutio of illegal or unjust cy; and, (7) other testing, and inves rementioned matte	ns in the areas of: ( criteria; (4) corpora matters affecting the tigations on the mat ers; (D) To provide t	lusively for the promot 1) Consumer protectio ite and governmental is economic and social ters listed in subparagechnical assistance to, L(c)(3) and 501(c)(4)	n; (2) environmental presponsiblity to the pul well-being of the inhab raph (A) above. (C) To and to work in conjur	preservation; ( plic; (5) public pitants of the U publish information with, other	3) protection and occupa Inited States mation and o	n agai itional s. (B) conduc	nst health To ct
2	-	, ,		vices during the year v	which were not listed o	n	□Yes		
	the prior Form 990 o		∟ Yes	T I	NO				
3	If "Yes," describe the			changes in how it cond					
3	_	Πv	s 🗸	/ No					
	services? If "Yes," describe the	<b>□ 16</b>	es 💌	7 IAO					
4		nd 501(c)(4) organi	izations are required	nts for each of its three to report the amount ported.				enses.	
4a	(Code:	) (Expenses \$	690,612	including grants of \$	310,000 ) (Re	venue \$	125,000	) )	
	See Additional Data								
4b	(Code:	) (Expenses \$	463,949	including grants of \$	45,000 ) (Re	venue \$		}	
	See Additional Data								
4c	(Code:	) (Expenses \$	237,286	including grants of \$	) (Re	venue \$	55,321	. )	
	See Additional Data								
4d	Other program servi	ces (Describe in Sc	thedule O.)						
	(Expenses \$	191,952	including grants of	\$	) (Revenue \$		)		
4e	Total program serv	vice evnenses	1,583,7	00					

	990 (2016)			Page 3
Pai	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1		No
2	Is the organization required to complete <i>Schedule B. Schedule of Contributors</i> (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right			
	to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I "	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏	11b	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII **	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No

				Page
Par	Checklist of Required Schedules (continued)			
			Yes	No
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J </i>	23		No
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
ia	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		No
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
,	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
а	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
3	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Yes	
ar	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	· · · · · · · · · · · · · · · · · · ·		Yes	No

**b** Enter the number of Forms W-2G included in line 1a.*Enter -0-* if not applicable .

 ${f c}$  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 

0

	this return	2a		39			
b	If at least one is reported on line 2a, did the organization file all required federal employr			2 t	, [ `	Yes	
	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (se	e instr	uctions)		$\neg \neg$		
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?						No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation	in Sch	edule O	3 t	,		No
4a	At any time during the calendar year, did the organization have an interest in, or a signal financial account in a foreign country (such as a bank account, securities account, or other			a <b>4</b> a	1		No

Nο Nο

5h

5c

6a

7a

**7**b

7c

7e 7f

7g

7h

8

9a

9h

12a

13a

14a

14b

15

Nο

No

Nο

Nο

Nο

No

Nο

Form 990 (2018)

7d

10a 10b

11a

11b

12b

13b

13c

Yes

Yes

b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b
la	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)?	4a
b	If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	
ā	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization

If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . . . . Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O.

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

**b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

**9a** Did the sponsoring organization make any taxable distributions under section 4966? . . .

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

**b** Gross income from other sources (Do not net amounts due or paid to other sources 

**b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year.

a Is the organization licensed to issue qualified health plans in more than one state?

**b** Enter the amount of reserves the organization is required to maintain by the states in

which the organization is licensed to issue qualified health plans . . . . . 

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were

Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services

If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . . . .

solicit any contributions that were not tax deductible as charitable contributions? . . . .

Organizations that may receive deductible contributions under section 170(c).

**d** If "Yes," indicate the number of Forms 8282 filed during the year . . . .

Sponsoring organizations maintaining donor advised funds.

Section 501(c)(7) organizations. Enter:

11 Section 501(c)(12) organizations. Enter:

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . . 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 No of officers, directors or trustees, or key employees to a management company or other person? . 4 Nο Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Nο Did the organization have members or stockholders? . . . . 6 Nο 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7a No Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or No Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? . . . . . . 8a Yes Each committee with authority to act on behalf of the governing body? . . . . No Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 No Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code." No Yes **10a** Did the organization have local chapters, branches, or affiliates? . . . . 10a Nο b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the Yes 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* . . . 12a Yes b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to 12b Yes Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 12c Yes 13 Yes 13 Did the organization have a written whistleblower policy? . 14 Did the organization have a written document retention and destruction policy? . . . 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official . . . . . 15a Yes 15b Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a No If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt 16b Section C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶  $\mathsf{AR}$  ,  $\mathsf{AZ}$  ,  $\mathsf{CA}$  ,  $\mathsf{CO}$  ,  $\mathsf{CT}$  ,  $\mathsf{DC}$  ,  $\mathsf{DE}$  ,  $\mathsf{FL}$  ,  $\mathsf{GA}$  ,  $\mathsf{HI}$  ,  $\mathsf{IA}$  ,  $\mathsf{ID}$  ,  $\mathsf{IL}$  ,  $\mathsf{IN}$  ,  $\mathsf{LA}$  ,  $\mathsf{MA}$  ,  $\mathsf{MD}$  ,  $\mathsf{ME}$  ,  $\mathsf{MI}$  ,  $\mathsf{MN}$  ,  $\mathsf{MO}$  ,  $\mathsf{MT}$  ,  $\mathsf{NC}$  ,  $\mathsf{NE}$  ,  $\mathsf{NH}$  ,  $\mathsf{NJ}$  ,  $\mathsf{NM}$  ,  $\mathsf{NV}$  ,  $\mathsf{NY}$  ,  $\mathsf{OH}$  ,  $\mathsf{OR}$  ,  $\mathsf{PA}$  ,  $\mathsf{SD}$  ,  $\mathsf{TN}$  ,  $\mathsf{TX}$  ,  $\mathsf{UT}$  ,  $\mathsf{VA}$  ,  $\mathsf{VT}$  ,  $\mathsf{WA}$  ,  $\mathsf{WI}$  , Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: ►Mitch Singletary 1543 Wazee Street Suite 400 Denver, CO 80202 (303) 573-5995

