Form **990**

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.

2015

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Form 990 and its instructions is at www.irs.gov/form990. , 2015, and ending For the 2015 calendar year, or tax year beginning 7/01 , 2016 D Employer identification number Check if applicable: X Address change United States Public Interest Research 52-1384240 Group Education Fund, Inc. Name change 600 Pennsylvania Ave., SE, 4th FL Initial return 202-546-9707 Washington, DC 20003 Final return/terminated **G** Gross receipts \$ Amended return ,407,512 H(a) Is this a group return for subordinates Application pending **F** Name and address of principal officer: Yes Janet Domenitz **H(b)** Are all subordinates included? If 'No,' attach a list. (see instructions) Yes Same As C Above Tax-exempt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 Website: ► www.uspirgedfund.org H(c) Group exemption number ► X Corporation Trust Other ► L Year of formation: 1984 Form of organization: M State of legal domicile: DC Part I Summary Briefly describe the organization's mission or most significant activities: The U.S. PIRG Education Fund investigates problems, crafts solutions, educates the public on issues that affect Governance our health, pocketbook, economy and government Check this box I 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)..... 3 જ Number of independent voting members of the governing body (Part VI, line 1b).... 3 Total number of individuals employed in calendar year 2015 (Part V, line 2a)..... 5 30 Total number of volunteers (estimate if necessary)..... 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T. line 34. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)..... 520,341 891,594. $1\overline{10},730$ 88,427. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 1,183. 77. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 388,582. 427,414. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 020,836. 407,512. Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... $110,21\overline{4}$ 190,000. Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 485,156 844,351 **16a** Professional fundraising fees (Part IX, column (A), line 11e)..... **b** Total fundraising expenses (Part IX, column (D), line 25) ► 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 1,116,583 1,121,628. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)...... 2,155,979. 1,711,953. Revenue less expenses. Subtract line 18 from line 12..... -691,117. -748,467. **Beginning of Current Year** End of Year Total assets (Part X, line 16)..... 7,704,811. 7,203,063 Total liabilities (Part X, line 26)..... 21 2,078,450 2,390,502. 22 Net assets or fund balances. Subtract line 21 from line 20..... 5,626,361 4,812,561. 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. Signature of officer Date Sign Here Andre Delattre Executive Director Type or print name and title. Print/Type preparer's name Preparer's signature Check James M Davis self-employed P00290880 James M Davis **Paid** Preparer ► Davis & Co., CPAs, P.C. Use Only ▶ 9457 S. University Blvd., Firm's address Firm's EIN ► 84-1184234 Highlands Ranch, CO 80126 (303) 791-6800

May the IRS discuss this return with the preparer shown above? (see instructions).....

X Yes

Par	t III	Statement of Program Service Accomplishments	
		Check if Schedule O contains a response or note to any line in this Part III	X
1	-	y describe the organization's mission:	
		U.S. PIRG Education Fund investigates problems, crafts solutions, educates t	<u>he</u>
	pub.	lic on issues that affect our health, pocketbook, economy and government.	
2	Did the	e organization undertake any significant program services during the year which were not listed on the prior	
	Form	990 or 990-EZ?	X No
	If 'Yes	s,' describe these new services on Schedule O.	_
3	Did th	ne organization cease conducting, or make significant changes in how it conducts, any program services?	X No
		s,' describe these changes on Schedule O.	_
4			enses
-	Section	ibe the organization's program service accomplishments for each of its three largest program services, as measured by expon 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience, if any, for each program service reported.	enses,
	and re	evenue, if any, for each program service reported.	
4 a	(Code	e:) (Expenses \$ 414,044. including grants of \$ 47,500.) (Revenue \$ 128,	960.)
	Trai	nsportation - Over the last 50 years, our country has built roads and bridges	at a
		e and scale that dwarfs most of the rest of the world. We've built a national	
		hway network like no other, with more than 45,000 miles of interstate highway	
		,000 bridges. Now, much of that system is showing its age. But with ribbon	_ ======
		tings more politically enticing than maintenance, most spending goes towards	
		wider highways rather than repair. Through advocacy, public education, resear	
			<u> </u>
		ssroots organizing and policy development, we're working to encourage public	
		nsportation and mass transit solutions to reduce traffic congestion, decrease	
		<u>rica's oil dependence, and ensure that our roadways are operated in the publi</u>	<u> </u>
	<u>inte</u>	erest.	
4 b	(Code	e:) (Expenses \$ 414,044. including grants of \$ 47,500.) (Revenue \$ 128,	960.)
	Pub.	lic Health & Health Care - One in three school age kids are overweight or obe	se,
		our government is wasting \$16 billion each year on subsidies for sugar-laden	
		h-fat foods. U.S. PIRG is calling for an end to subsidies for junk food. Using	
		ed methods of public education, research and policy development, we're working	
		mote a more competitive health insurance marketplace that lowers costs for	9
		sumers as our leaders put the health care reform law into practice.	
	<u>COII</u>	sumers as our readers pur the hearth care reform raw into practice.	
4 c	(Code	e:) (Expenses \$ 414,044. including grants of \$ 47,500.) (Revenue \$ 128,	960.)
	Cons	sumer Protection & financial reform - U.S. PIRG promotes fairness in banking,	
	sto	ps reckless practices in the financial services industry, strengthens product	
	safe	ety standards, closes corporate tax loopholes, and supports other consumer	
		tection issues through advocacy, public education, research, grassroots	
	ora	anizing and nolicy development	
		anizing, and policy development.	
4 d		program services. (Describe in Schedule O.) See Schedule O	
	(Ехре	enses \$ 414,044. including grants of \$ 47,500.) (Revenue \$ 128,960.)	
4 e	Total	program service expenses ► 1,656,176.	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	Х	
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> 'Yes,' complete Schedule D, Part IV.	9		Х
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		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	X	
ı	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.	11 b	X	
•	c 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.	11 c		X
(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.	11 d		Х
(e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	
1	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	11 f		X
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a	Х	
ı	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		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ı	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		Х
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		Х
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		Х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (Å), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х

Form 990 (2015) United States Public Interest Research Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21	Х	
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		Х
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? <i>If 'Yes,' complete Schedule J.</i>	23		Х
	a 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		Х
t	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		
C	1 Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a 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		Х
ŀ	s 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		Х
26	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		Х
27	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		Х
28	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		Х
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	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		Х
	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		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ŀ	olf '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		
36	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		Х
37	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? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	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	Х	

Form **990** (2015) BAA

Form 990 (2015) United States Public Interest Research Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V....

