DLN: 93493195021570 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) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 08-01-2018 , and ending 07-31-2019 C Name of organization D Employer identification number B Check if applicable PUBLIC INTEREST RESEARCH GROUP OF NEW ☐ Address change 22-1956222 ☐ Name change Doing business as ☐ Initial return NJPIRG STUDENT CHAPTERS ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite 104 BAYARD STREET NO 102 ☐ Application pending (617) 747-4347 City or town, state or province, country, and ZIP or foreign postal code NEW BRUNSWICK, NJ  $\,$  08901  $\,$ G Gross receipts \$ 1,210,973 Name and address of principal officer H(a) Is this a group return for ORIANA HOLMES-PRICE □Yes ☑No subordinates? 104 BAYARD STREET NO 102 H(b) Are all subordinates NEW BRUNSWICK, NJ 08901 ☐ Yes ☐No included? Tax-exempt status ☐ 501(c)(3) **☑** 501(c) (4) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW NJPIRGSTUDENTS ORG L Year of formation 1972 **M** State of legal domicile NJ K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities CONDUCT INDEPENDENT RESEARCH ON CONSUMER AND ENVIRONMENTAL ISSUES MONITOR CORPORATE & GOVERNMENTAL ACTIONS AFFECTING NJ CITIZENS Activities & Governance Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 8 Number of independent voting members of the governing body (Part VI, line 1b) 7 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 350 Total number of volunteers (estimate if necessary) . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 7b **Current Year** 662,336 544,445 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 20,703 30.731 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 352 693,067 565,500 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 100,000 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 52,651 111,534 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶15,943 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 194,022 211,267 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 346,673 322,801 19 Revenue less expenses Subtract line 18 from line 12 . 218,827 370,266 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 1,821,046 2,026,009 152,010 21 Total liabilities (Part X, line 26) . 342,931 22 Net assets or fund balances Subtract line 21 from line 20 . 1,478,115 1.873.999 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-07-13 Signature of officer Sign Here MATILDA THORNTON-CLARK ORGANIZING DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Date Check | If 2020-07-13 P01747794 Paid self-employed Firm's name MERCADIEN PC Firm's EIN ▶ 22-3271712 **Preparer** Use Only Firm's address ► PO BOX 7648 Phone no (609) 689-9700 PRINCETON, NJ 085437648 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2018	3)				Page <b>2</b>
Pa	rt III St	atement of Program Ser	vice Accomplish	nments		
	 Ch	neck if Schedule O contains a re	sponse or note to a	ny line in this Part III		🗹
1		scribe the organization's missio		•		
ISSU MAT AVAI	ES AS URB TERS OF UR LABLE TO T	AN REVITALIZATION, CONSUM RGENT OR LONG RANGE CONCE	ER PROTECTION, EI	NVIRONMENTAL QUALI AL WELFARE OF THE PI	ARTISAN ANALYSIS, STUDY AND RI ITY, RACIAL AND SEXUAL DISCRIMI EOPLE OF THE STATE OF NEW JERS IENT FACTS AND RESULTS OF SUCH	NATION AND SIMILAR EY, AND TO MAKE
2	Did the or	rganization undertake any signi	ficant program serv	ices during the year w	hich were not listed on	
-		Form 990 or 990-EZ?	, ,	· ,		☐ Yes ☑ No
		describe these new services on				
3	•	rganization cease conducting, o		hanges in how it condi	ucts, any program	
			<del>-</del>	<del>-</del>		☐ Yes ☑ No
	If "Yes," o	describe these changes on Sche	dule O			
4	Describe to Section 5	the organization's program serv	vice accomplishmen ations are required	to report the amount o	largest program services, as meast of grants and allocations to others, t	
4a	(Code	) (Expenses \$	267,953	including grants of \$	) (Revenue \$	)
	See Additio	onal Data				<u> </u>
4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
4d	Other pro	ogram services (Describe in Sch	edule O )			
	(Expense	s \$	ncluding grants of s	\$	) (Revenue \$	)
4e	Total pro	ogram service expenses >	267,95	53		