 $\checkmark$ 

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Lightharpoonup Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) (B) (D) (F) (C) (E) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person amount of other compensation compensation is both an officer and a week (list from the from related compensation director/trustee) any hours organization organizations from the for related (W- 2/1099-(W- 2/1099organization and Individual to or director Officer Highest compensatemployee organizations MISC) MISC) related Institutional below dotted organizations employ line) trustee ě Trustee 0.50 (1) Diane Brown 18.452 5,557 Director 5.00 0.50 (2) Janet Domenitz Х 0 Vice Chair/Trea 0.00 0.50 (3) Brian Imus . . . . . . . . . . . . . . . . . O 0 Χ 0.00 0.50 (4) Kharl Reynado112918-52219 n n O Director 0.00 0.50 (5) Doug Phelps Χ Chair 0.00 0.50 (6) Faye Park Х 0 2,432 97 President & CEO 0.10 20.00 (7) Ed Mierzwinski Χ 96,171 0 17,768 Sec/SrDirector 0.00 Form 990 (2018)

compensation from the organization ▶ 1

Page 8

Part VII Section A. Officers, Direct	tors, Trustee	s, Kev	Emp	love		and	Hia'	hest Cor	npensa <sup>†</sup>	ted Employees	(conti	inued)	Page <b>6</b>
(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check than one box, unless p is both an officer and director/trustee)			eck moss ss pers	ore son	(I Repo compe from organiza	ortable ensation the ation (W-	(E) Reportable compensation from related organizations (V	on amount of d compens (W- from t		ated of other sation the	
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099	9-MISC)	2/1099-MISC)	) (	organizati relati organiza	ed
			<del>                                     </del>								+		
	+	<del> </del>	<del>                                     </del>	$\vdash$	$\vdash$	<del> </del>	+-	-			+		
to Total from continuation sheets to P d Total (add lines 1b and 1c)  Total number of individuals (including of reportable compensation from the	g but not limited	to thos				e) who	o rec		96,171 re than \$	20,88-	54		23,422
3 Did the organization list any former	officer director	or trust			 mp	20/26	or hi	ighest cor	nnensate	d employee on		Yes	No
line 1a? If "Yes," complete Schedule.  4 For any individual listed on line 1a, is	J for such individ	idual .	•	•	•		•	٠			3		No
organization and related organization individual	ns greater than \$	\$150,000 • •	00? <i>If</i>	Yes,	s," cc •	omplet •	te Sc	chedule J t	for such		4		No
5 Did any person listed on line 1a recei services rendered to the organization	n?If "Yes," compl								ion or inc	dividual for	5		No
Section B. Independent Contract				<u> </u>		<del></del>				::::::::::::::::::::::::::::::::::::::			
Complete this table for your five high from the organization. Report compe											npens		
	(A) and business addre	ess								scription of services		(C Compen	nsation
Fund for Public Interest Research 294 Washington Street 500								F	Program &	. Citizen		1	,387,569
Boston, MA 02108 MA 02108								<del></del>	Outreach		+		
											$\Box$		
				<u>—</u>	<u>—</u>		<u> </u>	=			$\Rightarrow$		
2 Total number of independent contractor	ors (including but	t not lim	nited '	to th	ose	listed	aboʻ	ve) who r	eceived r	 nore than \$100,00	00 of		

Part		Statement of	Revenue										rage 3
		Check if Schedul		a respo	onse or not	e to any	line in this I	Part VIII					🗆
				·			( <b>A)</b> Total reve		Rela ex fur	( <b>B)</b> ated or empt action	(C) Unrelated business revenue	; e:	(D) Revenue xcluded from under sections
	1	La Federated campaign	ns	1a					re	enue			512 - 514
ats uts	ľ	<b>b</b> Membership dues		1b	<u> </u>	720,450							
12 no		c Fundraising events			<u> </u> 								
s, G Am				1c									
a jiji		d Related organizatio		1d	<u> </u>								
s, G		e Government grants (co		1e									
igis		f All other contributions, and similar amounts no		1f	2.	189,060							
Contributions, Gifts, Grants and Other Similar Amounts		above  g Noncash contribution in lines 1a - 1f:\$	ons included										
ತಿ ಜ		<b>h Total.</b> Add lines 1a	-1f			<b>&gt;</b>	2,9	09,510					
a)						Business							
Program Service Revenue	2	a Affordable Textbooks Pr	oj				900099	1	25,000	125	,000		
e.k∈		<b>b</b> Impact Income							55,321	55	,321		
ce F													
er Vi		c											
Š		d											
gran		<b>f</b> All other program se											
<b>P</b>						:	180,321						
		Total. Add lines 2a-2				1 11	1		T		I		
		Investment income (in similar amounts) .	ncluaing aivia		interest, ar	na other •	,	5	8				58
	4	Income from investme	ent of tax-exe	mpt b	ond procee	ds Þ			0				
	5	Royalties				•	•		0				
			(i) Rea	l	(ii) Per	rsonal							
	6	a Gross rents											
		<b>b</b> Less: rental expenses											
		c Rental income or (loss)											
		d Net rental income o	r (loss)			<b></b>	1		0				
			(i) Securit	ies	(ii) O	ther							
	7	a Gross amount from sales of											
		assets other than inventory											
		·											
		<b>b</b> Less: cost or other basis and											
		sales expenses  C Gain or (loss)											
		<b>d</b> Net gain or (loss) .				•	_		0				
		a Gross income from f											
ne		(not including \$ contributions reporte		of									
Æ		See Part IV, line 18											
Re		<b>b</b> Less: direct expense	s	b									
Other Revenue		<b>c</b> Net income or (loss)	from fundrais	sing ev	ents	<b>&gt;</b>			0				
Oth O	9	a Gross income from g See Part IV, line 19		es.									
_		See Fairty, line 15		а	}								
		<b>b</b> Less: direct expense	s	b									
		${f c}$ Net income or (loss)	from gaming	activit	ies	<b>&gt;</b>			0				
	10	<b>a</b> Gross sales of invent returns and allowand	tory, less										
		returns and anowand	.es	а	]								
		<b>b</b> Less: cost of goods s	sold	b									
		c Net income or (loss)			cory	<b>•</b>			o				
		Miscellaneous			Busines								
	1	<b>1a</b> Miscellaneous					7	5,70	1				5,701
		b							1				
		с											
		d All other revenue .											
		e Total. Add lines 11a	-11d			<b>&gt;</b>		F 70	1				
	1	<b>2 Total revenue.</b> See	Instructions.					5,70					
							[ :	3,095,59	0	180,321			5,759

For	m 990 (2018)				Page <b>10</b>
	Part IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns. All other orga	nizations must comp	lete column (A).	
	Check if Schedule O contains a response or note to any	line in this Part IX .			🗹
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
-	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	355,000	355,000	·	
2	2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4	Benefits paid to or for members	0			
!	Compensation of current officers, directors, trustees, and key employees	75,338	63,026	4,567	7,745
•	6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	341,095	285,352	20,675	35,068
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	21,750	18,195	1,319	2,236
9	Other employee benefits	50,121	41,930	3,038	5,153
10	Payroll taxes	67,299	56,301	4,079	6,919
11	. Fees for services (non-employees):				
	a Management	0			
	<b>b</b> Legal	0			
	c Accounting	16,459		16,459	
	d Lobbying	0			
	e Professional fundraising services. See Part IV, line 17	30,566			30,566
	f Investment management fees	0			
	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	910,439	227,610	682,829	
12	Advertising and promotion	6,208	6,208		
	Office expenses	8,953	7,434	563	956
14	Information technology	7,517	6,314	451	752
	Royalties	0			
	o Occupancy	145,303	121,557	8,807	14,939
	, , , , , , , , , , , , , , , , , , ,	52,394	43,831	3,176	5,387
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,825	1,825		
	Interest	0			
	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	2,035	1,702	124	209
	Insurance	29,890		29,890	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a Public education & outreach	555,072	342,754		212,318
	b Filings & registrations	7,127		7,127	
	c Printing and Publications	4,373	3,673	262	438
	d Postage and Shipping	1,294	1,087	78	129
	e All other expenses	0			