Check if Schedule O contains a response or note to any line in this Part V				. 🔲
·			Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable (gambling) winnings to prize winners?.	gaming	1 c	Х	
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax State-	20			
ments, filed for the calendar year ending with or within the year covered by this return 2 a	30	2 6	Χ	
b If at least one is reported on line 2a, did the organization file all required federal employment tax ret Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction	_	2b	Λ	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	·	2 -		X
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule 0</i>	<u>L</u>	3 a		Λ
	<u> </u>	3 D		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authori financial account in a foreign country (such as a bank account, securities account, or other financial	ty over, a account)?	4 a		Х
b If 'Yes,' enter the name of the foreign country: ►	(ED 4.D)			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		_		37
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was only a party to a prohibited tax shelter transaction to the party tax or is a party to a prohibited tax shelter transaction to the party tax or is a party to a prohibited tax shelter transaction to the party tax or is a party tax or is a party to a prohibited tax shelter transaction to the party tax or is a party tax or	_	5 b		Λ
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the solicit any contributions that were not tax deductible as charitable contributions?	ne organization	6 a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or ginot tax deductible?		6 b		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for services provided to the payor?	goods and	7 a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requi Form 8282?	red to file	7 c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year	Ī			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?	7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 889 as required?	9	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz Form 1098-C?	ation file a	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sp	ponsoring			
organization have excess business holdings at any time during the year?		8		
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?		9 a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9 b		
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b				
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders. 11 a				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)				
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state?		13 a		
Note. See the instructions for additional information the organization must report on Schedule O.				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				
c Enter the amount of reserves on hand		14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule	 -	14 a		21
BAA TEEA0105L 10/12/15		-	990 ((2015)

Form 990 (2015) United States Public Interest Research 52-1384240 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 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. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. 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 . . . 3 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: See Schedule O a The governing body?..... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a 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? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done ... See .Schedule .0 Χ 12 c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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.. See . Schedule.. 0...... Χ 15a **b** Other officers or key employees of the organization...See .Schedule..Q..... X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Χ 16 a **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?... 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed \rightarrow None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records:

Denver CO 80202 303-573-5995

Mitch Singletary 1543 Wazee Street, #400

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

- 1 a 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, and 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

employees; and former such persons. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more than one box, unless person is both an officer and a (B) (F) Name and Title Reportable Reportable Estimated Average hours director/trustee) compensation from compensation from amount of other compensation from the organization the organization (W-2/1099-MISC) related organizations (W-2/1099-MISC) Officer ndividual nstitutional trustee lighest compensated ormer (list any employee hours for and related related organizations organiza tions helow dotted (1) Steve Blackledge 20 0 Treasurer 0 Χ Χ 0. 36,836 (2) Janet Domenitz 0.5 President 0 Χ Χ 0 0 0. 0.5 (3) Bruce Speight 0. Secretary 0 Χ Χ 0 0 (4) Gary Kalman 0.5 Director 0 Χ 0 0 0. (5) Andre Delattre 24 Executive Director 0 Χ 62,031 0. 0. (6) (7) (8) (10) (11)(12)(13)(14)

Part VII Section A. Officers, Directors, Tru		Key	Em			es,	and	d Highest Com	pensated Emp	loyees	(conti	inued)
	(B)			((•							
(A) Name and title	Average hours per week	box.	. unle	heck	erson	than is both or/trus	h an tee)	(D) Reportable compensation from	(E) Reportable compensation from	amo	(F) stimated unt of ot	her
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	relatéd organizations (W-2/1099-MISC)	f org an	npensation the ganization of related anization	on d
<u>(15)</u>		-										
(16)		-										
(17)		-										
(18)		-										
(19)		-										
(20)		-										
(21)												
(22)												
(23)												
(24)		-										
(25)												
1 b Sub-total							•	98,867.	0.			0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							>	0. 98,867.	0.			0.
2 Total number of individuals (including but not limited from the organization ▶ 0	to those I	isted	abov	/e) v	who	recei	ved	more than \$100,00	0 of reportable com	oensatio	n	
3 Did the organization list any former officer, direct	tor, or tru	stee.	kev	em e	olar	/ee.	or h	nighest compensat	ted employee		Yes	No
on line 1a? If 'Yes,' compléte Schedule J for such	h individu	ıal								. 3		X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual										. 4		Х
 5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes Section B. Independent Contractors 	e comper ,' comple	satio te Sc	n fro	om : lule	any <i>J fo</i>	unre r suc	late ch p	ed organization or erson	individual	. 5		X
1 Complete this table for your five highest compens compensation from the organization. Report compens	sated indesation for	epend	dent	cor	ntrad	ctors endi	tha	t received more the	nan \$100,000 of	r		
(A) Name and business addr				<u>.</u>	<i>y</i> • • • •	01141	<u>g</u> .	(B) Description of		Compe	C) ensatio	n
· · · · · · · · · · · · · · · · · · ·												
2 Total number of independent contractors (including b \$100,000 of compensation from the organization		ited to	tho	se I	isted	l abo	ve)	who received more	than			

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (B) Related or (A) Total revenue (D) Unrelated Revenue excluded from tax exempt business under sections 512-514 function revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues..... 1 b c Fundraising events..... 1 c **d** Related organizations 1 d e Government grants (contributions) 1 e **f** All other contributions, gifts, grants, and similar amounts not included above . . . 891,594 g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f 891,594 Program Service Revenue **Business Code** 2a Program service revenue 813319 88,427 88,427 f All other program service revenue. . . g Total. Add lines 2a-2f 88,427 Investment income (including dividends, interest and 77 77. Income from investment of tax-exempt bond proceeds.. ▶ Royalties..... (i) Real (ii) Personal 6a Gross rents..... 427,414 **b** Less: rental expenses c Rental income or (loss) . . . 427,414 **d** Net rental income or (loss) 427,414 427,414 (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis and sales expenses c Gain or (loss)..... **d** Net gain or (loss)..... 8 a Gross income from fundraising events Other Revenue (not including.. \$ of contributions reported on line 1c). See Part IV, line 18..... **b** Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19..... a **b** Less: direct expenses b c Net income or (loss) from gaming activities..... 10a Gross sales of inventory, less returns and allowances a **b** Less: cost of goods sold..... **b** c Net income or (loss) from sales of inventory..... Miscellaneous Revenue **Business Code d** All other revenue e Total. Add lines 11a-11d **Total revenue.** See instructions..... 515,841 0 77 407,512