Form	990 (2	018)			Page <b>3</b>
Par	t IV	Checklist of Required Schedules			
				Yes	No
1		organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete lule A	1		No
2	Is the	organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3		e organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates blic office? If "Yes," complete Schedule C, Part I	3		No
4	Did th	on 501(c)(3) organizations. e organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? s," complete Schedule C, Part II	4		
5	assess	organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, sments, or similar amounts as defined in Revenue Procedure 98-19? s," complete Schedule C, Part III	5		No
6	to pro	e organization maintain any donor advised funds or any similar funds or accounts for which donors have the right vide advice on the distribution or investment of amounts in such funds or accounts? s," complete Schedule D, Part I 😭	6		No
7		e organization receive or hold a conservation easement, including easements to preserve open space, ivironment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🤟	7		No
8		e organization maintain collections of works of art, historical treasures, or other similar assets? s," complete Schedule D, Part III 🐒	8		No
9	for am	e organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian nounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation es?If "Yes," complete Schedule D, Part IV	9		No
10		e organization, directly or through a related organization, hold assets in temporarily restricted endowments, anent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10		No
11		organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, s applicable			
а	Did th	e organization report an amount for land, buildings, and equipment in Part X, line 10? s," complete Schedule D, Part VI	11a	Yes	
b		e organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏	11b	Yes	
С	Did th total a	e organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏	11c		No
d	Did th	e organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported t X, line 16? If "Yes," complete Schedule D, Part IX 🔁	11d		No
е	Dıd th	e organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🥦	11e		No
f		e organization's separate or consolidated financial statements for the tax year include a footnote that addresses ganization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏	11f	Yes	
12a	Did th	e organization obtain separate, independent audited financial statements for the tax year?			

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 2	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 2	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 2	12a	Yes	
Ь	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
4.0	T- H			

Is the organization a school described in section 170(b)(1)(A)(u)? If "Yes," complete Schedule E

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

15

16

18

19

21

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . .

**20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

Nο

No

No

Nο

Nο

No

Nο

Nο

No

Νo

No

Form **990** (2018)

13

14a

14b

15

16

17

18

19

20a

20b

21

rm '	990 (2018)			Page
Par	Checklist of Required Schedules (continued)			
23	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? If "Yes," complete	23	Yes	No No
	Schedule J	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
5a	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
7	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
8	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)			
а	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
c	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? If "Yes," complete Schedule L, Part IV	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
ŀ	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		No
ia	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
Ь	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		
5	<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 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Par	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

1a

1b

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

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

0

**b** Gross income from other sources (Do not net amounts due or paid to other sources 11b 12a

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

13c

14a

14b

15

No

No

Form **990** (2018)

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

a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 13a Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans . . . .

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?

c Enter the amount of reserves on hand . . . . . . . . . . . . . . .

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.

orm	990 (2018)			Page <b>6</b>
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions  Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to	lınes 🗹
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year a			
	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			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8			
2	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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b		No
9	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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	•
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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 conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in			

а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	≘.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
ь	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	
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
4.0		I I		Ī

Part VII

0

0

0

0

0

0

0

0

0

0

0

0

21.750

0

0

0

0

0

0

1,237

Form 990 (2018)

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
- year • 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

