Department of the

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.

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

2018

DLN: 93493191003420 OMB No. 1545-0047

Open to Public

nterna	Rever	nue Service						Inspection
A Fo	r the	e 2019 c	lendar year, or tax year beginnir	ig 08-01-2018 ,and ending 07	7-31-2019			
		oplicable:	C Name of organization NEW JERSEY PUBLIC INTEREST RESEAR	CH		D Employer	identific	cation number
		change	GROUP CITIZEN LOBBY INC			22-27083	32	
☐ Nar		-	Doing business as					
		n/terminated						
☐ Am	ended	l return	Number and street (or P.O. box if mail i	s not delivered to street address) Room	n/suite	E Telephone r	number	
☐ App	olicatio	on pending	104 BAYARD STREET 6TH FLOOR			(732) 709	-1430	
			City or town, state or province, country, NEW BRUNSWICK, NJ 08901	and ZIP or foreign postal code				
			,			G Gross recei	pts \$ 95!	5,407
			F Name and address of principal of ELLEN MONTGOMERY	ficer:	H(a) Is	this a group retur	n for	
			104 BAYARD STREET 6TH FLOOR			bordinates?		□Yes ☑No
			NEW BRUNSWICK, NJ 08901			e all subordinates cluded?		☐ Yes ☐No
[lax	-exen	npt status:	501(c)(3) ✓ 501(c)(4) ◄ (ins	ert no.) \square 4947(a)(1) or \square 527		"No," attach a list	•	•
) W	ebsit	e:► WW	W.NJPIRG.ORG		— H(c) Gr	oup exemption nu	ımber 🖡	>
					1 Voor of fe	ormation: 1986 M	l Ctata a	flogal demisile, NI
K Form	of or	ganization:	Corporation Trust Associat	ion ☐ Other ►	L real of it	onnadon. 1986	i State 0	f legal domicile: NJ
Pa	rt I	Sum	mary					
, ,			cribe the organization's mission or m	ost significant activities:				
	V	VHEN CO	ISUMERS ARE CHEATED OR THE VOI	CES OF ORDINARY CITIZENS ARE				•
e e			EAKS UP AND TAKES ACTION. WE U TESTED TOOLS OF INVESTIGATIVE F					
<u> </u>	<u> </u>	THE TIME	TESTED TOOLS OF INVESTIGATIVE I	RESEARCH, MEDIA EXPOSES, GRAS	3310013 010	ANIZING, ADVOC	дет, д	ND LITIGATION.
<u> </u>	_							
Governance	_							
			s box $lacktriangleright \square$ if the organization discor If voting members of the governing b				ets. 3	2
activities &			f independent voting members of the				4	
JE			ber of individuals employed in calen				5	
CIL			ber of volunteers (estimate if necess	, , , , , , , , , , , , , , , , , , , ,		•	6	
⋖			elated business revenue from Part VII	**			7a	
			ated business taxable income from Fo			•	7b	
		Tive and	accu business taxable meanic nom i	51111 550 1, mic 54 1 1 1 1 1		Prior Year		Current Year
	8	Contribut	ons and grants (Part VIII, line 1h)			440,429	+	469,860
ēΝ			service revenue (Part VIII, line 2g)					105,000
Ravenue			nt income (Part VIII, column (A), line:			21,02	1	56,910
æ			enue (Part VIII, column (A), lines 5, 6	• • •				
			enue—add lines 8 through 11 (must e			461,450		526,776
			d similar amounts paid (Part IX, colu	. , ,,, ,				200,000
			paid to or for members (Part IX, colur	,)	
s			other compensation, employee benef	• • •))			
Expenses			nal fundraising fees (Part IX, column		, <u> </u>)	
p er			aising expenses (Part IX, column (D), line	• • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·		
Ā			enses (Part IX, column (A), lines 11a	· — ·		332,220		320,70
			enses. Add lines 13–17 (must equal I	•		332,220	+	520,70
			less expenses. Subtract line 18 from	* * * * * * * * * * * * * * * * * * * *		129,230	+	6,070
χ φ Χ					Beginn	ing of Current Yea	-	End of Year
Net Assets or Fund Balances								
Iss(Bal	20	Total ass	ets (Part X, line 16)			7,234,47	7	7,623,60
ad l	21	Total liab	lities (Part X, line 26)			423,219	₹	398,780
Ζű	22	Net asset	s or fund balances. Subtract line 21 f	rom line 20		6,811,258	3	7,224,82
	rt II		ature Block	1.11				
			erjury, I declare that I have examine f, it is true, correct, and complete. De					
any ki					,			
		*****				2020-07-09		
Sign		—	re of officer			Date		
Here		LELLEN	MONTGOMERY BOARD PRESIDENT					
			print name and title					
		' P	rint/Type preparer's name	reparer's signature	Date	PTI		
Paic	Ī			•	2020-07-09		747794	
Prep		er 📴	rm's name ► MERCADIEN PC		•	Firm's EIN ► 22-32	71712	
Use		⊢	rm's address • DO DOV 7640		-	Dh (600) 653	0700	
J 3 C	JII	۰۰ ا⁺	rm's address ▶ PO BOX 7648	_		Phone no. (609) 689	9-9700	
			PRINCETON, NJ 08543764	18				
May tl	ne IR	S discuss	this return with the preparer shown a	above? (see instructions)			⊻ Y€	es 🗆 No

Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	Form	990 (2	018)					Page 2
1 Briefly describe the organization's mission: THE PURPOSE OF THE CORPORATION IS TO PROMOTE SOCIAL WELFARE WITHIN THE DEFINITIONS OF SECTION 501C(4) OF THE INTERNAL REVENUE CODE. ACTIVITIES INCLUDE, BUT ARE NOT LIMITED TO, ADVOCACY, RESEARCH, AND PUBLIC EDUCATION. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27	Pa	rt III	Statement of	Program Service	Accomplis	hments		
THE PURPOSE OF THE CORPORATION IS TO PROMOTE SOCIAL WELFARE WITHIN THE DEFINITIONS OF SECTION 501C(4) OF THE INTERNAL REVENUE CODE. ACTIVITIES INCLUDE, BUT ARE NOT LIMITED TO, ADVOCACY, RESEARCH, AND PUBLIC EDUCATION. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?			Check if Schedule	O contains a respor	nse or note to a	any line in this Part III		🗆
REVENUE CODE. ACTIVITIES INCLUDE, BUT ARE NOT LIMITED TO, ADVOCACY, RESEARCH, AND PUBLIC EDUCATION. Ves	1	Briefly	describe the orga	nization's mission:				
the prior Form 990 or 990-E2?								OF THE INTERNAL
the prior Form 990 or 990-E2?								
If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. Code:) (Expenses \$ 247,590 including grants of \$ 200,000) (Revenue \$) \$ See Additional Data Code:) (Expenses \$ 150,260 including grants of \$) (Revenue \$) Code:) (Expenses \$ including grants of \$) (Revenue \$) Code:) (Expenses \$ including grants of \$) (Revenue \$) Code:) (Expenses \$ including grants of \$) (Revenue \$) Code:) (Expenses \$ including grants of \$) (Revenue \$) Code:) (Expenses \$ including grants of \$) (Revenue \$) Code:) (Expenses \$ including grants of \$) (Revenue \$)	2	Did th	e organization und	ertake any significar	nt program serv	vices during the year w	hich were not listed on	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Services?		the pr	ior Form 990 or 99	00-EZ?				🗌 Yes 🗹 No
services?		If "Ye	s," describe these r	new services on Sch	edule O.			
If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 247,590 including grants of \$ 200,000) (Revenue \$) See Additional Data 4b (Code:) (Expenses \$ 150,260 including grants of \$) (Revenue \$) See Additional Data 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) Code:) (Expenses \$ including grants of \$) (Revenue \$) Code:) (Expenses \$ including grants of \$) (Revenue \$) Add Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	3	Did th	e organization cea	se conducting, or ma	ake significant o	changes in how it cond	ucts, any program	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 247,590 including grants of \$ 200,000) (Revenue \$) See Additional Data 4b (Code:) (Expenses \$ 150,260 including grants of \$) (Revenue \$) See Additional Data 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)		servic	es?		🗌 Yes 🗹 No			
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 247,590 including grants of \$ 200,000) (Revenue \$) See Additional Data 4b (Code:) (Expenses \$ 150,260 including grants of \$) (Revenue \$) See Additional Data 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d (Code:) (Expenses \$ including grants of \$) (Revenue \$)		If "Ye	s," describe these o	changes on Schedule	· O.			
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See Additional Data 4b (Code:) (Expenses \$ 150,260 including grants of \$) (Revenue \$) See Additional Data 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 397,850		(Code:	<u> </u>) (Expenses \$	247.590	including grants of \$	200.000) (Revenue \$)
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See Additional Data 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4d Total program service expenses ▶ 397,850		(0.1) /F	150.260) (D +	`
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4d Total program service expenses ▶ 397,850	4b	`) (Expenses \$	150,260	including grants of \$) (Revenue \$)
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 397,850								
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(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 397,850								
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(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 397,850								
4e Total program service expenses ► 397,850	4d			•	,			
			<u> </u>			·) (Revenue \$)
	4e	Total	program service	expenses >	397,8	50		

Form	990 (2018)			Page 3
Pai	tiV 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)? If "Yes," complete		res	No
2	Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates	3		No
4	for public office? If "Yes," complete Schedule C, Part I	3		
	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?	_		No
7	If "Yes," complete Schedule D, Part I 2	6 7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?	-		No
9	If "Yes," complete Schedule D, Part III	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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No
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	
	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 💆	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	
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
	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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
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? <i>If "Yes," complete Schedule G, Part III</i>	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
	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

m 9	990 (2018)			Page 4
⊃art	Checklist of Required Schedules (continued)			
			Yes	No
	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		
	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		
	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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
	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
	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
	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		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	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? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
⊃art	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
	Enter the number reported in Box 2 of Form 1006 Enter -0- if not applicable		Yes	No

 ${\bf b} \quad \hbox{Enter the number of Forms W-2G included in line 1a.} \textit{Enter -0-} \ \hbox{if not applicable} \quad .$

11a

11b

12b

13b

13c

12a

13a

14a

14b

15

No

Nο

Form 990 (2018)

a Gross income from members or shareholders

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

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?

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

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?

Form	990 (2018)			Page 6
Pai	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	lines
Se	ction A. Governing Body and Management			
1 a	Enter the number of voting members of the governing body at the end of the tax year 4		Yes	No
	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 2			
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
	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
	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	
b	Each committee with authority to act on behalf of the governing body?	8 b		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	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		Г
4.0		40	Yes	No
	Did the organization have local chapters, branches, or affiliates? 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?	10a 10b		No
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 Schedule O how this was done	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?			
a	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).			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	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 status with respect to such arrangements?			
	ction C. Disclosure	16b		
17	List the States with which a copy of this Form 990 is required to be filed▶			
	NJ			
18	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.			
19	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.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ►EMILY KELLY-FISCHER 1543 WAZEE STREET 400 DENVER, CO 80202 (303) 573-5995			
			O O	n (2019)

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 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."