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	190,000.	190,000.	3 1	·
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, lines 15 and 16				
4 5	Benefits paid to or for members	00 067	01 ECC	0,000	0.202
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	98,867.	81,566.	8,008.	9,293.
7	Other salaries and wages	624,787.	515,930.	50,287.	58,570.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	021,7071	010/300.	33,2371	3070701
9	Other employee benefits	65,391.	53,948.	5,296.	6,147.
10 11	Payroll taxes	55,306.	45,627.	4,480.	5,199.
	Management	357,655.	89,414.	268,241.	
	Legal	337,033.	0,,414.	200,241.	
	: Accounting	15,933.		15,933.	
	Lobbying	20,000		20,3001	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion	33,384.	33,384.		
13	Office expenses	9,733.	5,278.	3,856.	599.
14	Information technology	37.000	3,2:01	5,0001	0331
15	Royalties				
16	Occupancy	109,918.	90,745.	8,861.	10,312.
17	Travel	34,263.	28,287.	2,762.	3,214.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings	1,335.	1,335.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Insurance	35,237.		35,237.	
а	Building expenses	420,289.	420,289.		
	Dues & memberships	75,773.	75,773.		
	Recruitment	11,179.	9,229.	901.	1,049.
	Grants out not itemized	8,000.	8,000.		
e	All other expenses	8,929.	7,371.	720.	838.
25	Total functional expenses. Add lines 1 through 24e	2,155,979.	1,656,176.	404,582.	95,221.
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 (△SC 958.720)				

		Check if Schedule O contains a response or note to	any line	e in this Part X	· · · · · · · · · · · · · · · · · · ·		
					(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing			265,517.	1	180,905.
	2	Savings and temporary cash investments			908,408.	2	1,527,040.
	3	Pledges and grants receivable, net			·	3	<u> </u>
	4	Accounts receivable, net			787,469.	4	1,100,031.
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated et Part II of Schedule L					
	_			L		5	
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), persons described in section 4958(c)(1) employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete	d contributing tary employees' of Schedule L		6		
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a	3,972,723.			
	b	Less: accumulated depreciation	10 b	788,714.	3,307,007.	10 c	3,184,009.
	11	Investments – publicly traded securities			, ,	11	, ,
	12	Investments – other securities. See Part IV, line 11			2,436,410.	12	1,211,078.
	13	Investments - program-related. See Part IV, line 11.	·	13	<u> </u>		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line	34)		7,704,811.	16	7,203,063.
	17	Accounts payable and accrued expenses			811,743.	17	1,123,795.
	18	Grants payable		<u>L</u>		18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		<u> </u>		20	
ē	21	Escrow or custodial account liability. Complete Part I		<u> </u>		21	
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	d disqual	ified persons.		22	
	23	Secured mortgages and notes payable to unrelated th		<u> </u>		23	
	24	Unsecured notes and loans payable to unrelated third		<u> </u>		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•		1,266,707.	25	1,266,707.
	26	Total liabilities. Add lines 17 through 25			2,078,450.	26	2,390,502.
()		Organizations that follow SFAS 117 (ASC 958), check he	re ►	X and complete			
ĕ		lines 27 through 29, and lines 33 and 34.	=	_			
a	27	Unrestricted net assets		<u> </u>	5,436,361.	27	4,812,561.
Bal	28	Temporarily restricted net assets			190,000.	28	
Þ	29	Permanently restricted net assets				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), ch and complete lines 30 through 34.	•				
S	30	Capital stock or trust principal, or current funds				30	
8	31	Paid-in or capital surplus, or land, building, or equipm	nent fund	l		31	
As	32	Retained earnings, endowment, accumulated income,				32	
et	33	Total net assets or fund balances			5,626,361.	33	4,812,561.
_	34	Total liabilities and net assets/fund balances			7,704,811.	34	7,203,063.

BAA Form **990** (2015)

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Form **990** (2015)

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Pa	rt XI Reconciliation 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		1,4	07,5	12.
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,1	55,9	79.
3	Revenue less expenses. Subtract line 2 from line 1	3			48,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			26,3	
5	Net unrealized gains (losses) on investments	5			65,3	
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		4,8	12,5	61.
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 X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Χ
	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:	ewed on	а			
	Separate basis Consolidated basis Both consolidated and separate basis					1
-	b Were the organization's financial statements audited by an independent accountant?			2 b	Χ	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepbasis, consolidated basis, or both:	arate				
	X Separate basis Consolidated basis Both consolidated and separate basis					
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aureview, or compilation of its financial statements and selection of an independent accountant?	ıdit,		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Singl Audit Act and OMB Circular A-133?	e 		3 a		Х
I	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	audit		3 h		

TEEA0112L 10/20/15

SCHEDULE A (Form 990 or 990-EZ)

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2015

Open to Public

Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number United States Public Interest Research Group Education Fund, 52-1384240 Inc. Part I Reason for Public Charity Status (All organizations must complete this part. See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 9 June 30, 1975. See **section 509(a)(2).** (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. g Provide the following information about the supported organization(s). (ii) EIN (v) Amount of monetary (vi) Amount of other (i) Name of supported (iv) Is the organization listed in your governing (iii) Type of organization (described on lines 1-9 above (see instructions)) organization support (see instructions) support (see instructions) document? Yes No (A) (B) (C) (D) (E)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule **A** (Form 990 or 990-EZ) 2015