2,690,058

555,072

1,583,799

342,754

783,444

322,815

212,318

Form **990** (2018)

25 Total functional expenses. Add lines 1 through 24e

**26 Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2018)

3

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

26

27

28

29

32

33

34

Liabilities 22

**Fund Balances** 

ō 30

Assets 31

Net

Pledges and grants receivable, net . .

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9)

voluntary employees' beneficiary organizations (see instructions) Complete

10a

10b

Accounts receivable, net .

Part II of Schedule L . . .

Inventories for sale or use .

Less: accumulated depreciation

Notes and loans receivable, net .

Prepaid expenses and deferred charges

basis. Complete Part VI of Schedule D

Intangible assets . . . . .

Grants payable . .

Deferred revenue . . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

**10a** Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons. Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24).

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > \quad \text{and complete lines 30 through 34.}

Capital stock or trust principal, or current funds . . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Investments—other securities. See Part IV, line 11 . . .

**Total assets.**Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Investments—program-related. See Part IV, line 11

	Check it Schedule O contains a response or note to any line in this Part IX			🗀
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash-non-interest-bearing	348,011	1	614,336
2	Savings and temporary cash investments	250,447	2	54,780

38,229

32,973

Page **11** 

1,620,000

1,984,731

0

0

75.355

5,256

0

0

1.788.733

6.143.191

1,994,020

1.994.020

4.049.171

4,149,171

6,143,191

Form **990** (2018)

100,000

754,409

48.847

2,728

1.896.236

5.891.469

2,040,327

2.040.327

3.851.142

3,851,142

5,891,469

2.590.791

3

4

5

6

8

9

10c

11

12

13

14

15

16

17 18

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22 23

24

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27 28

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31 32

33

34

Form	990 (2018)				Page <b>12</b>
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3	,095,590
2	Total expenses (must equal Part IX, column (A), line 25)	2		2	,690,058
3	Revenue less expenses. Subtract line 2 from line 1	3			405,532
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3	,851,142
5	Net unrealized gains (losses) on investments	5			107,503
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		4	,149,171
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
	Accounting method used to prepare the Form 990:				1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If `Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If `Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	ngle	3a		No
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ired	3b		

#### Additional Data

**Software ID:** 18007218 Software Version: 2018v3.1

**EIN:** 04-2790740

Form 990 (2018)

Form 990, Part III, Line 4a:

marketplace and greater accountability in government.

Group Inc

New Economy and Financial Reform - Through advocacy, public education, research, grassroots organizing and policy development we're working to tackle concrete problems that will put us on a path to a better future. We've successfully advocated for changes that have resulted in more recycling and less waste, healthier and safer choices in the

Name: United States Public Interest Research

Form 990, Part III, Line 4b:

to ensure college is affordable and students are protected from predatory companies.

rights. We conduct independent testing and research to expose hazards in everyday products and advocate for new rules and policies to defend consumers. U.S.PIRG works

Consumer Protection and Make Higher Education Affordable - For more than 40 years, U.S.PIRG has been educating consumers about how to protect themselves and their

Form 990, Part III, Line 4c: Public Health and Promoting Zero Waste - U.S.PIRG is persuading major fast food chains to stop purchasing antibiotic laden meat in an attempt to reduce the overuse of antibiotics in food production. Through public education and grassroots organizing we are working to ban polystyrene and single use plastics.

### **Political Campaign and Lobbying Activities**

▶Go to www.irs.gov/Form990 for instructions and the latest information.

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

DLN: 93493195035330

Inspection

Department of the Treasury Internal Revenue Service

Group Inc

1

2

3

1 2

3

4a

1 2

3

5

EZ)

SCHEDULE C (Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** United States Public Interest Research 04-2790740 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) Volunteer hours for political campaign activities (see instructions) ...... Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 ..... Enter the amount of any excise tax incurred by organization managers under section 4955 ...... If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No Was a correction made? ..... ☐ Yes □ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b......... Did the filing organization file Form 1120-POL for this year? ✓ No. Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0					
1									
2									
3									
4									
5									
6									
or Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Cat. No. 50084S Schedule C (Form 990 or 990-EZ) 2018									

	section 501(h)).						
	Check  if the filing organization belongs expenses, and share of excess lo	obying exper	nditures).		filiated group m	ember's name	address, EIN,
В	Check ▶ ☐ if the filing organization checked	box A and "	limited control" p	rovisions apply.			
	Limits on Lobb (The term "expenditures" m			rred.)		(a) Filing panization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence public	opinion (gra	ss roots lobbying	)			
	Total lobbying expenditures to influence a legis		· -	=			
С	Total lobbying expenditures (add lines 1a and :	Lb)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines	1c and 1d)					
	Lobbying nontaxable amount. Enter the amount columns.						
	If the amount on line 1e, column (a) or (b	) is: The lo	bbying nontax	able amount is:			
	Not over \$500,000	-	the amount on line				
	Over \$500,000 but not over \$1,000,000	\$100.00	00 plus 15% of the	excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000			excess over \$1,000,00			
			<u> </u>				
	Over \$1,500,000 but not over \$17,000,000		<u> </u>	xcess over \$1,500,000	J.		
	Over \$17,000,000	\$1,000	,000.				
j	If there is an amount other than zero on either section 4911 tax for this year?	ar Averagi de a sectio	ng Period Uno	der section 501	L(h) ve to comple	ete all of the	Yes No
				·Year Averagin			
	Calendar year (or fiscal year beginning in)	-	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) Total
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
С	Total lobbying expenditures						
d	Grassroots nontaxable amount						
е	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

#### (a) (b) For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation. 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ....... Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? ..... Grants to other organizations for lobbying purposes? ..... Direct contact with legislators, their staffs, government officials, or a legislative body? ..... Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? ...... Other activities? Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .... 2a If "Yes," enter the amount of any tax incurred under section 4912 ...... If "Yes," enter the amount of any tax incurred by organization managers under section 4912 ...... If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? ..... Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes Nο Were substantially all (90% or more) dues received nondeductible by members? 1 Yes 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? ..... 2 2 No Did the organization agree to carry over lobbying and political expenditures from the prior year? ..... No Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year Carryover from last year ..... 2b Total ..... 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . 3 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 Taxable amount of lobbying and political expenditures (see instructions) ...... 5 Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see