or reportable compensation from the organization	i dila diliy i cideo	a orga	III Zaci	0113						
• List all of the organization's former director organization, more than \$10,000 of reportable co										
List persons in the following order individual trus compensated employees, and former such person		rs, ınst	itutio	nal t	rust	ees, o	office	ers, key employees	s, highest	
$\square$ Check this box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	ny d	current officer, dire	ctor, or trustee	
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related organizations	pers and	an on on is a dir	both ecto	t che x, u n an or/tr	inless office ustee)	er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	below dotted line)	Individual trustee or director	Institutional Trustee	Sel .	employee	hest compensated Movee	mer			organizations
(1) ORIANA HOLMES-PRICE CHAIR (EFF 4/7/19)	2 00	×		х				0	0	0
(2) APRIL NICKLAUS CHAIR (UNTIL 4/7/19)	10 00	х		×				0	0	0
(3) KAYLA ROSKEY VICE CHAIR (EFF 4/7/19)	5 00	×		х				0	0	0
(4) AMY WANG VICE CHAIR (UNTIL 4/7/19)	5 00	×		x				0	0	0
(5) MATTHEW SAWYER TREASURER (EFF 4/7/19)	5 00	×		×				0	0	0
(6) AUSTIN GINSBERG TREASURER (UNTIL 4/7/19)	5 00	×		х				0	0	0

TREASURER (UNTIL 4/7/19) 5.00 (7) ADRIAN ACAKIOS 0 SECRETARY 2 00

Х

Х

Х

Χ

Х

2 00

2.00

5 00

2 00

5.00

2 00

2 00

10 00

45 00

(8) AMANDA AGWUEGBO DIRECTOR (UNTIL 4/7/19)

(9) CARMELLA BORM

DIRECTOR (EFF 12/2/18)

(10) SAIJA FERNANDEZ DIRECTOR (UNTIL 4/7/19)

(11) NOELIA GUZMAN

(12) MICHEAL HOLEY

(13) SHIVANI PATEL

DIRECTOR (UNTIL 4/7/19)

DIRECTOR (EFF 12/2/18)

DIRECTOR (EFF 12/2/18)

(14) SYLVIE SOBNOGWI

DIRECTOR (EFF 12/2/18)

(15) SHEALYNN O'TOOLE

DIRECTOR (UNTIL 4/7/19)

(16) EMILY KELLY-FISCHER

(17) MATILDA THORNTON-CLARK

FINANCIAL DIRECTOR

ORGANIZING DIRECTOR

Form 990 (2018) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (D) (E) (F) Position (do not check more Name and Title Average Reportable Reportable Estimated than one box, unless person hours per compensation compensation amount of other is both an officer and a week (list from the from related compensation director/trustee) organization (Worganizations (Wany hours from the for related 2/1099-MISC) 2/1099-MISC) organization and individual or directo Officer Former Institutio organizations related below dotted organizations line)

compensated loyee loyee				
ompensated				
oyee				
l trustee or				

1b Sub-Total				<b>&gt;</b>		
c Total from continuation sheets to Pa	art VII, Section	Α		▶□		

21,750 1,237

d Total (add lines 1b and 1c) . . . . 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0

Yes No

3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on		
	line 1a? If "Yes," complete Schedule J for such individual	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No
	action R. Independent Contractors	<u> </u>	

4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such		
	ındıvıdual	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No
S	ection B. Independent Contractors		
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of co	mpensatio	n

	organization and related organizations greater than \$150,000 in res, complete schedule 3 for Such			
	ındıvıdual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
Se	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of con-	nnens	ation	

			_				
S	Section B. Independent Contractors						
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year							
	(A) (B) Name and business address Description of services						
-							

from the organization. Report compensation for the calendar year ending with or within the organization's tax year								
(A) Name and business address	(B) Description of services	(C) Compensation						

			l
2	Total number of independent contractors (including but not limited to those listed above) who is compensation from the organization $\blacktriangleright$ 0	received more than \$100,000 of	
			Form <b>990</b> (2018)

