SCANNED MAY 2 4 2021

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2018

OMB No 1545-1150

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

Open to Public

Inspection

Department of the Treasury

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

► Go to www.irs.gov/Form990EZ for instructions and the latest information. 900

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<u>۱</u>	For the	2018 calendar year, or tax year beginning July 1 , 2018, and ending	June 30	
3 (Check if ap	oplicable C Name of organization) Employer id	entification number
	Address cl	hange Maryland Public Interest Research Group, Inc.	5	2-1103818
	Name cha	nge Number and street (or P O box, if mail is not delivered to street address) Room/suite E	Telephone n	umber
=	Initial retur	13110 S. Campus Dining Hall, University of Maryland	30	1-314-8353
╡		Other rown state or province country and 7IP or foreign postal code	Group Exe	
=	Amended Application	/)4	Number 1	•
			heck ▶ 🔽	f the organization is not
	Nebsite			ach Schedule B
			•	0-EZ, or 990-PF).
		organization 🗹 Corporation 🔲 Trust 🔲 Association 🔲 Other s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	es	
		umn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ		40.050
			3	10,652
۲	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the in		
		Check if the organization used Schedule O to respond to any question in this Part I.		🗸
•	1	Contributions, gifts, grants, and similar amounts received	. 1	3,573
	2	Program service revenue including government fees and contracts	. 2	7,078
	3	Membership dues and assessments	. 3	<u></u> 0
	4	Investment income	. 4	0
	5a	Gross amount from sale of assets other than inventory 5a	0	
	b	Less cost or other basis and sales expenses	0	
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than	i	
ě	İ	\$15,000) 6a	o l	
Revenue	Ь	Gross income from fundraising events (not including \$ 0 of contributions		
é		from fundraising events reported on line 1) (attach Schedule G if the		
_		sum of such gross income and contributions exceeds \$15,000) 6b	0	
	С	Less direct expenses from gaming and fundraising events 6c	О	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtr	ract	
		line 6c)	. 6d	C
	7a	Gross sales of inventory, less returns and allowances	1	`
	b	Less. cost of goods sold	0	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c	0
	8	Other revenue (describe in Schedule O)	. 8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	10,652
	10	Grants and similar amounts paid (list in Schedule O)	. 10	10,032
	11		11	
Expenses	1	Calamas ather assessment and apple to be patter	12	
	12	Professional fees and other payments to independent contractors.		19,629
	13	Professional fees and other payments to independent contract s	\cap \vdash	5,789
	14	Occupancy, rent, utilities, and maintenance) 14) 15	137
Ш	15	Printing, publications, postage, and shipping	15	140
	16	Other expenses (describe in Schedule O)	16	20,982
	17	Total expenses. Add lines 10 through 16	▶ 17	46,677
ts	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	. 18	-36,025
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree v		
		end-of-year figure reported on prior year's return)		-37,298
ē	20	Other changes in net assets or fund balances (explain in Schedule O)		
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 21	-73,324

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2018)



Par	rt II Balance Sheets (see the instructions for	or Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			61,984	22	38,497
23	Land and buildings				23	
24	Other assets (describe in Schedule O)		[7,357	24	0
25	Total assets			69,341		38,497
26				106,639		111,821
27	Net assets or fund balances (line 27 of column		<u></u>	-37,298	_	-73,324
Par						
	Check if the organization used Schedule					Expenses
\Mhat		See Schedule O	. <u>, 4</u>	<u> </u>		quired for section
		**	f .t th 1			(c)(3) and 501(c)(4) anizations, optional for
as m perso	cribe the organization's program service accomplisheasured by expenses. In a clear and concise mappins benefited, and other relevant information for each	anner, describe the ch program title.	e services provided	d, the number of	othe	
	Researching and influencing public policy, the organi					
	education and legal and policy development on the fo	llowing issues: envi	ronmental protection	n, consumer		
	protection and hunger and homelessness.					
		······································	ints, check here .		28a	28,183
29	Public education and outreach services recruiting vo	olunteers, distributir	ng educational literat	ure, conducting		İ
	surveys, and discussing issues with the public and U					
	issues: environmental protection, consumer protection					
	(Grants \$) If this amount i	ncludes foreign gra	ants, check here .	<u>.,▶ ⊔</u>	29a	12,078
30		•••••				
		ncludes foreign gra	ints, check here .	🕨 🔲	30a	1
31	Other program services (describe in Schedule O)					
			ints, check here .		31a	
32	Total program service expenses (add lines 28a th	hrough 31a)		<u> </u>	32	40,261
Part	t IV List of Officers, Directors, Trustees, and Key	Employees (list each	n one even if not com	pensated—see the II	nstru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to a	ny question in this	Part IV .		🗆
		(b) Average	(c) Reportable	(d) Health benefits,		F-44444
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and		ther compensation
		devoted to position	(if not paid, enter -0-)	deferred compensatio		·
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	dent - until 5/5/19	1		<u>, </u>	0	O
	Fallon				_	
	President of Internal Affairs - until 8/31/18	1	1)	اه	C
	av Dahal	, <u>-</u>				
	surer - until 5/5/19	1			٥	c
	a Conway	<u>'</u>	`		1	
	President of Public Relations - until 5/5/19	1			0	c
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	Jacklis etary - until 5/5/19	1			0	ď
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	President of Internal Affairs - until 5/5/19	1		<u>'</u>	-	
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	ident - as of 5/5/19	1)	0	
Grey						_
	surer - as of 5/5/19	1) 	0	
Ashn	na Mediratta					
Secre	etary - as of 5/5/19	1)	0	
Samr	my Munta					
Vice	President of Public Relations - as of 5/5/19	1			0	
Shan	na Garcia-Herrera		1			
Vice	President of Internal Affairs - as of 5/5/19	11	(0	
Gree	shma Anand				1	
Direc	tor	1	1	\	ما	(