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	1		ı			
begi	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,199,877.	1,079,616.	1,019,441.	513,842.	891,594.	4,704,370.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	1,199,877.	1,079,616.	1,019,441.	513,842.	891,594.	4,704,370.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						1,880,299.
6	Public support. Subtract line 5 from line 4						2,824,071.
Sec	tion B. Total Support	1		ı			
	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	1,199,877.	1,079,616.	1,019,441.	513,842.	891,594.	4,704,370.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	36,877.	56,632.	63,058.	1,183.	77.	157,827.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI.	84,447.	325,186.	376,578.	388,582.	427,414.	1,602,207.
11	Total support. Add lines 7 through 10						6,464,404.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	ird, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	▶
Sec	tion C. Computation of Du	blic Cupport B	orcontago				
	Public support percentage for 20						43.69%
	Public support percentage from						57.84%
16 a	33-1/3% support test — 2015. If and stop here. The organization	the organization qualifies as a pul	did not check the olicly supported o	box on line 13, aurganization	nd line 14 is 33-1/	3% or more, ched	ck this box ► X
t	33-1/3% support test – 2014. If and stop here. The organization						
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	e. Explain in Part	VI how
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as a	box and stop her a publicly support	e. Explain in Part ed organization	VI how the▶
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a,	, or 17b, check thi	s box and see ins	structions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support							
Calen	dar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 201	5	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include							
	any 'unusùal grants.')							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities							
	furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513.							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
I	a Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
Sec	ction B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 201	5	(f) Total
	Amounts from line 6	(4) 20 1 1	(4) = 0 1 =	(0) 20 10	(4) 20 1 1	(0) = 0		(1) 10101
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
	b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).							
	Total support. (Add lines 9, 10c, 11, and 12.)							
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, c	or fifth tax year as	a section 5	01(c)(3)	▶ □
	tion C. Computation of Pu							
	Public support percentage for 20						15	%
16	Public support percentage from	2014 Schedule A,	Part III, line 15		<u></u>		16	%
Sec	ction D. Computation of Inv							
17		•	• •	-			17	%
18	Investment income percentage f						18	%
	a 33-1/3% support tests — 2015. If is not more than 33-1/3%, check	this box and sto	p here. The orgar	nization qualifies a	as a publicly supp	orted organ	ization	
ı	b 33-1/3% support tests — 2014. If line 18 is not more than 33-1/3%	tne organization check this box	aid not check a b and stop here. Th	ox on line 14 or l e organization di	ine 19a, and line inalifies as a public	i 6 is more t Iv supported	nan 33-1 1 organiz:	/3%, and ation ► □
20	Private foundation. If the organi		-				-	_

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe			
	the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3 8	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3а		
ŀ	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
(c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3с		
4 8	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
ŀ	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
(c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5 8	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
ŀ	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
(Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI</i>	6		
7		7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9:	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons	8		
•	as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a		
ŀ	b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
(c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9с		
10 a	a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.	10a		
ŀ	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.).	10b		

Par	t IV	Supporting Organizations (continued)			
11	∐ac ti	he organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gover	ning body of a supported organization?	11a		
b	A fam	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Sect	tion E	B. Type I Supporting Organizations			
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
'	or election of the direct	ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
		ed to such powers during the tax year	1		
2	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization	2		
Sect		C. Type II Supporting Organizations	<u>!</u>		1
		Mr. salka a 2 2 and a		Yes	No
1	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sect	tion [D. All Type III Supporting Organizations			
				Yes	No
1	Did #h	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organ	iization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, organ	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the hization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how				
	the or	rganization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By re	ason of the relationship described in (2), did the organization's supported organizations have a significant			
	voice all tim	in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
	in this	s regard	3		
Sect	tion E	E. Type III Functionally-Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
а	Т	he organization satisfied the Activities Test. Complete line 2 below.			
b	П	he organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Ħπ	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	ıs).		
			,		
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No
а	suppo organ respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported Initiations and explain how these activities directly furthered their exempt purposes, how the organization was possive to those supported organizations, and how the organization determined that these activities constituted that these activities.	2a		
		antially all of its activities	La		
b	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for organization's position that its supported organization(s) would have engaged in these activities but for the nization's involvement.	2b		
_					
		nt of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did theach	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i>	3a		
b	Did th	e organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete	ovembe Section	er 20, 1970. See instruct ons A through E.	ions. All
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions.	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions).	6		
7	Other expenses (see instructions).	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
á	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
	: Fair market value of other non-exempt-use assets	1c		
(Total (add lines 1a, 1b, and 1c).	1d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions.	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-inte	grated	Type III supporting or	ganization

(see instructions).

BAA

Schedule A (Form 990 or 990-EZ) 2015

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	nnorting Organiza	ations (continued)	1210
	tion D – Distributions	pporting organiza	dions (commuca)	Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	poses		
2		of supported organization	ns,	
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		
4	Amounts paid to acquire exempt-use assets	• • •		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
d	From 2013			
	From 2014			
1	f Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016. Add lines 3j and 4c			
8	Breakdown of line 7:			
а				
b				
- 0	Excess from 2013			

e Excess from 2015.....

Schedule **A** (Form 990 or 990-EZ) 2015

52-1384240

Page 8

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income

Nature and Source	2015	2014	2013	2012	2011
Misc income Rents Total	\$ 427,414. \$ 427,414.	\$ 388,582. \$ 388,582.	\$ 54,948. 321,630. \$ 376,578.	\$ 7,581. 317,605. \$ 325,186.	\$ 3,033. 81,414. \$ 84,447.