orm 99	•								Page <b>9</b>
Part \	/III	Statement of		2 rocno	nea ar noto to an	/ line in this Part VIII	ı		П
		Check II Schedul	e O contains	a respo	onse or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated campaig	ns	1a			revenue		512 - 514
nts ints	Ь	Membership dues		1b					
6ra 1101	С	Fundraising events		1c					
Ę,	d	Related organizatio	ns	1d					
<u>⊒</u> ਦੁ	e	Government grants (c	ontributions)	1e					
ns, Sin	f	All other contributions and similar amounts n							
Contributions, Gifts, Grants and Other Similar Amounts		above	ot included	<b>1</b> f	662,336				
き	g	Noncash contribution in lines 1a - 1f \$	ons included						
Son	h	Total. Add lines 1a	-1f		•	660.006			
					Busines	662,336 s Code		<u> </u>	
<u> </u>	2a								
ا چ	<u> </u>			_					
Service Revenue	C ·			_					
ž.	d ·								
ä	e ·								
Program		All other program se							
		<b>Fotal.</b> Add lines 2a-2			<u> </u>	_			
		nvestment income (i milar amounts) .	ncluding divid			28,63	37		28,637
	<b>4</b> Iı	ncome from investm	ent of tax-ex	empt b	ond proceeds I	<b>&gt;</b>			
	<b>5</b> R	toyaltıes				<u> </u>			
	63	Gross rents	(ı) Rea	al	(II) Personal	_			
	va	GIOSS TEIRES							
	b	Less rental expenses							
	c	Rental income or				-			
	d	(loss)	. (1555)			_			
	u	Net rental income o	(ı) Securi		(II) Other	1			
	7a	Gross amount			, ,	-			
		from sales of assets other than inventory		520,000					
		·				_			
	b	Less cost or other basis and sales expenses		517,906					
	С	Gain or (loss)		2,094		1			
	d	Net gain or (loss)		•	<b>&gt;</b>	2,09	94		2,094
		Gross income from f (not including \$	undraising ev	ents of					
듀		contributions reporte See Part IV, line 18	ed on line 1c)		]				
e K		Less direct expense		. a b		$\dashv$			
7		Net income or (loss)			ents 🔈	_			
Other Revenue	9a	Gross income from g	jaming activit	ies					
		See Part IV, line 19		а	l				
	b	Less direct expense	s	b		1			
		Net income or (loss)		ı actıvıt	ies •	_			
	L0a	Gross sales of invent returns and allowand	tory, less						
				а	1				
	b	Less cost of goods s	sold	b					
-	С	Net income or (loss) Miscellaneous		f invent	Business Code				
	11a		Revenue		Business Code	-			
	_								
	Ь								
	c					1			
	d	All other revenue .							
	e	<b>Total.</b> Add lines 11a	-11d		•				
	12	<b>Total revenue.</b> See	Instructions			693,06	57	0	0 30,731
									Form 000 (2019)

Form 990 (2018)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nizations must comp	lete column (A)	
Check if Schedule O contains a response or note to any	-	·	. ,	$\square$
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.		схрензез	general expenses	
2 Grants and other assistance to domestic individuals See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				_
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	24,630	21,573	594	2,463
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	69,899	61,223	1,686	6,990
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,504	1,318	36	150
9 Other employee benefits	6,023	5,276	145	602
<b>10</b> Payroll taxes	9,478	8,301	229	948
11 Fees for services (non-employees)				
a Management				_
<b>b</b> Legal				
c Accounting	13,350		13,350	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	27,036	7,659	19,377	
12 Advertising and promotion				
13 Office expenses	18,740	16,242	644	1,854
14 Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	19,901	17,430	480	1,991
<b>17</b> Travel	7,311	6,404	176	731
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
<b>20</b> Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,100	963	27	110
23 Insurance	1,233		1,233	_
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 DUES	113,063	113,063		
L MYSSELLANESUS	0.447	0.127	010	
b MISCELLANEOUS	9,117	8,137	918	62
c EQUIPMENT MAINTENANCE	416	364	10	42
<u>d</u>				
e All other expenses	2			.=
25 Total functional expenses. Add lines 1 through 24e	322,801	267,953	38,905	15,943
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Form **990** (2018)

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

Page **11** 

58

4.279

1,122

887,126

828.502

2.026.009 152.010

152.010

1.873.999

1,873,999

2,026,009

Form **990** (2018)

6

7

8

9

10c

11

12

13

14

15

16

17

18

19

20

21

22 23

24

25

26

27 28

29

30

31 32

33

34

4.434

1,089

1,189,700

1.821.046

242.931

100.000

342.931

1.478.115

1.478.115

1,821,046

198.215

(A) (B) Beginning of year End of year 1 Cash-non-interest-bearing . 2 Savings and temporary cash investments . . 276,495 2 304,922

3 3 Pledges and grants receivable, net . . 151,113 4 Accounts receivable, net . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete 5 Part II of Schedule L . . . . .