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

- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- 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.

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

(A) Name and Title	(B) Average hours per week (list any hours		ne bo	ox, ι n of	t ch unle: fice:	ss pers	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) ED LLOYD PRESIDENT (UNTIL 12/14/18)	0.50	Х		x				0	0	0
(2) ELLEN MONTGOMERY PRESIDENT (EFF. 2/22/19)	0.50	х		х				0	0	0
(3) EMILY RUSCH TREASURER & VP	0.50 20.00	Х		x				0	26,887	6,094
(4) ALLISON CAIRO SECRETARY	0.50 5.00	Х		X				0	7,328	293
(5) AMANDA READ DIRECTOR (EFF. 12/14/18)	0.50	Х						0	0	0
(6) EMILY KELLY-FISCHER FINANCIAL DIRECTOR	5.00			х				0	0	0

(A) Name and Title	(B) Average hours per week (list any hours		ne b	ox, ι n of	t che inles ficer	s pers and a	on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
		_								

c ·	Sub-Total	art VII , Section	Α.				* *				0		34,2	215		6,387
2	Total number of individuals (including of reportable compensation from the			se list	ed a	bove) wh	o recei	ved m	nore th	ian \$1	00,00	0		V	N.
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>													3	Yes	No No
4	For any individual listed on line 1a, is organization and related organization individual	greater than	\$150,00	0? <i>If</i>	"Yes	," co	mple	te Sch	edule			n the		4		No

	of reportable compensation from the organization ▶ 0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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	⊢ <u>·</u>		

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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

organization and related 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		
mundan	4	No
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
ection B. Independent Contractors		
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of co from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	mpensation	1
	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

					140				
S	ection 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) Name and business address	(B) Description of services		(C) Compen					
	FOR THE PUBLIC INTEREST INC,	PROGRAM & CITIZEN OUTREAC	Н		368,952				

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) Name and business address	(B) Description of services	(C) Compensation					
294 W	FOR THE PUBLIC INTEREST INC, VASHINGTON STREET SUITE 500 ON, MA 02108	PROGRAM & CITIZEN OUTREACH	368,952					

FUND FOR THE PUBLIC INTEREST INC, 294 WASHINGTON STREET SUITE 500 BOSTON, MA 02108	PROGRAM & CITIZEN OUTREACH	368,952
2 Total number of independent contractors (including but not limited to those listed above) who recompensation from the organization ▶ 1	received more than \$100,000 of	

Form **990** (2018)

orm 9		,								Page 9
Part '	VIII	Statement of		2 roons	nco or noto to	anv lin	o in this Bort VIII			П
		Check II Schedul	e O contains	a respo	nise or note to		(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 nts		• Membership dues		1b	469,4	 11				
irai 10 u		Fundraising events		1c	,	_				
S, G An		Related organizatio		1d		_				
igi ka		Government grants (c				_				
im:		All other contributions		1e		_				
Contributions, Gifts, Grants and Other Similar Amounts	'	and similar amounts n		1f	4	49				
音	0	Noncash contribution	ons included							
		in lines 1a - 1f:\$								
ವಿ ಕ	ŀ	Total. Add lines 1a	-1f				469,860			
e e					Busir	ness Co	ode			
en :	2a _			_						
e≅	b									
vice	c									
Ser	d									
Program Service Revenue	e									
Tog	t	All other program se	rvice revenue	€.			<u>'</u>	<u> </u>	•	
	g٦	Fotal. Add lines 2a-2	2f	•	<u> </u>					
		nvestment income (i imilar amounts) .	ncluding divid		nterest, and ot	her •	56,12	7		56,127
		ncome from investm			ond proceeds	•				
	5 F	Royalties				▶ 🗌				
			(i) Rea	al	(ii) Persona	ıl				
	6a	Gross rents								
	b	Less: rental expenses								
		Doubliness on								
	С	Rental income or (loss)								
	d	Net rental income o	r (loss)			>				
		_	(i) Securi	ities	(ii) Other					
		Gross amount from sales of		429,420						
		assets other than inventory								
	b	Less: cost or								
		other basis and sales expenses		428,631						
		Gain or (loss)		789						
		Net gain or (loss)				>	78	9		789
		Gross income from f (not including \$	undraising ev	ents of						
Other Revenue		contributions reporter See Part IV, line 18	ed on line 1c)							
ě		Less: direct expense		. a b						
<u>ۃ</u> 1		Net income or (loss)			ents					
the last	9a	Gross income from g	jaming activit		<u> </u>					
0		See Part IV, line 19		а						
	b	Less: direct expense		a b						
		Net income or (loss)			ies	-				
:	10a	Gross sales of invent	tory, less		•					
		returns and allowand	ces	а						
	b	Less: cost of goods s	sold	b						
		Net income or (loss)			orv 1	 ▶				
Ī		Miscellaneous			Business Co	de				
Ī	11:	a								
	b									
								<u> </u>		
	C									
								<u>L</u>		
		All other revenue .								
	е	Total. Add lines 11a	-11d			•		<u>L</u>	<u></u>	
	12	Total revenue. See	Instructions.			•	526,77	6	0	0 56,916
							-20,77	1	Ī	Form 990 (2018)