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.
Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization United States Pub	olic Interest Research	Employer identification number
Group Education H	Fund, Inc.	52-1384240
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated a	as a private foundation
	527 political organization	
	_	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a	private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the General	al Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8), or (10) org	panization can check boxes for both the General Rule and	d a Special Rule. See instructions.
General Rule		
For an organization filing Form 990, 990-E	Z, or 990-PF that received, during the year, contributions ete Parts I and II. See instructions for determining a con	
Special Rules		
under sections 509(a)(1) and 170(b)(1)(A)(vi)	01(c)(3) filing Form 990 or 990-EZ that met the 33-1/3%, that checked Schedule A (Form 990 or 990-EZ), Part II, line the year, total contributions of the greater of (1) \$5,000 of \$0-EZ, line 1. Complete Parts I and II.	e 13. 16a. or 16b. and that
during the year, total contributions of more	01(c)(7), (8), or (10) filing Form 990 or 990-EZ that receie than \$1,000 <i>exclusively</i> for religious, charitable, scientifo children or animals. Complete Parts I, II, and III.	ved from any one contributor, fic, literary, or educational
during the year, contributions exclusively f \$1,000. If this box is checked, enter here t charitable, etc., purpose. Do not complete	01(c)(7), (8), or (10) filing Form 990 or 990-EZ that received or religious, charitable, etc., purposes, but no such contributed the total contributions that were received during the year any of the parts unless the General Rule applies to this lible, etc., contributions totaling \$5,000 or more during the	ributions totaled more than for an <i>exclusively</i> religious, organization because
990-PF), but it must answer 'No' on Part IV, li	y the General Rule and/or the Special Rules does not file ne 2, of its Form 990; or check the box on line H of its F ne filing requirements of Schedule B (Form 990, 990-EZ,	orm 990-EZ or on its Form 990-PF,

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

2 of Part I

United States Public Interest Research

Page 1 of Employer identification number

Part I	Contributors	(see instructions).	Use duplicate copies	s of Part I if additional	space is needed.
--------	--------------	---------------------	----------------------	---------------------------	------------------

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Annie E. Casey Foundation		Person X
	701 St. Paul Street	\$25,000	Payroll
	Baltimore, MD 21202	-	(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Digital Trust Foundation	-	Person X
	1543 Wazee	\$ 45,000	Payroll Noncash
	Denver, CO 80202	-	(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>3</u>	Ford Foundation	-	Person X Payroll
	14400 Broadway	\$420,000	' 🗀
	New York, NY 10018	-	(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Number	Name, address, and ZIP + 4	(c) Total contributions	Type of contribution Person X
Number	Name, address, and ZIP + 4 MaryPIRG Foundation	(c) Total contributions	Person X Payroll
4	Name, address, and ZIP + 4 MaryPIRG Foundation	\$136,000	Person X Payroll
4	MaryPIRG Foundation 3121 St. Paul Street, #26	\$136,000	Person X Payroll Noncash (Complete Part II for
4 (a) Number	MaryPIRG Foundation 3121 St. Paul Street, #26 Baltimore, MD 21218 (b)	\$136,000	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X
4 (a) Number	Name, address, and ZIP + 4 MaryPIRG Foundation 3121 St. Paul Street, #26 Baltimore, MD 21218 Name, address, and ZIP + 4	\$136,000	Type of contribution Person X Payroll
4 (a) Number	MaryPIRG Foundation 3121 St. Paul Street, #26 Baltimore, MD 21218 Name, address, and ZIP + 4 CalPIRG Education Fund	\$136,000 (c) Total contributions	Type of contribution Person X Payroll
4 (a) Number	MaryPIRG Foundation 3121 St. Paul Street, #26 Baltimore, MD 21218 Name, address, and ZIP + 4 CalPIRG Education Fund 1314 H Street, #202	\$136,000 (c) Total contributions	Person X Payroll . (Complete Part II for noncash contributions.) Person X (d) Type of contribution Person X Payroll (Complete Part II for
(a) Number	Name, address, and ZIP + 4 MaryPIRG Foundation 3121 St. Paul Street, #26 Baltimore, MD 21218 Name, address, and ZIP + 4 CalPIRG Education Fund 1314 H Street, #202 Sacramento, CA 95814 (b)	\$136,000 (c) Total contributions \$50,000 (c) Total	Person X Payroll
(a) Number	Name, address, and ZIP + 4 MaryPIRG Foundation 3121 St. Paul Street, #26 Baltimore, MD 21218 Name, address, and ZIP + 4 CalPIRG Education Fund 1314 H Street, #202 Sacramento, CA 95814 Name, address, and ZIP + 4	\$136,000 (c) Total contributions \$50,000 (c) Total	Person X Payroll
(a) Number 5 (a) Number	MaryPIRG Foundation 3121 St. Paul Street, #26 Baltimore, MD 21218 Name, address, and ZIP + 4 CalPIRG Education Fund 1314 H Street, #202 Sacramento, CA 95814 Name, address, and ZIP + 4 Natural Resource Defense Council	\$136,000 (c) Total contributions \$50,000 (c) Total contributions	Person X Payroll

Page

2 of

2 of Part I

United States Public Interest Research

Employer identification number

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$32,500.	Person X Payroll Noncash (Complete Part II for
(a) Number	Washington, DC 20002	(c) Total contributions	(d) Type of contribution
	T Phillips & J Moore Foundation 55 Exchange Place, #404 New York, NY 10005	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	MassPIRG Education Fund 294 Washington St, #500 Boston, MA 02108	\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		45	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

BAA

Page

1 to

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

1 of Part II

United States Public Interest Research

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	oace	is needed.	
(a) No. from Part I	(b) Description of noncash property given	F ((c) FMV (or estimate) see instructions)	(d) Date received
	N/A	\$		
(a) No. from Part I	(b) Description of noncash property given	F ((c) FMV (or estimate) see instructions)	(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	F ((c) FMV (or estimate) see instructions)	(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	F ((c) TMV (or estimate) see instructions)	(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	F (t	(c) TMV (or estimate) see instructions)	(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	F ((c) FMV (or estimate) see instructions)	(d) Date received
		\$		

to

1 of Part III

Name of organization
United States Public Interest Research

Employer identification number

Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)						
(a) No. from Part I				(d) Description of how gift is held			
	N/A						
	(e) Transfer of gift Transferee's name, address, and ZIP + 4			tionship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
			. — — — — - . — — — — -				
	(e) Transfer of gift Transferee's name, address, and ZIP + 4			tionship of transferor to transferee			
			. — — — — — — — — — — — — — — — — — — —				