12,424

11,302

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 Part II of Schedule L Assets Notes and loans receivable, net .

Prepaid expenses and deferred charges

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

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

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

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

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

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to current and former officers, directors, trustees,

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

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

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

Retained earnings, endowment, accumulated income, or other funds

Investments-program-related See Part IV, line 11

basis Complete Part VI of Schedule D

Intangible assets . . . . .

Other assets See Part IV, line 11 .

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

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)

Total liabilities. Add lines 17 through 25 .

Less accumulated depreciation

11

12

13

14

15

16

17

18

19

20

21

23

24

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Inventories for sale or use .

10a

10b

Form	990 (2018)				Page <b>12</b>
Pai	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			693,067
2	Total expenses (must equal Part IX, column (A), line 25)	2			322,801
3	Revenue less expenses Subtract line 2 from line 1	3			370,266
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	,478,115
5	Net unrealized gains (losses) on investments	5			25,618
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			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1	,873,999
Pa	TXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
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				
Ь	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 Sii Audit Act and OMB Circular A-133?	ngle	3a		No

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2018)

3b

## Additional Data

Software ID: Software Version:

**EIN:** 22-1956222

Name: PUBLIC INTEREST RESEARCH GROUP OF NEW

JERSEY INC

Form 990 (2018)

Form 990, Part III, Line 4a:

PUBLIC INTEREST RESEARCH GROUP OF NEW JERSEY. INC A/K/A NJPIRG STUDENT CHAPTERS ("STUDENT CHAPTERS") IS A NON-PROFIT. STUDENT DIRECTED

ORGANIZATION THAT RECRUITS AND TRAINS STUDENTS TO CONDUCT PUBLIC INTEREST RESEARCH, EDUCATES THE CAMPUS AND LOCAL COMMUNITY ABOUT CIVIC ENGAGEMENT, AND ADVOCATES FOR REAL SOLUTIONS. FROM DIRECT SERVICE TO THE COMMUNITY TO ADVOCATING FOR COMMON SENSE POLICY SOLUTIONS. STUDENT

CHAPTERS MELDS THE TECHNICAL KNOWHOW OF UNIVERSITY RESEARCH AND CLASSROOM EDUCATION WITH REAL WORLD ADVOCACY AND HANDS ON EXPERIENCE

**SCHEDULE D** 

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(Form 990)