Explanation

instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference

**SCHEDULE D** 

(Form 990)

### **Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

DLN: 93493195035330

2018

	tment of the Treasury		► Attach to Form 990.  Nov/Form990 for the latest information.			to Public
	al Revenue Service me of the organ		ov/Form990 for the latest information.	Employer ident		pection
Unit	ted States Public Inte				inication i	il dilibei
	up Inc I <b>rt I Organi</b> :	zations Maintaining Donor Advi	sed Funds or Other Similar Funds o	04-2790740		
Le		te if the organization answered "Ye		Accounts.		
	·		(a) Donor advised funds	(b)Funds a	nd other a	ccounts
-	Total number at	end of year				
2	Aggregate value	of contributions to (during year)				
3	Aggregate value	of grants from (during year)				
ŀ	Aggregate value	at end of year				
5	organization's p	roperty, subject to the organization's ex	rs in writing that the assets held in donor adv clusive legal control?			Yes 🗌 No
•	charitable purpo	ses and not for the benefit of the donor	onor advisors in writing that grant funds can l or donor advisor, or for any other purpose o	pe used only for onferring impermi	_	Yes 🗌 No
Pa	rt III Conser	vation Easements. Complete if th	ne organization answered "Yes" on Form	n 990, Part IV, li	ine 7.	
	Purpose(s) of co	onservation easements held by the organ	nization (check all that apply).			
	☐ Preservation	on of land for public use (e.g., recreation	n or education)	historically import	ant land a	rea
	☐ Protection	of natural habitat	Preservation of a co	ertified historic str	ucture	
	☐ Preservation	on of open space				
2	Complete lines 2	, ,	qualified conservation contribution in the form		n :he End of	the Year
а		conservation easements		2a		
b	Total acreage re	stricted by conservation easements		2b		
С	Number of conse	ervation easements on a certified histori	c structure included in (a)	2c		
d	Number of conse structure listed i	ervation easements included in (c) acqui n the National Register	red after 7/25/06, and not on a historic	2d		
1	Number of constax year ►	ervation easements modified, transferre	d, released, extinguished, or terminated by t	he organization du	uring the	
Ļ	Number of state	s where property subject to conservation	n easement is located <b>&gt;</b>			
5		zation have a written policy regarding that of the conservation easements it holds	ne periodic monitoring, inspection, handling o	_	Yes	□ No
<b>;</b>	Staff and volunt	eer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing co	nservation easeme	ents during	the year
,	Amount of expe	nses incurred in monitoring, inspecting,	handling of violations, and enforcing conserv	ation easements o	during the	year
3			above satisfy the requirements of section 17		Yes	□ No
)	balance sheet, a		ervation easements in its revenue and expen footnote to the organization's financial state	se statement, and	d	
ar	t IIII Organi:	<u>-</u>	of Art, Historical Treasures, or Othe	er Similar Asse	ets.	
.a	If the organizati art, historical tre	on elected, as permitted under SFAS 11 easures, or other similar assets held for	6 (ASC 958), not to report in its revenue star public exhibition, education, or research in fu icial statements that describes these items.			orks of
b	If the organizati historical treasu	on elected, as permitted under SFAS 11	6 (ASC 958), to report in its revenue statemolic exhibition, education, or research in furthe			
(	-	3		▶\$		
ر ا د	If the organizati		cal treasures, or other similar assets for finar		the	
а	•	'		▶ ¢		
b	Assets included	III FORM 990, Part X		▶\$		

Par	t IIII	Organizations Maintaining Co	llections o	f Art, I	Histor	ical T	reasi	ures, or	Other	Similar As	ssets (	(continued)	
3		the organization's acquisition, accession (check all that apply):	n, and other	records	, check	any of	the fo	ollowing tl	hat are a	significant (	use of it	s collection	
а		Public exhibition			d		Loan	or excha	ange prog	grams			
b		Scholarly research			e		Othe	er					
С		Preservation for future generations											
4	Provi Part )	de a description of the organization's co XIII.	llections and	explain	how th	ey furtl	her th	e organiz	ation's e	xempt purpo	se in		
5		g the year, did the organization solicit on solicit of stops and the sold to raise funds rather than to									<b>□ Y</b>	es 🗆 N	lo
Pai	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		" on Fo	rm 990	), Part	: IV,	ine 9, or	reporte	ed an amou	ınt on	Form 990,	Part
1a		e organization an agent, trustee, custod ded on Form 990, Part X?									□ <b>Y</b>	es 🗆 N	lo
b	If "Y€	es," explain the arrangement in Part XII	I and comple	ete the fo	ollowing	table:		Γ		Α	mount		_
c	Begir	nning balance							1c				
d	Addit	ions during the year						[	1d				_
е	Distri	butions during the year						[	1e				
f	Endin	ng balance						[	1f				
2a	Did tl	he organization include an amount on Fo	orm 990. Par	t X. line	21. for	escrov	v or cu	ustodial a	ccount lia	ability?		es 🗆 N	 lo
b		es," explain the arrangement in Part XIII								•		C3	
	rt V	Endowment Funds. Complete it											
		<b>The Mile Canada</b> Complete in	(a)Curren			Prior yea				(d)Three yea		(e)Four yea	rs back
<b>1</b> a	Beginn	ing of year balance		,				,		, ,		,	
b	Contrib	outions											
С	Net in	estment earnings, gains, and losses											
d	Grants	or scholarships											
e		expenditures for facilities ograms											
f	Admini	istrative expenses											
g	End of	year balance											
2	Provi	de the estimated percentage of the curr	ent year end	balance	e (line 1	.g, colu	ımn (a	a)) held as	s:	•		•	
а	Board	d designated or quasi-endowment ►											
b		anent endowment ►											
С	Temp	porarily restricted endowment ►											
	The p	percentages on lines 2a, 2b, and 2c show	uld equal 100	)%.									
3a	orgar	here endowment funds not in the possestication by:		organiza	tion tha	it are h	neld ar	nd admini	stered fo	r the	_	Yes	No
		nrelated organizations			•						—	Ba(i) a(ii)	
b		elated organizations		equired	on Sch	 R edule						3b	
4		ribe in Part XIII the intended uses of the		•				• •				30	<u> </u>
	rt VI	Land, Buildings, and Equipme											
		Complete if the organization answ		" on Fo	rm 990	), Part	: IV,	ine 11a.	See Fo	rm 990, Pa	rt X, li	ne 10.	
	Descri	iption of property (a) Cost or ot (investm		(b) Cost	t or othe	r basis (	other)	(c) Acci	umulated o	depreciation		(d) Book valu	ie
<b>1</b> a	Land												
b	Buildin	gs											
c	Leaseh	nold improvements	9,202							9,202			
d	Equipn	nent	29,027							23,771			5,256
								1					
		lines 1a through 1e.(Column (d) must e	equal Form 9	90, Part	X, colu	mn (B)	), line	10(c).) .		<b>&gt;</b>			5,256