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see instructions), then

•	Section 501(c)(4), (5), or (6)	organizations: Complete Part III.			
Name	e of organization	·		Employer identific	ation number
Un:	ited States Public	Interest Research		52-138424	
Pa	-	organization is exempt under secti	• •		zation.
1	•	organization's direct and indirect political of			
2	'			•	
3					
Pa		organization is exempt under secti	. ,,,		
1	-	cise tax incurred by the organization under			
2	Enter the amount of any ex	cise tax incurred by organization managers	under section 4955.	▶\$	<u> </u>
3	If the organization incurred	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4	a Was a correction made?				Yes No
	b If 'Yes,' describe in Part IV.				
Pa		rganization is exempt under secti			
1	Enter the amount directly ex	xpended by the filing organization for section	on 527 exempt function	on activities 🟲 \$	
2		organization's funds contributed to other organ			;
3	Total exempt function exper	nditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	> \$	
4	Did the filing organization fi	le Form 1120-POL for this year?			Yes No
5	organization made payment amount of political contribution	s and employer identification number (EIN) is. For each organization listed, enter the ans received that were promptly and directly deal action committee (PAC). If additional spans	mount paid from the livered to a separate o	tiling organization's tun olitical organization, such	ds. Also enter the as a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)		L			

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2015

Part II-A Complete if section 501(the organizatio	n is exempt under se		d filed Form 5768 (ele	
	• • • • • • • • • • • • • • • • • • • •	gs to an affiliated group (and	d list in Part IV each affil	iated group member's name,	
address,	EIN, expenses, ar	d share of excess lobbying	g expenditures).		
B Check ► if the filing	ng organization che	ecked box A and 'limited co	ontrol' provisions apply		
(The term	Limits on Lobb 'expenditures' me	ying Expenditures ans amounts paid or incu	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expendit	·	·			
		legislative body (direct lob			
	•	and 1b)			0.
	•	1 115		2/100/0/00	
	. ,	nes 1c and 1d)		2,155,979.	0.
		nount from the following ta		257,799.	
If the amount on line 1e, col	umn (a) or (b) is:	The lobbying nontaxable	amount is:		
Not over \$500,000	000 000	20% of the amount on line 1e.			
Over \$500,000 but not over \$1 Over \$1,000,000 but not over \$		\$100,000 plus 15% of the excess \$175,000 plus 10% of the excess	·		
Over \$1,500,000 but not over \$		\$225,000 plus 5% of the excess			
Over \$17,000,000	\$17,000,000	\$1,000,000.	over \$1,500,000.		
	amount (enter 25%	of line 1f)		64,450.	0.
•		s, enter -0		01/1001	0.
		s, enter -0		· ·	0.
j If there is an amount other section 4911 tax for this	er than zero on eithe s year?	r line 1h or line 1i, did the or	ganization file Form 472	0 reporting	Yes No
(Som		4-Year Averaging Period at made a section 501(h) ens below. See the instruct	lection do not have to		
	Lobl	oying Expenditures During	4-Year Averaging Pe	riod	
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2 a Lobbying nontaxable amount				257,799.	257,799.
b Lobbying ceiling amount (150% of line 2a, column (e))					386,699.
c Total lobbying expenditures					0.
d Grassroots nontaxable amount				64,450.	64,450.
e Grassroots ceiling amount (150% of line 2d, column (e))					96,675.
f Grassroots lobbying expenditures				Sahadula C (Farras	0. 990 or 990-EZ) 2015
BAA				Scriedule C (Form	ララU UI 33U-E∠) ∠UI5

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

(election under section 501(h)).	•				
For each Wast response on lines to through ti helpy, provide in Part IV a detailed description	(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	A	mount	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a Volunteers?b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
q Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
i Total. Add lines 1c through 1i.					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If 'Yes,' enter the amount of any tax incurred under section 4912					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912		_			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501	′c)(5)	Or			
section 501(c)(6).	(0)(0)	, 0.			
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	Part I	, or se II-A, I	ection : ine 3, i	501(c) s	
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2 a			
b Carryover from last year		2 b			
c Total		2 c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 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			
5 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 instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

m990. Open to Public Inspection
Employer identification number

	United States Public Interest Group Education Fund, Inc.	est Research		50 1004040
D	•	* Advised Funds or Othe	r Similar Funds or As	52-1384240
Par	Complete if the organization answ	vered 'Yes' on Form 990	Part IV line 6	counts.
	complete it the organization and	(a) Donor advised fu		Funds and other accounts
1	Total number at end of year	(a) Donor advised to	inus (b)	i dilas and other accounts
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
_				
5	Did the organization inform all donors and dor are the organization's property, subject to the	organization's exclusive legal c	ontrol?	Yes No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing of the donor or donor advisor,	g that grant funds can be u or for any other purpose co	sed only onferring Yes No
Par	Conservation Easements. Complete if the organization answ	wered 'Yes' on Form 990	Part IV line 7	
1	Purpose(s) of conservation easements held by			
•	Preservation of land for public use (e.g., r		Preservation of a historic	ally important land area
	Protection of natural habitat	<u> </u>	Preservation of a certified	
	Preservation of open space	L	_	
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contr	ibution in the form of a conse	ervation easement on the
	last day of the tax year.	·		
				Held at the End of the Tax Year
	a Total number of conservation easements			
	Total acreage restricted by conservation easer			
•	Number of conservation easements on a certif	ied historic structure included i	n (a) 2 c	
(Number of conservation easements included in structure listed in the National Register	n (c) acquired after 8/17/06, and	d not on a historic	
3	Number of conservation easements modified, trantax year ►	sferred, released, extinguished, o	r terminated by the organizat	ion during the
4	Number of states where property subject to conse	rvation easement is located >		
5	Does the organization have a written policy reand enforcement of the conservation easemer			
6	Staff and volunteer hours devoted to monitoring, i	nspecting, handling of violations,	and enforcing conservation e	easements during the year
7	Amount of expenses incurred in monitoring, insper ▶\$	cting, handling of violations, and	enforcing conservation easer	nents during the year
Q	Does each conservation easement reported or	line 2(d) above satisfy the rea	uirements of soction 170/h	V(I)(R)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote t conservation easements.	conservation easements in its re o the organization's financial st	venue and expense statemer catements that describes th	nt, and balance sheet, and e organization's accounting for
Par	Organizations Maintaining Colle Complete if the organization answ	ctions of Art, Historical T wered 'Yes' on Form 990,	reasures, or Other Si Part IV, line 8.	milar Assets.
1 a	a If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finan	ld for public exhibition, education	, or research in furtherance o	ent and balance sheet works of f public service, provide,
ŀ	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	or public exhibition, education, or	research in furtherance of pu	blic service, provide the
	(i) Revenue included on Form 990, Part VIII,			
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, h amounts required to be reported under SFAS			
	a Revenue included on Form 990, Part VIII, line	1		
	Accets included in Form 990 Part Y			▶ ¢