Department of the Treasury

**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. ▶ Attach to Form 990.

OMB No 1545-0047

DLN: 93493195021570

Open to Public

	al Revenue Service	► Go to <u>www.irs.c</u>	ov/Form990 for the lat	est information.		Ins	pection
	me of the organ				Employer ident	ification	number
	SEY INC	ARCH GROUP OF NEW			22-1956222		
Pa	rt I Organi:	zations Maintaining Donor Advi	sed Funds or Other S	Similar Funds o	r Accounts.		
	Complet	te if the organization answered "Ye					
	<b>-</b>		(a) Donor advise	ed funds	(b)Funds a	nd other a	iccounts
1	Total number at	·					
2		of contributions to (during year)					
3		of grants from (during year)					
4	Aggregate value	•					
5		ation inform all donors and donor advisc roperty, subject to the organization's ex		ts held in donor ad	vised funds are the		Yes 🗌 No
6		ation inform all grantees, donors, and donors and donor and not for the benefit of the donor				_	Yes 🗌 No
Pa	tt III Conser	vation Easements. Complete if the	ne organization answere	ed "Yes" on Forr	n 990, Part IV, lı	ne 7.	
1	Purpose(s) of co	enservation easements held by the orga	nızatıon (check all that app	oly)			
	Preservation	on of land for public use (e g , recreatio	n or education)	Preservation of an	historically import	ant land a	rea
	☐ Protection	of natural habitat		Preservation of a d	ertified historic str	ucture	
	☐ Preservation	on of open space					
2		2a through 2d if the organization held a e last day of the tax year	qualified conservation con	tribution in the for			f the Year
а		conservation easements			2a	ne Liid o	r the real
ь	Total acreage re	stricted by conservation easements			2b		
С		ervation easements on a certified histor	ic structure included in (a)		2c		
d		ervation easements included in (c) acqu n the National Register	ired after 7/25/06, and no	t on a historic	2d		
3		ervation easements modified, transferre	ed, released, extinguished,	or terminated by	the organization du	uring the	
4	Number of state	s where property subject to conservation	on easement is located <b>&gt;</b> _				
5		zation have a written policy regarding t it of the conservation easements it hold		pection, handling	_	Yes	□ No
6	Staff and volunt	eer hours devoted to monitoring, insper	cting, handling of violation	s, and enforcing co	onservation easeme	ents durin	g the year
7	Amount of expe ▶ \$	nses incurred in monitoring, inspecting,	handling of violations, and	d enforcing conser	vation easements o	during the	year
8	Does each conse	ervation easement reported on line 2(d) (h)(4)(B)(ii)?	above satisfy the requirer	ments of section 1	_	Yes	□ No
9	balance sheet, a	scribe how the organization reports cons and include, if applicable, the text of the	footnote to the organizati		nse statement, and	 d	
Par	t IIII Organi:	i's accounting for conservation easemer zations Maintaining Collections	of Art, Historical Tre		er Similar Asse	ets.	
		te if the organization answered "Ye					
1a	art, historical tre	on elected, as permitted under SFAS 11 easures, or other similar assets held for XIII, the text of the footnote to its finar	public exhibition, education	on, or research in f			
b	historical treasu	on elected, as permitted under SFAS 11 res, or other similar assets held for pub its relating to these items					
(	(i) Revenue includ	ed on Form 990, Part VIII, line 1			▶ \$		
<b>(</b> i	ii)Assets ıncluded	ın Form 990, Part X			<b>▶</b> \$		
2	If the organizati	on received or held works of art, histori nts required to be reported under SFAS			ncıal gaın, provide	the	
а	_	ed on Form 990, Part VIII, line 1	., .,		<b>▶</b> \$		
b		ın Form 990, Part X			<b>▶</b> \$		