				-3-
Part				_
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Part		$\sqcup \sqcup$
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		_<
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			[
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			1
	during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37a	<u> </u>		<u>- </u>
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter	1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		.
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	l		Ι,
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		-
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,			
	40EE and 40E9			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line	1		
d	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		-/
41	List the states with which a copy of this return is filed ► Maryland	400		
42a	The experience of a background of a Vote McConn	303-57	3-599	5
724	Located at ► 1543 Wazee Street, Suite 400, Denver, CO ZIP + 4 ►	80202		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
-	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		7
	If "Yes," enter the name of the foreign country ▶			<u> </u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	1		
	Financial Accounts (FBAR).		_ ,	_
С	At any time during the calendar year, did the organization maintain an office outside the United States? .	42c		1
	If "Yes," enter the name of the foreign country ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		. 1	▶ 🗆
	and enter the amount of tax-exempt interest received or accrued during the tax year			
	· —		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be		,	·
	completed instead of Form 990-EZ	44b		✓
С	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
b	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," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45h		\ /

m 990-EZ (20	J18)						, r	age
							Yes	No
	ne organization engage, directly or in ndidates for public office? If "Yes," o				in opposit			<u> </u>
	Section 501(c)(3) Organizations		, Part I	· · ·	<u>· · · </u>	. 46	<u> </u>	V
	All section 501(c)(3) organizations 50 and 51. Check if the organization used Sch	s must answer que			nplete the	e tables	for lin	es
'	Check if the organization used Sci	ledule O to respond	u to any question in	tilis i ait vi	···	· · ·	Yes	No
	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						163	140
ls the	organization a school as described in	n section 170(b)(1)(A)((II)? If "Yes," complete	Schedule E	•	. 48		
a Did th	ne organization make any transfers to	o an exempt non-cha	arıtable related organı	ızatıon?		. 49a		
	s," was the related organization a se					. 49b		
	olete this table for the organization's							
emplo	oyees) who each received more than	1 \$100,000 of compe	nsation from the orga	anization. If the	ere is none	e, enter "l	None."	
(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health b contributions to benefit plans, a compens	employee nd deferred	(e) Estimate other cor		
								