Part III Organizations Maintaining Colle	ections of Art, Histo	ricai i reasures, or	Other Similar Ass	sets (contin	uea)
3 Using the organization's acquisition, accession, a items (check all that apply):	and other records, check ar	ny of the following that are	a significant use of its	collection	
a Public exhibition	d Loan o	r exchange programs			
b Scholarly research	e Other				
c Preservation for future generations					
4 Provide a description of the organization's collect Part XIII.	tions and explain how they	further the organization's	exempt purpose in		
5 During the year, did the organization solicit o to be sold to raise funds rather than to be ma	iintained as part of the or	ganization's collection?		Yes	No
Part IV Escrow and Custodial Arranger line 9, or reported an amount or	nents. Complete if the Form 990, Part X, I	ne organization ans ine 21.	wered 'Yes' on Fo	orm 990, Pa	ırt IV,
1 a Is the organization an agent, trustee, custodia on Form 990, Part X?	an or other intermediary	for contributions or other	r assets not included	Yes	No
b If 'Yes,' explain the arrangement in Part XIII	and complete the followir	ng table:		_	<u> </u>
				Amount	
c Beginning balance			1c		
d Additions during the year			1 d		
e Distributions during the year			. 1 e		
f Ending balance			1f		
2a Did the organization include an amount on Fo	orm 990, Part X, line 21,	for escrow or custodial a	account liability?	Yes	No
b If 'Yes,' explain the arrangement in Part XIII.	Check here if the explan	ation has been provided	on Part XIII		
Part V Endowment Funds. Complete if	the organization and	swered 'Yes' on For	m 990. Part IV. li	ne 10.	
(a) Curren	ĭ	(c) Two years back	(d) Three years back		ars back
1 a Beginning of year balance	(.,,	(0)	(,	(0)	
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance		4 / / / / / /			
2 Provide the estimated percentage of the curre	•	e 1g, column (a)) neid a	S:		
a Board designated or quasi-endowment ►					
b Permanent endowment ►					
c Temporarily restricted endowment ►	%				
The percentages on lines 2a, 2b, and 2c should	equal 100%.				
3 a Are there endowment funds not in the possession organization by:	n of the organization that a	re held and administered t	for the	Yes	No
(i) unrelated organizations				3a(i)	
(ii) related organizations				3a(ii)	
b If 'Yes' on line 3a(ii), are the related organization	tions listed as required o	n Schedule R?		3b	
4 Describe in Part XIII the intended uses of the	organization's endowme	nt funds.		l l	
Part VI Land, Buildings, and Equipmen					
Complete if the organization ans	wered 'Yes' on Forn	· · · · · · · · · · · · · · · · · · ·	11a. See Form 99		
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	
1 a Land	607,622.				7,622.
b Buildings	2,430,488.		301,214.	2,129	,274.
c Leasehold improvements	780,597.		433,589.	347	7,008.
d Equipment	54,016.		53,911.		105.
e Other				100	0,000.
Total. Add lines 1a through 1e. (Column (d) must e		olumn (B), line 10c.)	>		1,009.
				- , o	

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Schedule **D** (Form 990) 2015

Investments — Other Securities. Complete if the organization answere	ed 'Yes' on Form 990) Part IV line	11h See	Form 990 Part X Jir
(a) Description of security or category (including name of security)	(b) Book value			ost or end-of-year market value
(1) Financial derivatives				-
(2) Closely-held equity interests				
(3) Other Paradigm Partners	9,680.	End of Year	r Market	Value
(A) 1543, LLC		End of Year		
(B)	, ,			
(C)				
(D)				
(E)				
(F)				
(G)				
 (H)				
(l)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)	1 ,211,078.			
Part VIII Investments - Program Related.		N/A		
Complete if the organization answere				
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Co	st or end-of-year market v
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
_ • •				
(7)				
(7) (8)				
(7)				
(7) (8) (9) (10)				
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)				
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.	N/A) Part IV line	11d See	Form 990 Part X lin
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere	N/A), Part IV, line	11d. See	Form 990, Part X, lir
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere	N/A ed 'Yes' on Form 990), Part IV, line	11d. See	
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D	N/A ed 'Yes' on Form 990), Part IV, line	11d. See	
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3)	N/A ed 'Yes' on Form 990), Part IV, line	11d. See	
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4)	N/A ed 'Yes' on Form 990), Part IV, line	11d. See	
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5)	N/A ed 'Yes' on Form 990	D, Part IV, line	11d. See	
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6)	N/A ed 'Yes' on Form 990	D, Part IV, line	11d. See	
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7)	N/A ed 'Yes' on Form 990), Part IV, line	11d. See	
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8)	N/A ed 'Yes' on Form 990	D, Part IV, line	11d. See	
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9)	N/A ed 'Yes' on Form 990	D, Part IV, line	11d. See	
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	N/Aed 'Yes' on Form 990	0, Part IV, line		(b) Book valu
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column	N/Aed 'Yes' on Form 990	0, Part IV, line		
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(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column	N/Aed 'Yes' on Form 990 Description	0, Part IV, line		(b) Book valu
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(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes (2) Due to Env California	N/A ed 'Yes' on Form 990 description (B) line 15.)	1e or 11f. See For		(b) Book valu
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes (2) Due to Env California (3)	N/A ed 'Yes' on Form 990 description (B) line 15.)	1e or 11f. See For		(b) Book valu
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes (2) Due to Env California (3) (4)	N/A ed 'Yes' on Form 990 description (B) line 15.)	1e or 11f. See For		(b) Book valu
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(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes (2) Due to Env California (3) (4) (5) (6)	N/A ed 'Yes' on Form 990 description (B) line 15.)	1e or 11f. See For		(b) Book valu
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes (2) Due to Env California (3) (4) (5) (6) (7)	N/A ed 'Yes' on Form 990 description (B) line 15.)	1e or 11f. See For		(b) Book valu
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes (2) Due to Env California (3) (4) (5) (6) (7) (8)	N/A ed 'Yes' on Form 990 description (B) line 15.)	1e or 11f. See For		(b) Book valu
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes (2) Due to Env California (3) (4) (5) (6) (7) (8) (9)	N/A ed 'Yes' on Form 990 description (B) line 15.)	1e or 11f. See For		(b) Book valu
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(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes (2) Due to Env California (3) (4) (5) (6) (7) (8) (9)	N/A ed 'Yes' on Form 990 Description (B) line 15.)	1e or 11f. See Fori		(b) Book valu

