

Form **990-EZ**Department of the Treasury  
Internal Revenue Service**Short Form****Return of Organization Exempt From Income Tax**

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

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

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

OMB No 1545-0047

**2019****Open to Public Inspection**

|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> For the 2019 calendar year, or tax year beginning July 1, 2019, and ending June 30, 2020                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                     |
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>Connecticut Public Interest Research Group, Inc.</b><br>Number and street (or P O box if mail is not delivered to street address) Room/suite<br><b>56 Arbor St 213</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>Hartford, CT 06106</b> |
| <b>D</b> Employer identification number<br><b>06-0906331</b>                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                     |
| <b>E</b> Telephone number<br><b>(860) 233-7554</b>                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                     |
| <b>F</b> Group Exemption Number ▶                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                     |
| <b>G</b> Accounting Method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                     |
| <b>I</b> Website: ▶ <a href="https://connpirgstudents.org/">https://connpirgstudents.org/</a>                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                     |
| <b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 4 ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                       |                                                                                                                                                                                                                                                                                                                     |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other                                                                                                                          |                                                                                                                                                                                                                                                                                                                     |
| <b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ <b>103,896</b>                                                                |                                                                                                                                                                                                                                                                                                                     |

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

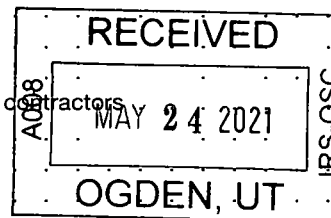
|                                                                                                                                                                                                                     |                                                                                                                                                            |                |                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------|
| <b>Revenue</b>                                                                                                                                                                                                      | <b>1</b> Contributions, gifts, grants, and similar amounts received                                                                                        | <b>1</b>       | <b>101,457</b> |
|                                                                                                                                                                                                                     | <b>2</b> Program service revenue including government fees and contracts                                                                                   | <b>2</b>       | <b>2,439</b>   |
|                                                                                                                                                                                                                     | <b>3</b> Membership dues and assessments                                                                                                                   | <b>3</b>       | <b>0</b>       |
|                                                                                                                                                                                                                     | <b>4</b> Investment income                                                                                                                                 | <b>4</b>       | <b>0</b>       |
|                                                                                                                                                                                                                     | <b>5a</b> Gross amount from sale of assets other than inventory                                                                                            | <b>5a</b>      | <b>0</b>       |
|                                                                                                                                                                                                                     | <b>b</b> Less: cost or other basis and sales expenses                                                                                                      | <b>5b</b>      | <b>0</b>       |
|                                                                                                                                                                                                                     | <b>c</b> Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)                                                           | <b>5c</b>      | <b>0</b>       |
|                                                                                                                                                                                                                     | <b>6</b> Gaming and fundraising events:                                                                                                                    |                |                |
|                                                                                                                                                                                                                     | <b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)                                                                             | <b>6a</b>      | <b>0</b>       |
| <b>b</b> Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | <b>6b</b>                                                                                                                                                  | <b>0</b>       |                |
| <b>c</b> Less: direct expenses from gaming and fundraising events                                                                                                                                                   | <b>6c</b>                                                                                                                                                  | <b>0</b>       |                |
| <b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)                                                                                                         | <b>6d</b>                                                                                                                                                  | <b>0</b>       |                |
| <b>7a</b> Gross sales of inventory, less returns and allowances                                                                                                                                                     | <b>7a</b>                                                                                                                                                  | <b>0</b>       |                |
| <b>b</b> Less: cost of goods sold                                                                                                                                                                                   | <b>7b</b>                                                                                                                                                  | <b>0</b>       |                |
| <b>c</b> Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)                                                                                                                             | <b>7c</b>                                                                                                                                                  | <b>0</b>       |                |
| <b>8</b> Other revenue (describe in Schedule O)                                                                                                                                                                     | <b>8</b>                                                                                                                                                   | <b>0</b>       |                |
| <b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8                                                                                                                                              | <b>9</b>                                                                                                                                                   | <b>103,896</b> |                |
| <b>Expenses</b>                                                                                                                                                                                                     | <b>10</b> Grants and similar amounts paid (list in Schedule O)                                                                                             | <b>10</b>      | <b>0</b>       |
|                                                                                                                                                                                                                     | <b>11</b> Benefits paid to or for members                                                                                                                  | <b>11</b>      | <b>0</b>       |
|                                                                                                                                                                                                                     | <b>12</b> Salaries, other compensation, and employee benefits                                                                                              | <b>12</b>      | <b>39,581</b>  |
|                                                                                                                                                                                                                     | <b>13</b> Professional fees and other payments to independent contractors                                                                                  | <b>13</b>      | <b>32,985</b>  |
|                                                                                                                                                                                                                     | <b>14</b> Occupancy, rent, utilities, and maintenance                                                                                                      | <b>14</b>      | <b>138</b>     |
|                                                                                                                                                                                                                     | <b>15</b> Printing, publications, postage, and shipping                                                                                                    | <b>15</b>      | <b>1,375</b>   |
|                                                                                                                                                                                                                     | <b>16</b> Other expenses (describe in Schedule O)                                                                                                          | <b>16</b>      | <b>50,585</b>  |
| <b>17</b> <b>Total expenses.</b> Add lines 10 through 16                                                                                                                                                            | <b>17</b>                                                                                                                                                  | <b>124,664</b> |                |
| <b>Net Assets</b>                                                                                                                                                                                                   | <b>18</b> Excess or (deficit) for the year (subtract line 17 from line 9)                                                                                  | <b>18</b>      | <b>-20,768</b> |
|                                                                                                                                                                                                                     | <b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | <b>19</b>      | <b>380,618</b> |
|                                                                                                                                                                                                                     | <b>20</b> Other changes in net assets or fund balances (explain in Schedule O)                                                                             | <b>20</b>      | <b>0</b>       |
|                                                                                                                                                                                                                     | <b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20                                                                          | <b>21</b>      | <b>359,851</b> |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2019)