Forr	1 990 (2018)				Page 10
	art IX Statement of Functional Expenses ion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns. All other orga	anizations must comp	olete 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	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	200,000	200,000	g	
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	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				
5	Compensation of current officers, directors, trustees, and key employees				
6	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				
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
Ŀ	Legal				
c	Accounting	5,000		5,000	
c	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
ç	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	299,342	186,664		112,678
12	Advertising and promotion				
13	Office expenses	119	95	12	12
14	Information technology				
15	Royalties				
16	Occupancy	12,388	9,910	1,239	1,239
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest				_
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,974		1,974	_
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 BAD DEBT	1,477	1,181	148	148
	b BANKING FEES	300		300	
	c FILING FEES	106		106	
	d				
	e All other expenses				
	Total functional expenses. Add lines 1 through 24e	520,706	397,850	8,779	114,077
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	237,904	171,135	0	66,769
	Check here ► ☐ if following SOP 98-2 (ASC 958-720).				Form 900 (2018)

Form	990	(2018)				Page 11	
Pa	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any line in this Part IX				
				(A) Beginning of year		(B) End of year	
	1	Cash-non-interest-bearing		483,478	1	445,129	
	2	Savings and temporary cash investments	[1,491,306	2	893,448	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net	[1,368,952	4	927,738	
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L	ted employees. Complete		5		
ts	7	Loans and other receivables from other disqualit section 4958(f)(1)), persons described in section contributing employers and sponsoring organization voluntary employees' beneficiary organizations or Part II of Schedule L. Notes and loans receivable, net	n 4958(c)(3)(B), and tions of section 501(c)(9) (see instructions) Complete		6		
Assets	8	Inventories for sale or use	-		8		
As	9		epaid expenses and deferred charges				
	_	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	12,266	9	13,341	
	b	Less: accumulated depreciation	10b		10c		
	11	Investments—publicly traded securities .	' '	577,970	11	1,697,172	
	12	Investments—other securities. See Part IV, line	11	3,300,505	12	3,646,777	
	13	Investments—program-related. See Part IV, line	11		13		
	14	Intangible assets	[14		
	15	Other assets. See Part IV, line 11	[15		
	16	Total assets.Add lines 1 through 15 (must equ	al line 34)	7,234,477	16	7,623,605	
	17	Accounts payable and accrued expenses		423,219	17	198,780	
	18	Grants payable			18	200,000	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
တ္တ	21	Escrow or custodial account liability. Complete F	art IV of Schedule D		21		
iabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
iab		persons. Complete Part II of Schedule L $$.			22		

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398.780

7.224.825

7,224,825

7,623,605

Form **990** (2018)

423.219

6.811.258

6,811,258

7,234,477

23

24

26

27 28

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30

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32

33 34

Net Assets or Fund Balances

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

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 ▶ □ 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 .

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

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

Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and

Form	990 (2018)				Page 12
Pai	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
_					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			526,776
2	Total expenses (must equal Part IX, column (A), line 25)	2			520,706
3	Revenue less expenses. Subtract line 2 from line 1	3			6,070
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			,811,258
5	Net unrealized gains (losses) on investments	5			407,497
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		7,	,224,825
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
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	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				
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 Sii Audit Act and OMB Circular A-133?	ngle	3a		No

3b

Form **990** (2018)

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.

Additional Data

Form 990 (2018)

CREATE ZERO WASTE PROGRAMS.

Software ID:

Software Version: **EIN:** 22-2708332

Name: NEW JERSEY PUBLIC INTEREST RESEARCH

Form 990, Part III, Line 4a:

GROUP CITIZEN LOBBY INC.

PUBLIC EDUCATION AND OUTREACH SERVICES: RECRUITING VOLUNTEERS, DISTRIBUTING EDUCATIONAL LITERATURE, CONDUCTING SURVEYS AND DISCUSSING ISSUES WITH THE PUBLIC TO STOP THE OVERUSE OF ANTIBIOTICS IN FOOD PRODUCTION, PROMOTE CONSUMER PROTECTION AROUND PRODUCT SAFETY AND WORKING TO

Form 990, Part III, Line 4b: RESEARCHING AND INFLUENCING PUBLIC POLICY: STAFF ENGAGE IN LEGISLATIVE ACTIVITIES INCLUDING RESEARCH, EDUCATION, AND POLICY DEVELOPMENT TO STOP THE OVERUSE OF ANTIBIOTICS IN FOOD PRODUCTION, PROMOTE CONSUMER PROTECTION BY STRENGTHENING REGULATIONS AROUND PRODUCT SAFETY AND WORKING

TO CREATE ZERO WASTE PROGRAMS.

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

DLN: 93493191003420

Open to Public

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

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) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

Inspection

f the	Section 501(c)(3) organizations that Section 501(c)(3) organizations that corganization answered "Yes" or xy Tax) (see separate instruction Section 501(c)(4), (5), or (6) organiz	n Form 990, Part IV, Line 4, or Form 9 thave filed Form 5768 (election under s thave NOT filed Form 5768 (election ur n Form 990, Part IV, Line 5 (Proxy Tax s), then	ection 501(h)): Co nder section 501(h	mplete Part II-A. Do not co)): Complete Part II-B. Do n nstructions) or Form 990	emplete Part II-B. not complete Part II-A. -EZ, Part V, line 35c			
NEW	me of the organization V JERSEY PUBLIC INTEREST RESEARCH DUP CITIZEN LOBBY INC			22-2708332	tification number			
Par	t I-A Complete if the organ	nization is exempt under sectio	n 501(c) or is		zation.			
1		ization's direct and indirect political can						
2	Political campaign activity expend	litures (see instructions)		>	\$			
3	Volunteer hours for political camp	aign activities (see instructions)						
Par	t I-B Complete if the orga	nization is exempt under sectio	n 501(c)(3).					
1	Enter the amount of any excise ta	ex incurred by the organization under se	ection 4955		\$			
2	•	ex incurred by organization managers u			\$			
3	If the organization incurred a sect	cion 4955 tax, did it file Form 4720 for t	:his year?		☐ Yes ☐ No			
4a	Was a correction made?				☐ Yes ☐ No			
b	If "Yes," describe in Part IV.							
Par	<u> </u>	nization is exempt under sectio						
1	· '	ed by the filing organization for section			\$			
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities							
3	Total exempt function expenditure	es. Add lines 1 and 2. Enter here and or	n Form 1120-POL,	line 17b ▶	\$			
4	Did the filing organization file For	m 1120-POL for this year?			☐ Yes ☐ No			
5	organization made payments. For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly deliver see (PAC). If additional space is needed,	ount paid from the ed to a separate p	filing organization's funds. olitical organization, such a	. Also enter the amount			
	(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								
5								