Cat No 52283D

Schedule D (Form 990) 2018

Par	t IIII	Organizations M	aintaining Col	lections o	of Art, I	listori	cal Tı	reasu	ıres, oı	Other	Similar A	Assets (	contin	ued)	
3		the organization's acq (check all that apply)	juisition, accessior	n, and other	records,	check a	any of	the fo	llowing t	hat are a	a significant	use of it	s colle	ction	
а		Public exhibition				d		Loan	or excha	ange pro	grams				
b		Scholarly research				е		Othe	r						
С		Preservation for future	e generations												
4	Provid Part X	le a description of the	organization's col	lections and	l explain	how the	y furth	ner the	e organiz	ation's e	xempt purp	ose in			
5		g the year, did the org s to be sold to raise fui									nılar	□ Ye	es	□ N-	0
Pa	rt IV	Escrow and Cust Complete if the or X, line 21.			" on For	m 990	, Part	IV, lı	ne 9, o	r report	ed an amo	ount on I	Form	990,	Part
1a		organization an agent ed on Form 990, Part		an or other	ıntermed	liary for	contril	bution	s or othe	er assets	not	☐ <b>Y</b> €	es	□ N	0
ь	If "Ye:	s," explain the arrange	ement ın Part XIII	and comple	ete the fo	llowing	table					Amount			_
c	Begini	ning balance				_				1c					
d	Addıtı	ons during the year								<b>1</b> d					_
е	Distrib	outions during the yea	r							1e					_
f	Ending	g balance								1f					_
<b>2</b> a		e organization include											es	□ N	0
b		s," explain the arrange				•			•						
Pa	rt V	Endowment Fun	<b>ds.</b> Complete if												
1 a	Reginni	ng of year balance .		(a)Currer	nt year	( <b>b</b> )Pr	rior yea	r	(c)Iwo y	ears back	(d)Three y	ears back	(e)⊦c	ur year	s back
	-	utions						_							
		estment earnings, gair	ns and losses					$\dashv$							-
		or scholarships	•					-							
		expenditures for facilities													
	•	grams													
f	Adminis	strative expenses .													
g	End of	year balance													
2 a		le the estimated perce designated or quasi-e	-	ent year end	l balance	(line 1g	g, colu	mn (a)	)) held a	S					
ь	Perma	nent endowment <b>&gt;</b>													
c	Tempo	orarily restricted endo	wment <b>&gt;</b>												
_	The pe	ercentages on lines 2a	, 2b, and 2c shou	ld equal 100	0%										
3а		ere endowment funds	not in the posses	sion of the	organızat	on that	are h	eld an	d admını	stered fo	or the		_	1	
	-	ization by related organizations										<u>-</u>	a(i)	Yes	No
		elated organizations		• • •			•						a(i) a(ii)		
Ь		s" on $3a(11)$ , are the re		s listed as r	equired (	on Sche	dule R	· .	` `.				3b		
4	Descri	be in Part XIII the inte	ended uses of the	organizatio	n's endo	wment f	unds						-		
Pa	rt VI	Land, Buildings,													
	Descrir	Complete If the or otion of property	ganization answ (a) Cost or oth			m 990 or other					rm 990, P depreciation			ok value	<u> </u>
	nesci il	scion or property	(investme		(2, 2030	s. outel	2.20.0 (1		(5) //60	aiated	25. 30.00001		, 200	+ a i a c	-
1a	Land .														
	Building	is													
	_	old improvements						1,256			1,256				0
		ent					1	1,168			10,046				1,122
	Other										·	1			

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

Part VII Investments—Other Securities. Comple See Form 990, Part X, line 12.	ete if the organ	ization answ	vered "Yes" on	Form 990, Pa	rt IV, line 11b.
(a) Description of security or category (including name of security)	(b) B	Book value		(c) Method of v	
(1) Financial derivatives				,	
(2) Closely-held equity interests	- '	248,178		F	
(B) GOLDMAN SACHS BANK USA 2 75% CUSIP 38148P5V5		248,834		 F	
(C) MORGAN STANLEY PVT BANK 2 50% CUSIP 61760AXY0		166,239			
(D) US BANK NATL ASSOC 2 35% CUSIP 90333VN22		165,251			
(E)		103,231		<u> </u>	
(F)					
(G)					
(H)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) Part VIII Investments—Program Related.	•	828,502			
Complete if the organization answered 'Ye					
(a) Description of investment	(b	) Book value		(c) Method of vocations of end-of-year	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Part IX Other Assets. Complete if the organization as	nswered 'Yes' on	Form 990, Pa	rt IV, line 11d S	See Form 990, Pa	art X, line 15
(1)	scription				(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col (B) line	15) .				
<b>Part X Other Liabilities.</b> Complete if the organiz See Form 990, Part X, line 25.	ation answered			V, line 11e or	11f.
1. (a) Description of liability (1) Federal income taxes		<b>(b)</b> Bo	ook value		
(1) redetal medite taxes					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	•	<u> </u> .			
2. Liability for uncertain tax positions In Part XIII, provide the	e text of the footi	note to the or			
organization's liability for uncertain tax positions under FIN 48	(ASC /40) Che	ck nere if the	text of the footr	iote nas been pr	ovided in Part XIII 💆

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

Schedule D (Form 990) 2018

## **Additional Data**

Software Version:

Software ID:

**EIN:** 22-1956222

PUBLIC INTEREST RESEARCH GROUP OF NEW Name: JERSEY INC

Supplemental Information Return Reference

Explanation

PART X, LINE 2

UNCERT

U S GAAP REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY STUDENT CHAPTERS AND RECOG

NIZE A TAX LIABILITY IF STUDENT CHAPTERS HAS TAKEN AN UNCERTAIN TAX POSITION THAT MORE LIK

ELY THAN NOT WOULD BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES MANAGEMENT EVALUAT ED STUDENT CHAPTER'S TAX POSITIONS AND CONCLUDED THAT STUDENT CHAPTERS HAD TAKEN NO. AIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE P ROVISIONS OF THE GUIDANCE

efile GRAPH	IC print - DO NOT PROCESS	As Filed Data -		DLN:	93493195021570
SCHEDUL	E O O O O O O O O O O O O O O O O O O O	4-1	4a Farras 000 au 0	00 F7	OMB No 1545-0047
(Form 990 or EZ)	990- Complete to pr	ovide information for or 990-EZ or to prov	on to Form 990 or 9 r responses to specific questi ide any additional informatio	ons on	2018
► Attach to Form 990 or 990-EZ.  Department of the Treasury  ► Go to <u>www.irs.gov/Form990</u> for the latest information.					Open to Public Inspection
Name Betherorganization PUBLIC INTEREST RESEARCH GROUP OF NEW JERSEY INC				Employer identi 22-1956222	fication number
990 Schedul	e O, Supplemental Information	on			
Return Reference			Explanation		
FORM 990, PART VI, SECTION A, LINE 8B	NJPIRG STUDENT CHAPTERS D GOVERNING BODY	OES NOT HAVE ANY	COMMITTEES WITH AUTHORI	TY TO ACT ON B	EHALF OF THE

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, PART VI, SECTION B, LINE 11B

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	TO MONITOR AND ENFORCE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY, NJPIRG STUDENT CHA PTERS REQUIRES ALL OFFICERS, DIRECTORS AND INDIVIDUALS WITH SUBSTANTIAL INFLUENCE OVER NJP IRG STUDENT CHAPTERS TO COMPLETE AN ANNUAL STATEMENT DISCLOSING TO THE BOARD ANY BUSINESS, CONTRACTUAL OR FINANCIAL RELATIONSHIPS THE PERSON HAS WITH OTHER ORGANIZATIONS IN ADDITI ON, SAID PERSONS HAVE AN ONGOING OBLIGATION TO DISCLOSE TO THE BOARD ANY FINANCIAL INTERES T, DIRECT OR INDIRECT, THAT THE PERSON WOULD GAIN FROM ANY PARTICULAR TRANSACTION, CONTRAC T, OR POLICY UNDER CONSIDERATION BY NJPIRG STUDENT CHAPTERS THE BOARD MUST ASSESS POTENTI AL CONFLICTS ON A CASE-BY-CASE BASIS, CONFLICTED PERSONS MUST ABSTAIN FROM THE DELIBERATIO N OF THE TRANSACTION, AND CORPORATE RECORDS BE MAINTAINED

990 Schedule O, Supplemental Information

Return

Reference

INCICIONOC	
FORM 990,	THE COMPENSATION COMMITTEE WILL ESTABLISH ACCEPTABLE COMPENSATION PACKAGES AFTER REVIEWING
PART VI,	AT LEAST ONE OF THE FOLLOWING 1) INFORMATION ABOUT COMPENSATION PAID BY SIMILARLY SITUAT
SECTION B,	ED TAX-EXEMPT ORGANIZATIONS FOR SIMILAR SERVICES, 2) CURRENT COMPENSATION SURVEYS COMPILED
LINE 15	BY INDEPENDENT FIRMS, 3) ACTUAL WRITTEN OFFERS FROM SIMILARLY SITUATED ORGANIZATIONS DOC
	LIMENTATION OF THE COMPENSATION DELIBERATION AND DECISION IS KEPT ON FILE

Explanation

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, 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 SECTION C, N REQUEST AS INDICATED IN LINE 18