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			· · · · · · · · · · · · · · · · · · ·	+				
	number of other employees paid over			t contractors	who each	ı received	more	tha
1 Comp \$100,	number of other employees paid over olete this table for the organization', 000 of compensation from the orga Name and business address of each independ	's five highest companization. If there is no	ensated independent			received		tha
1 Comp \$100,	olete this table for the organization' ,000 of compensation from the orga	's five highest companization. If there is no	ensated independent one, enter "None."					tha
1 Comp \$100,	olete this table for the organization' ,000 of compensation from the orga	's five highest companization. If there is no	ensated independent one, enter "None."					tha
1 Comp \$100,	olete this table for the organization' ,000 of compensation from the orga	's five highest companization. If there is no	ensated independent one, enter "None."					tha
1 Comp \$100,	olete this table for the organization' ,000 of compensation from the orga	's five highest companization. If there is no	ensated independent one, enter "None."					e tha
1 Comp \$100,	olete this table for the organization' ,000 of compensation from the orga	's five highest companization. If there is no	ensated independent one, enter "None."					tha
1 Comp \$100,	olete this table for the organization' ,000 of compensation from the orga	's five highest companization. If there is no	ensated independent one, enter "None."					tha
1 Comp \$100, (a)	olete this table for the organization', 000 of compensation from the orga	's five highest companization. If there is no dent contractor	ensated independent one, enter "None." (b) Type of ser					tha
1 Comp \$100, (a)	number of other independent contra	s five highest companization. If there is no dent contractor	(b) Type of ser	rvice	(c)	Compensat		tha
d Total 2 Did t	number of other independent contratthe organization complete Schedu	s five highest companization. If there is no dent contractor	(b) Type of ser	rvice	(c)	Compensat	ion	
Comp \$100, (a) d Total 2 Did t comp	number of other independent contratthe organization completed Schedule A	s five highest companization. If there is not dent contractor dent contractor actors each receiving alle A? Note: All seconds.	(b) Type of ser (b) Type of ser (c) Type of ser (c) Type of ser (d) Type of ser (e) Type of ser	. ►anizations mu	(c)	Compensat	ion	No
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d Total 2 Did t comp	number of other independent contrathe organization completed Schedule A of perjury, I declare that I have examined this r	s five highest companization. If there is no dent contractor dent contractor dent contractor dent contractor dent contractor dent contractor dent contractor dent contractor dent contractor dent contractor dent contractor dent contractor dent dent dent dent dent dent dent dent	tensated independent one, enter "None." (b) Type of ser (c) Type of ser (d) Over \$100,000 ection 501(c)(3) organizing schedules and statem	anizations mu	ust attach	Compensation a, .▶	ion	No
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d Total 2 Did t comp der penalties a, correct, and	number of other independent contratthe organization complete Schedule A of perjury, I declare that I have examined this rd complete Declaration of preparer (other than Signature of officer .	s five highest companization. If there is no dent contractor dent contractor dent contractor dent contractor dent contractor dent contractor dent contractor dent contractor dent contractor dent contractor dent contractor dent dent dent dent dent dent dent dent	tensated independent one, enter "None." (b) Type of series of ser	anizations mu. nents, and to the trias any knowledge. Date	ust attach	Compensation of the compen	ion	No
d Total 2 Did t comp ler penalties , correct, and	number of other independent contrathe organization complete Schedule A of perjury, I declare that I have examined this rd complete Declaration of preparer (other than Signature of officer . Greeshma Anand, Director Type or print name and title Print/Type preparer's name	s five highest companization. If there is no dent contractor dent contractor dent contractor dent contractor dent contractor dent contractor dent contractor dent contractor dent contractor dent contractor dent contractor dent dent dent dent dent dent dent dent	tensated independent one, enter "None." (b) Type of series of ser	anizations mu	June 3rd.	Compensation of the compen	ion	No
d Total 2 Did t comp der penalties e, correct, and	number of other independent contrathe organization complete Schedule A	s five highest companization. If there is no dent contractor dent contractor dent contractor dent contractor dent contractor dent contractor dent contractor dent contractor dent contractor dent contractor dent contractor dent dent dent dent dent dent dent dent	tensated independent one, enter "None." (b) Type of series of ser	anizations mu	ust attach	Compensation of the compen	ion	No

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2018

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Maryland Public Interest Research Group, Inc.	52-1103818
Part I, Line 16	
Coalition Dues. \$18,249; Conference & Meetings. \$1,943; Insurance\$7; Supplies: \$122, Travel: \$675	
`	*
Part II, Line 24, Column A	
Accounts Receivable: \$7,357	
Dort II Line 20 Column A	<u></u>
Part II, Line 26, Column A	
Accounts Payable. \$106,639	
Part II, Line 26, Column B	
Accounts Payable \$111,821	
Part III, Organization's Primary Exempt Purpose	
The purposes for which the Corporation is formed and the objects to be carried on and performed by it	t are as follows. (1) In general to
advocate and participate in projects and activities promotin the public interest, said project and activiti	es to be representative of the goals
and concerns of the students of participating colleges and universities in the State of Maryland as dete	ermined on a priority basis by a
Student Board of Directors elected in accordance with the By-Laws of MaryPIRG, (2) To employ through	h the Student Board of Directors a
staff of full and part-time professionals (from such fields as law, accounting, social sciences, economic	cs, engineering, and ecology) to carry
out projects and activities with significant impact on the public well-being; (3) To engage in research, s	studies, preparation, and submission of
written reports, representation, litigation, lobbying, public education, and similar efforts to advocate th	e public interest in such areas (by way
of illustration, not limitation) as governmental responsibility, environmental preservation, equal rights,	consumer protection, and corporate
responsibility.	
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