	Investments—Other Securities. Complete if the orga	nization an	swered "Yes" on For	rm 990, Part IV, line 11b.
	See Form 990, Part X, line 12.  (a) Description of security or category	(b) Book	(c)	Method of valuation:
(1) Financia	(including name of security)  I derivatives	value	Cost or	end-of-year market value
(2) Closely-	held equity interests			
(3)Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)	<b>▶</b> 1,788,73	3	
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 99	90, Part IV,	line 11c. See Form	990, Part X, line 13.
		<b>b)</b> Book valu	e (c)	Method of valuation: end-of-year market value
(1)			2032 61	ena or year market value
(2)			+	
(3)				
(4)				
(5)				
(6)			+	
(7)			+	
(8)			+	
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.)			
Part IX	Other Assets. Complete if the organization answered 'Yes' or (a) Description	n Form 990,	Part IV, line 11d. See l	Form 990, Part X, line 15. (b) Book value
(1)	(a) Description			(B) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col.(B) line 15.)			•
Part X	<b>Other Liabilities.</b> Complete if the organization answere See Form 990, Part X, line 25.	ed 'Yes' on I	Form 990, Part IV, I	ine 11e or 11f.
1.	(a) Description of liability	(b)	Book value	
(1) Federal i	ncome taxes			
(2)				
(3)				
(4) (F)				
(5)				
(6)				
(7) ————				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col.(B) line 25.) or uncertain tax positions. In Part XIII, provide the text of the foc	otnote to the	organization's financia	I statements that reports the
	or uncertain tax positions. In Part XIII, provide the text of the foc 's liability for uncertain tax positions under FIN 48 (ASC 740). Ch		_	

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements . . .

Page 4

2,988,087

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

1

4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b b Add lines **4a** and **4b** . . . . . . . 4c C

5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . . 5 3,095,590 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements . . . . . 1 1 2,690,058 Amounts included on line 1 but not on Form 990, Part IX, line 25:

2 Donated services and use of facilities . . . 2a 2b Prior year adjustments . . . . . Other losses . . . . . . . . 2c C 2d d Other (Describe in Part XIII.) . . . Add lines 2a through 2d . 2e Subtract line 2e from line 1 . . . . . . . . . . 3 2,690,058 3

4 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a 4b b Add lines **4a** and **4b** . . . . . . . . . . . . 4c 5

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . . . 5 2.690.058 Supplemental Information

Part XIII XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part Return Reference Explanation

Page <b>5</b>		chedule D (Form 990) 2018	
	ormation (continued)	Part XIII Supplemental Info	
	Explanation	Return Reference	

Schedule D (Form 990) 2018

### **Additional Data**

Software ID: 18007218
Software Version: 2018v3.1

**EIN:** 04-2790740

Name: United States Public Interest Research Group Inc

Supplemental Information

Return Reference	Explanation
Part X : FIN48 Footnote	U.S. PIRG is exempt from federal and state income taxes under IRS Code Section 501(c)(4), has no items of unrelated business income and believes it has complied with all requiremen ts necessary to maintain its tax exemption.

**SCHEDULE G** 

(Form 990 or 990-EZ)

Department of the Treasury

licensing.

**Supplemental Information Regarding** 

Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

DLN: 93493195035330

**Open to Public** Inspection

Inter	nal Revenue Service	►Go to www.ii	rs.gov/Fo	rm990 for	instructions and the latest in	formation.		Inspection
Unit	ne of the organization ted States Public Interest R up Inc	Research					<b>Employer ide</b> 04-2790740	ntification number
_	<u>.                                    </u>							
Pa		. <b>ctivities.</b> Complete if t lers are not required to	_			rm 990,	Part IV, line 1	7.
1	Indicate whether the org	ganization raised funds the	ough an	y of the fo	ollowing activities. Check	all that a	pply.	
а	✓ Mail solicitations			e	Solicitation of non-	-governm	ent grants	
b	✓ Internet and email s	olicitations		f	Solicitation of gove	ernment g	grants	
c	Phone solicitations	e solicitations g 🔲 Special fundraising event						
d	✓ In-person solicitation	าร						
2a		ve a written or oral agreen in Form 990, Part VII) or					· • —	s 🗆 No
b		nest paid individuals or entage ast \$5,000 by the organiz		ndraisers)	pursuant to agreements	under wh		
(i)	Name and address of indiv or entity (fundraiser)	ridual (ii) Activity	fundrai custo cont	) Did ser have ody or trol of outions?	(iv) Gross receipts from activity	or re fundra	nount paid to etained by) iser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
	M&R Strategic Services 1901 L Street NW 800	Strategy Prog mgt Digital		No	27,747		30,566	
	Washington, DC 20036							
Tot	al			.▶	27,747		30,566	
3	List all states in which the	organization is registered	or licens	sed to soli	cit contributions or has b	een notifi	ed it is exempt f	rom registration or

AR, AZ, CA, CO, CT, DC, DE, FL, HI, IA, ID, IL, IN, LA, MA, MD, ME, MI, MN, MO, MT, NC, NE, NH, NJ, NM, NV, NY, OH, OR, PA, RI, SD, TN, TX, UT,

Sche	dule G (Form 990 or 990-EZ) 2018				Р	Page <b>3</b>			
11	Does the organization conduct gaming	g activities with nonmember	s?	· 🗆 Yes	□No				
12	Is the organization a grantor, benefici formed to administer charitable gamin		member of a partnership or other entity	Yes	Пио				
13	Indicate the percentage of gaming ac	tivity conducted in:		- 133					
а	The organization's facility		13a			%			
b	An outside facility		13b			%			
14	Enter the name and address of the pe	rson who prepares the orga	nization's gaming/special events books and records						
	Name •								
	Address 🚩								
15a	Does the organization have a contract revenue?			· 🗆 Yes	Пио				
b	If "Yes," enter the amount of gaming amount of gaming revenue retained b		anization 🕨 \$ and the		_110				
С	If "Yes," enter name and address of the third party:								
	Name								
	Address ▶								
16	Gaming manager information:								
	Name ►								
	Gaming manager compensation ► \$								
	Description of services provided								
	☐ Director/officer	☐ Employee	☐ Independent contractor						
17	Mandatory distributions:								
а	retain the state gaming license? .		stributions from the gaming proceeds to	· 🔲 Yes	□No				
b	·		uted to other exempt organizations or spent						
	in the organization's own exempt acti	<u> </u>	•						
Pai	• •		tions required by Part I, line 2b, columns (iii) licable. Also provide any additional informatio	` ,,		3.			
	Return Reference		Explanation						
	I, Line 2b - Fundraiser Additional mation	SERVICES, TESTING AND	ITH STRATEGY AND PROGRAM MANAGEMENT, REPO TECHNICAL EXECUTION FOR EMAIL LIST GROWTH, ND MANAGING DIGITAL ADS.			,			