	section 501(h)).						
	Check if the filing organization belongs expenses, and share of excess lo	obying exper	ıditures).		filiated group m	ember's name	, address, EIN,
В	Check ▶ ☐ if the filing organization checked	box A and "	imited control" p	rovisions apply.			
	Limits on Lobb (The term "expenditures" m			ırred.)		a) Filing anization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public	opinion (gra	ss roots lobbying)			
	Total lobbying expenditures to influence a legis		· -	•			
	Total lobbying expenditures (add lines 1a and :						
d	Other exempt purpose expenditures	-					
	Total exempt purpose expenditures (add lines						
	Lobbying nontaxable amount. Enter the amour 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			excess over \$500,000	 		
	Over \$1,000,000 but not over \$1,500,000			excess over \$1,000,000			
			<u> </u>				
	Over \$1,500,000 but not over \$17,000,000		<u> </u>	xcess over \$1,500,00	U.		
	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 503	L(h) ve to comple	ete all of the	Yes No
				·Year Averagin		•	
	Calendar year (or fiscal year beginning in)	-	(a) 2015	(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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -SCHEDULE D

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.

DLN: 93493191003420 OMB No. 1545-0047

Internal Revenue Service

(Form 990)

Open to Public Department of the Treasury ▶ Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization **Employer identification number** NEW JERSEY PUBLIC INTEREST RESEARCH GROUP CITIZEN LOBBY INC 22-2708332 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year Number of conservation easements on a certified historic structure included in (a) 20 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Par	11111	Organizations Maintaining Co	ollections of A	rt, Histori	ical T	reasur	es, or	Other	Similar As	sets ((continued)
3		the organization's acquisition, accessi (check all that apply):	on, and other rec	ords, check	any of	the follo	owing th	nat are a	significant u	se of it	s collection
а		Public exhibition		d		Loan o	r excha	nge pro	grams		
b		Scholarly research		е		Other .					
c		Preservation for future generations									
4	Provid Part >	de a description of the organization's c XIII.	ollections and exp	plain how the	ey furt	her the	organiza	ation's e	xempt purpos	e in	
5		ng the year, did the organization solicit is to be sold to raise funds rather than								□ Y	es 🗌 No
Pa	rt IV			- 000		T) (- 000 P :
		Complete if the organization ans X, line 21.	swerea "Yes" or	i Form 990), Part	: IV, IIN	e 9, or	reporte	ed an amoui	nt on	Form 990, Part
1a		e organization an agent, trustee, custo ded on Form 990, Part X?								□ Y	es 🗆 No
b	If "Y∈	es," explain the arrangement in Part XI	II and complete t	he following	table:		Γ		Ar	nount	
c	Begin	nning balance		- 				1c			
d	Addit	ions during the year					. [1d			
е	Distri	butions during the year					. [1e			
f	Endin	ng balance					. [1 f			
2a	Did th	he organization include an amount on l	Form 990, Part X,	line 21, for	escrov	v or cust	todial ad	ccount li	ability?	□ Y	es 🗆 No
b		es," explain the arrangement in Part XI									
Pa	rt V	Endowment Funds. Complete									
		·	(a)Current yea		rior yea				(d)Three year		(e)Four years back
1 a	Beginn	ing of year balance									
b	Contrib	outions									
c	Net inv	estment earnings, gains, and losses									
d	Grants	or scholarships									
е		expenditures for facilities ograms									
f	Admini	istrative expenses									
g	End of	year balance									
2	Provid	de the estimated percentage of the cu	rent year end bal	lance (line 1	g, colu	ımn (a))	held as	s:			
а	Board	d designated or quasi-endowment ►									
b	Perm	anent endowment 🟲									
c	Temp	orarily restricted endowment									
	The p	percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	organ	here endowment funds not in the possinization by: nrelated organizations	_	nization tha	t are h	eld and	adminis	stered fo	or the	Γī	Yes No
	` ,	elated organizations			•						a(ii)
b		es" on 3a(ii), are the related organizati		ired on Sche	edule R	· · ·				F	3b
4	Descr	ribe in Part XIII the intended uses of th	ne organization's e	endowment	funds.					_	<u>L</u>
Pa	rt VI	Land, Buildings, and Equipme									
		Complete if the organization ans			<u> </u>						
	Descri	iption of property (a) Cost or of (investr) Cost or other	Dasis (other)	(c) Acct	imulated	depreciation		(d) Book value
1 a	Land										
b	Buildin	gs									
c	Leaseh	nold improvements									
d	Equipm	nent									
е	Other										
Tota	al. Add	lines 1a through 1e.(Column (d) must	equal Form 990,	Part X, colui	mn (B)), line 10	O(c).) .		>		0