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	. 1	1,342,179.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	. 2e	-65,333.
3 Subtract line 2e from line 1	. 3	1,407,512.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	. 4с	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	1,407,512.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	r Return	l.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	. 1	
		2,155,979.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		2,155,979.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities		2,155,979.
		2,155,979.
a Donated services and use of facilities		2,155,979.
a Donated services and use of facilities 2a b Prior year adjustments 2b		2,155,979.
a Donated services and use of facilities2 ab Prior year adjustments2 bc Other losses2 c		2,155,979.
a Donated services and use of facilities2 ab Prior year adjustments2 bc Other losses2 cd Other (Describe in Part XIII.)2 d	. 2e	2,155,979. 2,155,979.
a Donated services and use of facilities b Prior year adjustments c Other losses c Other (Describe in Part XIII.) e Add lines 2a through 2d.	. 2e	
a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4a	. 2e	
a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses. 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4a b Other (Describe in Part XIII.) 4b	. 2e 3	
a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4a	. 2e 3	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule **D** (Form 990) 2015

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization						Employer identific	cation number
United States Public Intere	est Research					52-138424	40
Part I General Information on Gr		ance					
 Does the organization maintain records the selection criteria used to award th Describe in Part IV the organization's pro 	e grants or assistand	e?				Part IV	X Yes No
					1. ((1)	1	/ 1
Form 990, Part IV, line 21,	for any recipient	that received	more than \$5,000. F	Part II can be dupli	cated if additiona	ition answered Y Il space is neede	ed.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Arizona PIRG Education Fund							General
130 N. Central Ave, #202 Phoenix, AZ 85004	35-2259362	501c3	19,500.	0.			operating support
(2) Center for Digital Democracy	00 2203002	00100	25,0001	<u> </u>			Support
1621 Connecticut Ave., NW Washington, DC 20009	52-2311577	501c3	25,000.	0.			General program support
(3) Colorado PIRG Foundation	02 2011077	00100	2370001	0.			General
1543 Wazee, #330							operating
Denver, CO 80202	57-1151227	501c3	19,500.	0.			support
(4) ConnPIRG Education Fund							General
2074 Park Street, #210							operating
Hartford, CT 06106	06-1341177	501c3	19,500.	0.			support
(5) Illinois PIRG Education Fund 328 S. Jefferson St., #620							General program
Chicago, IL 60661	36-3848017	501c3	19,500.	0.			support
(6) MassPIRG Education Fund 294 Washington Street, #500							General program
Boston, MA 02108	04-2670284	501c3	19,500.	0.			support
(7) OSPIRG Foundation							General
1536_SE_11th_Ave,_Suite_A							operating
Portland, OR 97214	93-1150763	501c3	19,500.	0.			support
(8) Student Organizing, Inc.							
294 Washington Street, #500				_			General program
Boston, MA 02108	26-2486476		9,000.	0.			support
2 Enter total number of section 501(c)(3	•	-					10
3 Enter total number of other organizati	ons listed in the line	ı tabie					. 0

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part	t III
	can be duplicated if additional space is needed.	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
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.

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

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

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

2015

Continuation Page $\,1\,$ of $\,1\,$

Name of the organization

Employer identification number

United States Public Intere	est Research					52-138424	
Part II Continuation of Grants an				d Domestic Gover			
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WashPIRG Foundation 1402 3rd Ave, #618 Seattle, WA 98101	91-1168245	501c3	19,500.				General operating support
WISPIRG Foundation 122 State Street, #500 Madison, WI 53703	39-1926253	501c3	19,500.				General program

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization United States Public Interest Research
Group Education Fund, Inc.

Employer identification number
52-1384240

Form 990, Part III, Line 4d - Other Program Services Description

Government & Tax Reform - Through public education, research, grassroots organizing, and policy development we're working to close the loopholes that allow companies to avoid paying the taxes they owe, bridge the partisan divide that makes solving the looming debt crisis so difficult by finding common ground in identifying federal spending cuts that could save billions of taxpayer dollars, reverse the Supreme Court's "Citizens United" decision allowing unlimited corporate money in elections, and strengthen ethics rules for members of Congress.

Form 990, Part VI, Line 8 - Explanation of No Contemporaneously Documentation of Meetings

The organization's governing body had no committees.

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

Form 990 is reviewed by the Executive Director and the Board of Directors prior to being filed with the IRS.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

To monitor and enforce compliance with the conflict of interest policy, the organization requires all officers, directors and individuals with substantial influence over the organization to complete an annual statement disclosing to the board any business, contractual or financial relationships the person has with other corporations. In addition, said persons have an ongoing obligation to disclose to the board any financial interest, direct or indirect, that the person would gain from any particular transaction, contract or policy under 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.

Name of the organization United States Public Interest Research
Group Education Fund, Inc.

Employer identification number
52-1384240

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The compensation committee will establish acceptable compensation packages after reviewing at least one of the following: 1) information about compensation paid by similarly situated tax-exempt organizations for similar services; 2) current compensation surveys compiled by independent firms; 3) actual written offers from similarly situated organizations. Documentation of the compensation deliberation and decision is kept on file.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

The compensation committee will establish acceptable compensation packages after reviewing at least one of the following: 1) information about compensation paid by similarly situated tax-exempt organizations for similar services; 2) current compensation surveys compiled by independent firms; 3) actual written offers from similarly situated organizations. Documentation of the compensation deliberation and decision is kept on file.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The organization's governing documents, conflict of interest policy and financial statements are kept in our office and are available to the public upon request.