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

(Form 990)

Department of the

### **Grants and Other Assistance to Organizations**, **Governments and Individuals in the United States**

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

DLN: 93493195035330

Open to Public Inspection

Treasury Internal Revenue Service		► Go to <u>ww</u>	<u>/w.irs.gov/Form990</u> foi	the latest information	on.		
Name of the organization						Employer id	lentification number
United States Public Interest Res Group Inc	searcn					04-279074	0
Part I General Inform	nation on Grants	and Assistance					
the selection criteria used	to award the grants	or assistance?			for the grants or assistance	e, and	☑ Yes ☐ N
<ul><li>Describe in Part IV the org</li><li>Part II Grants and Other</li></ul>	'				rganization answered "Yes"	on Form 990 Part I	V, line 21, for any recipient
			ditional space is needed.	T T T T T T T T T T T T T T T T T T T	The state of the s		Ty mile 21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description noncash assistar	
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of sect	. , , ,	-				💺	3
-			<del></del>		· · · · · · ·	· · · · · •	2
For Paperwork Reduction Act Noti-	ce, see the Instructio	ns tor Form 990.		Cat. No. 5005	P		Schedule I (Form 990) 2018

Schedule I (Form 990) 2018

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

We monitor through the use of grant agreements and workingclosely with grant recipients.

Grantmaker's Description of How

Explanation

(7)

Part IV

Grants are Used

Return Reference

### **Additional Data**

California Public Int Res-

earch Group 1111 H St

Sacramento, CA 95814 Fund for Constitutional Govt

122 Maryland Avenue NE

Washington, DC 20002

94-2259710

23-7391766

**Software ID:** 18007218 **Software Version:** 2018v3.1 **EIN:** 04-2790740 Name: United States Public Interest Research

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	
organization		l if applicable	l grant	I cash	l (book, FMV, appraisal, l	

501c4

501c3

(a) Name and address of	of   (b) EIN   (c) IRC	section   (d) Amount of	r cash   <b>(e)</b> Amount of non-	(f) Method of valuation	
organization	if app	licable grant	cash	(book, FMV, appraisal,	
or government			assistance	other)	
or government			assistance	other)	,

Form 990,Schedule I, Part	II, Grants and	Other Assistance to	o Domestic Organiza	tions and Domesti	ic Governments.		
(a) Name and address of organization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of

20,000

200,000

Economic Security

Fin accountability/Corp

Project

Trnsprncy

			Group Inc				
Form 990, Schedule I, Part	II, Grants and	Other Assistance to	o Domestic Organiza	tions and Domesti	ic Governments.		
(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Illinois State Public Int Res 36-3673399 501c4 10.000 Economic Security Group 328 S Jefferson St Project

Fin accountability/Corp

Trnsprncv

110,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

Chicago, IL 60661

Jubilee USA Network

212 East Capitol St NE

Washington, DC 20003

03-0582216

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government

IGeneral operating

support

Small Business Majority Fndtn 03-0576666 501c3 15.000l

Sausalito, CA 94965

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

4000 Bridgeway 305

efile GRAPH	IC print - DO NOT PRO	CESS	As Filed Data -		DLN:	93493195035330
SCHEDUL	E O Cumulo		al lufa was at!	to Farms 000 and	)00 F7	OMB No. 1545-0047
(Form 990 or EZ)	990- Complet	te to pro	vide information fo r 990-EZ or to prov	on to Form 990 or 9 r responses to specific questi ide any additional informatio	ions on	2018
Department of the T	reasury	Go to <u>u</u>		n 990 or 990-EZ. <u>90</u> for the latest information.	1	Open to Public Inspection
Namel & the of g United States Publi Group Inc	점帕호ation c Interest Research				Employer identi 04-2790740	fication number
990 Schedul	e O, Supplemental Info	rmatio	n			
Return Reference				Explanation		
Form 990, Part III, Line 4d: Other Program Services Description	IRG is working to reduce th	e influen ctions. W	ce of big money by er e are working on a na	ople and Transforming Transpor acouraging the active participatio ationally coordinated campaign t us fleets.	)	

Return Reference	Explanation
Form 990, Part VI, Line 8: Explanation of No Contemporaneously Documentation of Meetings	The organization's governing body had no committees.

Return Explanation
Reference

Form 990,
Part VI, Line
11b: Form
990 Review
Process

The draft 990 is sent to all board members prior to the return being finalized.

Return

Reference	<del></del>
Form 990, Part VI, Line 12c: Explanation of Monitoring and Enforcement of Conflicts	To monitor and enforce compliance with the conflict of interest policy, the organization r equires all officers, directors and individuals with substantial influence over the organi zation to complete an annual statement disclosing to the board any business, contractual o r financial relationships the person has with other corporations. In addition, said person s have an ongoing obligation to disclose to the board any financial interest, direct or in direct, that the person would gain from any particular transaction, contract or policy und er consideration by the organization. The board must address potential conflicts on a case -by-case basis, conflicted persons must abstain from the deliberation of the transaction, and corporate records must be maintained.
	and corporate records must be maintained.

Explanation

Return Reference	Explanation
Form 990, Part VI, Line	The Compensation Committee will establish acceptable compensation packages after reviewing at least one of the following: 1) Information about compensation paid by similarly situat
15a:	ed tax-exempt organizations for similar services; 2) current compensation surveys compiled
Compensation	by independent firms; or 3) actual written offers from similarly situated organizations.
Review &	Documentation of the compensation deliberation and decision is kept on file.
Approval	
Process -	
CEO, Top	
Management	

Return Reference	Explanation
Form 990, Part VI, Line	The Compensation Committee will establish acceptable compensation packages after reviewing at least one of the following: 1) Information about compensation paid by similarly situat

15b: ed tax-exempt organizations for similar services; 2) current compensation surveys compiled by independent firms; or 3) actual written offers from similarly situated organizations.

Documentation of the compensation deliberation and decision is kept on file.

Officers and Key Employees

Return Reference	Explanation
Form 990, Part VI, Line 19: Other Organization Documents Publicly Available	No documents were made available to the public, except for those that were included with t he organization's Form 1023/24 application for exempt status, which are made available upo n request as indicated in Line 18.