	Investments—Other Securities. Complete if the	ne or	ganization ansv	vered "Yes" or	n Form 990, Pa	rt IV, line 11b.
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	(1	b) Book value	Cos	(c) Method of v t or end-of-year	
(1) Financia	al derivatives			Cos	c or end-or-year	market value
(3) Other _	held equity interests					
(A) PARADIO	GM PARTNERS		3,646,777		F	
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Colum	In (b) must equal Form 990, Part X, col. (B) line 12.) Investments—Program Related.		3,646,777			
Pait VIII	Complete if the organization answered 'Yes' on F	orm				
	(a) Description of investment		(b) Book value		(c) Method of v t or end-of-year	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9) ————						
Part IX	on (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets. Complete if the organization answered	Yes'	on Form 990, Pa	ort IV, line 11d.	See Form 990, P	art X, line 15.
(1)	(a) Description	1				(b) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						_
	ımn (b) must equal Form 990, Part X, col.(B) line 15.)					
Part X	Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.	nswe	ered 'Yes' on Fo	orm 990, Part	IV, line 11e or	11f.
1.	(a) Description of liability		(b) B	ook value		
(1) Federal	income taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col.(B) line 25.)		<u> </u>			
2. Liability f	or uncertain tax positions. In Part XIII, provide the text of					_
organization	's liability for uncertain tax positions under FIN 48 (ASC 7	'40). ·	Check here if the	text of the foot	note has been pr	ovided in Part XIII 🔽

	Page 5
Information (continued)	
Explanation	

Schedule D (Form 990) 2018

Additional Data

Software Version: **EIN:** 22-2708332

> Name: NEW JERSEY PUBLIC INTEREST RESEARCH

GROUP CITIZEN LOBBY INC.

Supplemental Information

Software ID:

Return Reference Explanation

VISIONS OF THIS GUIDANCE.

PART X, LINE 2:

U.S. GAAP REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECO GNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAI

N TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PRO

efile GRAPHIC print	- DO NOT PROCESS	As Filed Data -					DLN	N: 93493191003420
Government			lect landscape mode Other Assistanc and Individuals tion answered "Yes," o	ce to Organiz s in the Unite	ations, d States			MB No. 1545-0047 2018
Department of the Treasury Internal Revenue Service	Co	_	► Attach to Form <i>w.irs.gov/Form990</i> for	990.				Open to Public Inspection
Name of the organization NEW JERSEY PUBLIC INTE GROUP CITIZEN LOBBY IN		and Assistance				22-270	-	ation number
 Does the organization the selection criteria Describe in Part IV to Part III Grants and Comment of the properties of the propertie	on maintain records to subs used to award the grants he organization's procedur	stantiate the amount of to or assistance? es for monitoring the use estic Organizations an	e of grant funds in the Un The document of the Un The document of the United Section o	ited States.	for the grants or assistance		Part IV, line	Yes No 21, for any recipient
(a) Name and address organization or government	s of (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) Descrip noncash ass		(h) Purpose of grant or assistance
(1) UNITED STATES PUBLIC INTEREST RESEARCH GF INC 1543 WAZEE ST SUITE 4 DENVER, CO 80202	ROUP	501C(4)	200,000	0				GENERAL SUPPORT
	of section 501(c)(3) and go	d in the line 1 table					S -b-	0 1 edule I (Form 990) 2018

(5) (6)

(7)

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

Explanation

Return Reference PART I, LINE 2: NEW JERSEY PUBLIC INTEREST RESEARCH GROUP CITIZEN LOBBY, INC. MONITORS THROUGH THE USE OF GRANT AGREEMENTS AND WORKING CLOSELY WITH

GRANT RECIPIENTS. Schedule I (Form 990) 2018

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLN: 93493191003420						
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses to specific question Form 990 or 990-EZ or to provide any additional information Attach to Form 990 or 990-EZ.	ons on ZIIX						
GROUP CITIZEN LO	IC INTEREST RESEARCH	Employer identification number 22-2708332						
Return Reference	Explanation							
FORM 990, PART VI, SECTION A, LINE 8B	THERE ARE NO COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BOARD.							

Return Explanation
Reference

LINE 11B

FORM 990, PART VI, SECTION B.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	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.

Doturn

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

Evalanation

Return Explanation
Reference

FORM 990,	NO DOCUMENTS WERE MADE AVAILABLE TO THE PUBLIC, EXCEPT FOR THOSE THAT WERE INCLUDED WITH T
PART VI,	HE ORGANIZATION'S FORM 1023/24 APPLICATION FOR EXEMPT STATUS, WHICH ARE MADE AVAILABLE UPO
SECTION C,	N REQUEST AS INDICATED IN LINE 18.
LINE 19	

Return Explanation

Reference	
FORM 990,	CITIZEN OUTREACH: PROGRAM SERVICE EXPENSES 183,193. MANAGEMENT AND GENERAL EXPENSES 0. FUN
PART IX,	DRAISING EXPENSES 112,678. TOTAL EXPENSES 295,871. CONSULTANTS: PROGRAM SERVICE EXPENSES 3
LINE 11G	.471. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 3.471.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493191003420 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 **Employer identification number** Name of the organization NEW JERSEY PUBLIC INTEREST RESEARCH GROUP CITIZEN LOBBY INC 22-2708332 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

Cat. No. 50135Y

Schedule R (Form 990) 2018

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

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomina income(rela unrelate excluded if tax unde sections 5 514)	ated, total incor d, rom er				(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		or Perce	
			\perp		311,			Yes	No		Yes No	2	
			+										
			++									-	
			1										
			\perp										
Part IV Identification of Related Organizate because it had one or more related organization (a) Name, address, and EIN of related organization		s a corporation		st during th	(d) t controlling		(f) Share of total income	Share	(g) e of end- year assets	(H	n) ntage	(i Section (13) co	512(
		со	untry)									Yes	No
1) IATIONAL ASSOCIATION OF ORGANIZATIONS IN THE PUBLIC NTEREST INC 194 WASHINGTON ST STE 500	SOCIAL WELFARE		МА	N/A									No
3OSTON, MA 02108 04-3119807													<u> </u>