Return Explanation
Reference

Reference	
Part VII	All employees are paid by United States Public Interest Research Group, Inc., under a comm
	on paymaster arrangement, and some are shared by United States Public Interest Research Gr
	oup Education Fund, Inc., as well as other entities.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493195035330 OMB No. 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2018 (Form 990) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** United States Public Interest Research Group Inc 04-2790740 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (e) Legal domicile (state Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Total income End-of-year assets or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. See Additional Data Table **(g)** Section 512(b) (a)
Name, address, and EIN of related organization (b) Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling or foreign country) (if section 501(c)(3)) (13) controlled entity? Yes No For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2018

(-)		1 (1)	1 (3 1	(4)	1 7.3	1	(6)	1 (-)			1 (25	1	(=)	1 .	(1-)
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predoming income (related unrelated excluded for tax under sections 5	ated, today from er 612-	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	( <b>H</b> Dispropi allocat	rtionate	(i) Code V-U amount in 20 of Schedule (Form 10	box m	(j) eneral nanagir partner	or Perc g own	(k) centaç nershi
					1				Yes	No		Y	es N	0	
													- 1		
t IV Identification of Related Organiz because it had one or more related or	ations Taxable as a Gorganizations treated as	Corporation s a corporatio	or Trus	<b>t</b> Complete st during th	if the org	anizat	ation answ	vered "Yes	on Fo	orm 9	90, Part	IV, lir	ne 34		
t IV Identification of Related Organiz because it had one or more related or (a)  Name, address, and EIN of related organization	ations Taxable as a (organizations treated as (b) Primary activity	s a corporatio ( Le don (state o	n or trus c) egal nicile or foreign	st during th	(d) t controlling	r. (• Type o (C corp	(e)	vered "Yes  (f) Share of total income	Share	(g) of end- year assets	-of- Pe	(h) rcenta	ige	Section (13) co	ontrol tity?
because it had one or more related (  (a)  Name, address, and EIN of related organization	organizations treated as (b) Primary activity	s a corporatio ( Le don (state o	n or trus  c)  gal  nicile  or foreign  ntry)	st during th	(d) t controlling entity	r. Type o (C corp, or tr	(e) of entity o, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	-of- Pe	(h) rcenta	ige	Section (13) co	ontroll tity? <b>No</b>
because it had one or more related of  (a)  Name, address, and EIN of related organization  atl Assoc of Orgs in the Pub-  294 Washington Street  n, MA 02108	organizations treated as	s a corporatio ( Le don (state o	n or trus c) egal nicile or foreign	st during th	(d) t controlling entity	r. (• Type o (C corp	(e) of entity o, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	-of- Pe	(h) rcenta	ige	Section (13) co	ontrol tity?
because it had one or more related (  (a)  Name, address, and EIN of	organizations treated as (b) Primary activity	s a corporatio ( Le don (state o	n or trus  c)  gal  nicile  or foreign  ntry)	st during th	(d) t controlling entity	r. Type o (C corp, or tr	(e) of entity o, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	-of- Pe	(h) rcenta	ige	Section (13) co	ontrol tity?
because it had one or more related of  (a)  Name, address, and EIN of related organization  atl Assoc of Orgs in the Pub- t 294 Washington Street on, MA 02108	organizations treated as (b) Primary activity	s a corporatio ( Le don (state o	n or trus  c)  gal  nicile  or foreign  ntry)	st during th	(d) t controlling entity	r. Type o (C corp, or tr	(e) of entity o, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	-of- Pe	(h) rcenta	ige	Section (13) co	ontrol tity?
because it had one or more related of  (a)  Name, address, and EIN of related organization  atl Assoc of Orgs in the Pub- t 294 Washington Street on, MA 02108	organizations treated as (b) Primary activity	s a corporatio ( Le don (state o	n or trus  c)  gal  nicile  or foreign  ntry)	st during th	(d) t controlling entity	r. Type o (C corp, or tr	(e) of entity o, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	-of- Pe	(h) rcenta	ige	Section (13) co	ontrol tity?
because it had one or more related of  (a)  Name, address, and EIN of related organization  atl Assoc of Orgs in the Pub- t 294 Washington Street on, MA 02108	organizations treated as (b) Primary activity	s a corporatio ( Le don (state o	n or trus  c)  gal  nicile  or foreign  ntry)	st during th	(d) t controlling entity	r. Type o (C corp, or tr	(e) of entity o, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	-of- Pe	(h) rcenta	ige	Section (13) co	ontroll tity?
because it had one or more related of  (a)  Name, address, and EIN of related organization  atl Assoc of Orgs in the Pub- t 294 Washington Street on, MA 02108	organizations treated as (b) Primary activity	s a corporatio ( Le don (state o	n or trus  c)  gal  nicile  or foreign  ntry)	st during th	(d) t controlling entity	r. Type o (C corp, or tr	(e) of entity o, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	-of- Pe	(h) rcenta	ige	Section (13) co	ontrol tity?

sactions With Related Organizations Complete if	the organization answered "\	Yes" on Form 990, Part IV, li	ne 34, 35b, or 36.
---	------------------------------	-------------------------------	--------------------

Pa	<b>Transactions With Related Organizations</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
ь	Gift, grant, or capital contribution to related organization(s)	<b>1</b> b	Yes	
С	Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d	Loans or loan guarantees to or for related organization(s)	<b>1</b> d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	<b>1</b> f		No
g	Sale of assets to related organization(s)	<b>1</b> g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	<b>1</b> j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10		No
p	Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
	(a) Name of related organization  (b) Transaction Transaction type (a-s)  (d) Amount involved Method of determining	amount i	nvolved	

р	Reimbursement paid to related organization(s) for expenses				<b>1</b> p	No
	Reimbursement paid by related organization(s) for expenses				<b>1</b> q	No
r	Other transfer of cash or property to related organization(s)				1r	No
s	Other transfer of cash or property from related organization(s)				1s	No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete thi	is line, including covered	relationships and trans	saction thresholds.		
_						
			·			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining	amount invo	lved
		Transaction			amount invo	ved
		Transaction			amount invo	lved

Page **3** 

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)			section 501(c)(3) organizations?		section 501(c)(3) organizations?		(f) (g) Share of total income sassets		(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		<b>(k)</b> Percentage ownership
			514)	Yes	No			Yes	No		Yes	No					
										Schedul	e R (Form	990	0) 2018				

chedule R (Form 990) 2018		je <b>5</b>	
Part VII	Supplemental Info	ormation	
	Provide additional infor	mation for responses to questions on Schedule R (see instructions).	
Return Reference		Explanation	

Group Inc 75 S Main St Unit 7-626 Concord, NH 03301 02-0508473 Software ID: 18007218
Software Version: 2018v3.1