Part V Transactions With Related Organizations Complete if the organization answered "Yes"	on Form 990, Par	t 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
1 During the tax year, did the organization engage in any of the following transactions with one or more related or	rganizations listed in	Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity				1a		No
b Gift, grant, or capital contribution to related organization(s)				1 b	Yes	
c Gift, grant, or capital contribution from related organization(s)				1c		No
d Loans or loan guarantees to or for related organization(s)				1d		No
e Loans or loan guarantees by related organization(s)				1e		No
				1.		NI -
f Dividends from related organization(s)				1f		No
g Sale of assets to related organization(s)				1g		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)				1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No
I 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
				1n		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				10		No
o Sharing of paid employees with related organization(s)				10		
p Reimbursement paid to related organization(s) for expenses				1 p		No
q Reimbursement paid by related organization(s) for expenses				1 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 r	relationships and trai	nsaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount in	volved	

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) Primary activity	domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	10	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ľ	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		,	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Form	990	0) 2018

chedule R (Form 990) 2018		Page	e 5					
Part VII	ort VII Supplemental Information							
Provide additional information for responses to questions on Schedule R (see instructions).								
Return Reference		Explanation						

75 S MAIN ST UNIT 7- 626 CONCORD, NH 03301 02-0508473

Software ID: Software Version:

		EN LOBBY INC	RESEARCH			
Form 990, Schedule R, Part II - Identification of Related (a) Name, address, and EIN of related organization	Tax-Exempt Organi (b) Primary activity	zations (c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity? Yes No
130 N CENTRAL AVE STE 202 PHOENIX, AZ 85004	SOCIAL WELFARE	AZ	501(C)(4)	N/A	NATIONAL ASSOCIATION OF ORGANIZATIONS IN THE PUBLIC INTEREST INC	No
05-0617269 208 S BURLINGTON AVE PO BOX 325 HASTINGS, NE 68902 27-0637437	SOCIAL WELFARE	NE	501(C)(4)	N/A	NATIONAL ASSOCIATION OF ORGANIZATIONS IN THE PUBLIC INTEREST INC	No :
1111 H ST STE 207 SACRAMENTO, CA 95814	SOCIAL WELFARE	CA	501(C)(4)	N/A	NATIONAL ASSOCIATION OF ORGANIZATIONS IN THE PUBLIC INTEREST INC	No E
94-2259710 294 WASHINGTON ST STE 500 BOSTON, MA 02108	SOCIAL WELFARE	MA	501(C)(4)	N/A	NATIONAL ASSOCIATION OF ORGANIZATIONS IN THE PUBLIC INTEREST INC	No :
27-1687873 1543 WAZEE ST STE 330 DENVER, CO 80202	SOCIAL WELFARE	СО	501(C)(4)	N/A	NATIONAL ASSOCIATION OF ORGANIZATIONS IN THE PUBLIC INTEREST INC	. No
2074 PARK ST STE210 HARTFORD, CT 06106	SOCIAL WELFARE	СТ	501(C)(4)	N/A	NATIONAL ASSOCIATION OF ORGANIZATIONS IN THE PUBLIC INTEREST INC	No E
06-1341175 1314 H ST STE 202 SACRAMENTO, CA 95814	SOCIAL WELFARE	CA	501(C)(4)	N/A	NATIONAL ASSOCIATION OF ORGANIZATIONS IN THE PUBLIC INTEREST INC	No E
77-0274001 1543 WAZEE ST STE 400 DENVER, CO 80202	SOCIAL WELFARE	СО	501(C)(4)	N/A	NATIONAL ASSOCIATION OF ORGANIZATIONS IN THE PUBLIC INTEREST INC	No E
20-5355252 3435 WILSHIRE BLVD STE 385 LOS ANGELES, CA 90010	SOCIAL WELFARE	CA	501(C)(4)	N/A	NATIONAL ASSOCIATION OF ORGANIZATIONS IN THE PUBLIC INTEREST INC	No :
45-0493983 1543 WAZEE ST STE 400 DENVER, CO 80202	SOCIAL WELFARE	СО	501(C)(4)	N/A	NATIONAL ASSOCIATION OF ORGANIZATIONS IN THE PUBLIC INTEREST INC	No E
57-1176128 600 PENNSYLVANIA AVE SE STE 400 WASHINGTON, DC 20003	SOCIAL WELFARE	СО	501(C)(4)	N/A	NATIONAL ASSOCIATION OF ORGANIZATIONS IN THE PUBLIC INTEREST INC	No E
26-1525298 3110 1ST AVE NORTH SUITE 2H ST PETERSBURG, FL 33713	SOCIAL WELFARE	FL	501(C)(4)	N/A	NATIONAL ASSOCIATION OF ORGANIZATIONS IN THE PUBLIC INTEREST INC	No E
108 E PONCE DE LEON AVE STE 210 DECATUR, GA 30030	SOCIAL WELFARE	GA	501(C)(4)	N/A	NATIONAL ASSOCIATION OF ORGANIZATIONS IN THE PUBLIC INTEREST INC	No E
1543 WAZEE ST STE 300 DENVER, CO 80202	SOCIAL WELFARE	MA	501(C)(4)	N/A	NATIONAL ASSOCIATION OF ORGANIZATIONS IN THE PUBLIC INTEREST INC	No E
04-3249629 328 S JEFFERSON ST STE 620 CHICAGO, IL 60661	SOCIAL WELFARE	IL	501(C)(4)	N/A	NATIONAL ASSOCIATION OF ORGANIZATIONS IN THE PUBLIC INTEREST INC	No E
36-3673399 2643 BEAVER AVE STE 120 DES MOINES, IA 50310	SOCIAL WELFARE	IA	501(C)(4)	N/A	NATIONAL ASSOCIATION OF ORGANIZATIONS IN THE PUBLIC INTEREST INC	No E
42-1488674 2209 MARYLAND AVE STE D BALTIMORE, MD 21218	SOCIAL WELFARE	MD	501(C)(4)	N/A	NATIONAL ASSOCIATION OF ORGANIZATIONS IN THE PUBLIC INTEREST INC	No E
52-1818910 PO BOX 505 MISSOULA, MT 59806	SOCIAL WELFARE	MT	501(C)(4)	N/A	NATIONAL ASSOCIATION OF ORGANIZATIONS IN THE PUBLIC INTEREST INC	No E
2518 LEMAY FERRY RD STE 137 ST LOUIS, MO 63125	SOCIAL WELFARE	МО	501(C)(4)	N/A	NATIONAL ASSOCIATION OF ORGANIZATIONS IN THE PUBLIC INTEREST INC	No E
43-1609044 75 S MAIN ST UNIT 7- 626 CONCORD, NH 03301	SOCIAL WELFARE	NH	501(C)(4)	N/A	NATIONAL ASSOCIATION OF ORGANIZATIONS IN THE PUBLIC INTEREST INC	No:

Form 990, Schedule R, Part II - Identification of Related			1	1	1	1	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	.
	COCIAL WELFARE		504(6)(4)	N1/A	NATIONAL ACCOCIATION	Yes No	
144 HARVARD DR SE ALBUQUERQUE, NM 87106 85-0403577	SOCIAL WELFARE	NM	501(C)(4)	N/A	NATIONAL ASSOCIATION OF ORGANIZATIONS IN THE PUBLIC INTEREST INC	No	,
19 W HARGETT ST STE 405 RALEIGH, NC 27601 56-2136514	SOCIAL WELFARE	NC	501(C)(4)	N/A	NATIONAL ASSOCIATION OF ORGANIZATIONS IN THE PUBLIC INTEREST INC	No	,
605 N HIGH ST STE 640 COLUMBUS, OH 43215 13-4262363	SOCIAL WELFARE	ОН	501(C)(4)	N/A	NATIONAL ASSOCIATION OF ORGANIZATIONS IN THE PUBLIC INTEREST INC	No	,
1536 SE 11TH AVENUE PORTLAND, OR 97214 93-0855897	SOCIAL WELFARE	OR	501(C)(4)	N/A	NATIONAL ASSOCIATION OF ORGANIZATIONS IN THE PUBLIC INTEREST INC	No	,
1429 WALNUT STREET SUITE 1100 PHILADELPHIA, PA 19102 02-0611111	SOCIAL WELFARE	PA	501(C)(4)	N/A	NATIONAL ASSOCIATION OF ORGANIZATIONS IN THE PUBLIC INTEREST INC	No	,
1429 WALNUT STREET SUITE 1100 PHILADELPHIA, PA 19102 23-2448881	SOCIAL WELFARE	PA	501(C)(4)	N/A	NATIONAL ASSOCIATION OF ORGANIZATIONS IN THE PUBLIC INTEREST INC	No	,
1111 H STREET STE 207 SACRAMENTO, CA 95814 77-0208947	SOCIAL WELFARE	CA	501(C)(4)	N/A	NATIONAL ASSOCIATION OF ORGANIZATIONS IN THE PUBLIC INTEREST INC	No	,
313 STATE ST STE 5 ANN ARBOR, MI 48104 38-2812867	SOCIAL WELFARE	MI	501(C)(4)	N/A	NATIONAL ASSOCIATION OF ORGANIZATIONS IN THE PUBLIC INTEREST INC	No	,
11 S ANGELL ST 150 PROVIDENCE, RI 02906 05-0517165	SOCIAL WELFARE	RI	501(C)(4)	N/A	NATIONAL ASSOCIATION OF ORGANIZATIONS IN THE PUBLIC INTEREST INC	No	,
200 E 30TH ST AUSTIN, TX 78705 74-2990805	SOCIAL WELFARE	TX	501(C)(4)	N/A	NATIONAL ASSOCIATION OF ORGANIZATIONS IN THE PUBLIC INTEREST INC	No	,
294 WASHINGTON ST SUITE 400 BOSTON, MA 02108 04-2980906	SOCIAL WELFARE	MA	501(C)(4)	N/A	NATIONAL ASSOCIATION OF ORGANIZATIONS IN THE PUBLIC INTEREST INC	No	,
1402 3RD AVE STE 618 SEATTLE, WA 98101 91-1554604	SOCIAL WELFARE	WA	501(C)(4)	N/A	NATIONAL ASSOCIATION OF ORGANIZATIONS IN THE PUBLIC INTEREST INC	No	-
912 WILLIAMSON ST 2ND FLOOR MADISON, WI 53703	SOCIAL WELFARE	WI	501(C)(4)	N/A	NATIONAL ASSOCIATION OF ORGANIZATIONS IN THE PUBLIC INTEREST INC	No	,
39-2011795 600 PENNSYLVANIA AVE SE WASHINGTON, DC 20003 91-1554604	SOCIAL WELFARE	DC	501(C)(4)	N/A	NATIONAL ASSOCIATION OF ORGANIZATIONS IN THE PUBLIC INTEREST INC	No	,