Software V	ersion: 2018v3.1					
	<b>EIN:</b> 04-2790740					
	Name: United States Group Inc	Public Interest Rese	arch			
Form 990, Schedule R, Part II - Identification of Relate	·	zations				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Exempt Code section	(e) Public charity	(f) Direct controlling	(g) Section 512
Name, address, and LIN of related organization	Filliary activity	(state	Exempt code section	status	entity	(b)(13)
		or foreign country)		(if section 501(c) (3))		controlled entity?
						Yes No
	Social Welfare	AZ	501c4	N/A	NAOPI	No
130 N Central Ave 202						
Phoenix, AZ 85004 05-0617269						
05 001,200	Social Welfare	NE	501c4	N/A	NAOPI	No
208 S Burlington Ave PO Box 325						
Hastings, NE 68902 27-0637437						
27 0037437	Social Welfare	CA	501c4	N/A	NAOPI	No
Group Inc 1111 H St Ste 207						
Sacramento, CA 95814 94-2259710						
51 22557 20	Social Welfare	MA	501c4	N/A	NAOPI	No
294 Washington St Ste 500						
Boston, MA 02108 27-1687873						
2/-100/0/3	Social Welfare	СО	501c4	N/A	NAOPI	No
Inc 1543 Wazee St Ste 330						
Denver, CO 80202 84-1188748						
04-1100/40	Social Welfare	СТ	501c4	N/A	NAOPI	No
2074 Park St Ste 210						
Hartford, CT 06106 06-1341175						
00-13411/5	Social Welfare	CA	501c4	N/A	NAOPI	No
1314 H St Ste 202						
Sacramento, CA 95814						
77-0274001	Social Welfare	СО	501c4	N/A	NAOPI	No
1543 Wazee St Ste 400				'		
Denver, CO 80202						
20-5355252	Social Welfare	CA	501c4	N/A	NAOPI	No
3435 Wilshire Blvd Ste 385				","		
Los Angeles, CA 90010						
45-0493983	Social Welfare	СО	501c4	N/A	NAOPI	No
1543 Wazee St Ste 400	Social Wellard		30101		10.12	
Denver, CO 80202						
57-1176128	Social Welfare	DC	501c4	N/A	NAOPI	No
600 Pennsylvania Ave SE Ste 400						
Washington, DC 20003						
26-1525298	Social Welfare	FL	501c4	N/A	NAOPI	No
Citizen Labby Tre 2110 1st Ave N	Social Wolland			','.'		
Citizen Lobby Inc 3110 1st Ave N Ste H St Petersburg, FL 33713						
59-3109773	Social Welfare	GA	501c4	N/A	NAOPI	No
Tax 400 F Days of a Law Ave Che 240	Social Wellare		30101		10.011	
Inc 108 E Ponce de Leo Ave Ste 210 Decatur, GA 30030						
58-2515543	Social Welfare	СО	501c4	N/A	NAOPI	No
1542 Warren Ch Che 200	Social Wellare		30101		10.011	
1543 Wazee St Ste 300 Denver, CO 80202						
04-3249629	Social Welfare	IL	501c4	N/A	NAOPI	No
Court Inc. 220 C. Inffaron Ch. Ch. C20	Social Wellare	1	30104		NAOI I	"
Group Inc 328 S Jefferson St Ste620 Chicago, IL 60661						
36-3673399	Social Welfare	IA	501c4	N/A	NAOPI	No
3642 Repyor Ave Ste 120	Social Wellare		33207	.,,,,		140
2643 Beaver Ave Ste 120 Des Moines, IA 50310						
42-1488674	Social Welfare	MD	501c4	N/A	NAOPI	No
2200 Manufacid Ava Cha D	Social Wellare		3010-7		NAOI I	I NO
2209 Maryland Ave Ste D Baltimore, MD 21218						
52-1818910	Social Welfare	MT	501c4	N/A	NAOPI	No
Craws Inc DO Box 505	Social Wellare	""	3010-7		NOI I	I NO
Group Inc PO Box 505 Missoula, MT 59806						
27-0496574	Social Welfare	MO	501c4	N/A	NAOPI	No
2F40 Lawrence Farmer B-L Chr. 427	Social Wellare		30101	.,,,,		140
2518 Lemay Ferry Rd Ste 137 St Louis, MO 63125						
43-1609044	Social Welfare	NH	501c4	N/A	NAOPI	No
	Jocial Wellale	INIT	5010-7	['Y']	11011	140

Form 990, Schedule R, Part II - Identification of Related 1	ax-Exempt Organiz						
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	<b>(f)</b> Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
	0 : 146.46			B. / A	NA ODT	Yes	No
Citizen Lobby 104 Bayard St 6thFL New Brunswick, NJ 08901 22-2708332	Social Welfare	NJ	501c4	N/A	NAOPI		No
22 2700332	Social Welfare	NM	501c4	N/A	NAOPI		No
Fund Inc 144 Harvard Dr SE Albuquerque, NM 87106 85-0403577							
	Social Welfare	NC	501c4	N/A	NAOPI		No
Gr Citizen Lobby Inc 19 W Hargett St Ste Raleigh, NC 27601 56-2136514							
	Social Welfare	ОН	501c4	N/A	NAOPI		No
605 N High St Ste 640 Columbus, OH 43215 13-4262363							
	Social Welfare	OR	501c4	N/A	NAOPI		No
Group Inc 1536 SE 11th Ave Ste A Portland, OR 97214 93-0855897							
	Social Welfare	PA	5,014	N/A	NAOPI		No
1429 Walnut St Ste 1100 Philadelphia, PA 19102 02-0611111							
	Social Welfare	PA	501d4	N/A	NAOPI		No
Group Inc 1429 Walnut St Ste 1100 Philadelphia, PA 19102 23-2448881							
	Social Welfare	CA	N/A	NAOPI	N/A		No
1111 H St Ste 207 Sacramento, CA 95814 77-0208947							
	Social Welfare	MI	501c4	N/A	NAOPI		No
313 State St Ste 5 Ann Arbor, MI 48104 38-2812867							
	Social Welfare	RI	501c4	N/A	NAOPI		No
Group Inc 11 S Angell St Ste150 Providence, RI 02906 05-0517165							
	Social Welfare	TX	501c4	N/A	NAOPI		No
Inc 200 E 30th St Austin, TX 78705 74-2990805							
	Social Welfare	MA	501c4	N/A	NAOPI		No
294 Washington St Ste 400 Boston, MA 02108 04-2980906							
	Social Welfare	WA	501c4	N/A	NAOPI		No
Group Inc 1402 3rd Ave Ste 618 Seattle, WA 98101 91-1554604							
	Social Welfare	WI	501c4	N/A	NAOPI		No
Group Inc 912 Williamson St 2nd Floor Madison, WI 53703 39-2011795							