SCANNED MAY 06 2022



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**Part II Balance Sheets** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☒

|                                                                                       | (A) Beginning of year | (B) End of year |
|---------------------------------------------------------------------------------------|-----------------------|-----------------|
| 22 Cash, savings, and investments                                                     | 373,747               | 350,505         |
| 23 Land and buildings                                                                 | 0                     | 0               |
| 24 Other assets (describe in Schedule O)                                              | 45,896                | 106,423         |
| 25 <b>Total assets</b>                                                                | <b>419,643</b>        | <b>456,928</b>  |
| 26 <b>Total liabilities</b> (describe in Schedule O)                                  | <b>39,025</b>         | <b>97,077</b>   |
| 27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) | <b>380,618</b>        | <b>359,851</b>  |

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☒What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

|                                                                                                                                                                                                                                                                                                                                                                 |     |        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------|
| 28 <b>Researching and influencing public policy:</b> the organization engages in activities including research, education, and legal and policy development on the following issues: environmental protection, consumer protection, and hunger and homelessness.<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>    | 28a | 65,582 |
| 29 <b>Public education and outreach:</b> recruiting volunteers, distributing educational literature, conducting surveys, and discussing issues with the public on the following issues: environmental protection, consumer protection, and hunger and homelessness.<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | 28,107 |
| 30<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                                                                                                                                                                                                                                                                  | 30a | 0      |
| 31 Other program services (describe in Schedule O)<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                                                                                                                                                                                                                  | 31a | 0      |
| 32 <b>Total program service expenses</b> (add lines 28a through 31a)                                                                                                                                                                                                                                                                                            | 32  | 93,689 |

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

| (a) Name and title                                 | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|----------------------------------------------------|------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| Kyleigh Hillerud<br>Chair                          | 1                                              | 0                                                                          | 0                                                                                       | 0                                          |
| Emily O'Hara<br>Vice Chair until 4/2020            | 1                                              | 0                                                                          | 0                                                                                       | 0                                          |
| Cheyenne Tavares<br>Vice Chair as of 4/2020        | 1                                              | 0                                                                          | 0                                                                                       | 0                                          |
| Sam Donahue<br>Treasurer until 11/2019             | 1                                              | 0                                                                          | 0                                                                                       | 0                                          |
| Chad Schroeder<br>Treasurer 11/2019                | 1                                              | 0                                                                          | 0                                                                                       | 0                                          |
| Walter Dodson<br>Director until 11/2019            | 1                                              | 0                                                                          | 0                                                                                       | 0                                          |
| Ahmed Eldmerdash<br>Director until 4/2020          | 1                                              | 0                                                                          | 0                                                                                       | 0                                          |
| Jessica Gagnon<br>Director from 3/2019 thru 4/2020 | 1                                              | 0                                                                          | 0                                                                                       | 0                                          |
| Maddy White<br>Director from 11/2019 thru 4/2020   | 1                                              | 0                                                                          | 0                                                                                       | 0                                          |
| Colleen Keller<br>Director as of 3/2019            | 1                                              | 0                                                                          | 0                                                                                       | 0                                          |
| Natalie Seier<br>Director as of 4/2020             | 1                                              | 0                                                                          | 0                                                                                       | 0                                          |
| Maya Murarka<br>Director as of 4/2020              | 1                                              | 0                                                                          | 0                                                                                       | 0                                          |

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

|                                                                                                                                                                                                                                                                                                                                              | Yes | No                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------|
| <b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O                                                                                                                                                                |     | <input checked="" type="checkbox"/> |
| <b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions                                                                          |     | <input checked="" type="checkbox"/> |
| <b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?                                                                                                                                              |     | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O                                                                                                                                                                                                           |     |                                     |
| <b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III                                                                                                                    |     | <input checked="" type="checkbox"/> |
| <b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N                                                                                                                                                  |     | <input checked="" type="checkbox"/> |
| <b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0                                                                                                                                                                                                                         |     |                                     |
| <b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?                                                                                                                                                                                                                                                                       |     | <input checked="" type="checkbox"/> |
| <b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?                                                                                                     |     | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," complete Schedule L, Part II, and enter the total amount involved <b>38b</b>                                                                                                                                                                                                                                              |     |                                     |
| <b>39</b> Section 501(c)(7) organizations. Enter:                                                                                                                                                                                                                                                                                            |     |                                     |
| <b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>                                                                                                                                                                                                                                                             |     |                                     |
| <b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>                                                                                                                                                                                                                                                    |     |                                     |
| <b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <b>40a</b> ; section 4912 <b>40a</b> ; section 4955 <b>40a</b>                                                                                                                                                |     |                                     |
| <b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I |     | <input checked="" type="checkbox"/> |
| <b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>40c</b> 0                                                                                                                           |     |                                     |
| <b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization <b>40d</b> 0                                                                                                                                                                                             |     |                                     |
| <b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T <b>40e</b>                                                                                                                                                                 |     | <input checked="" type="checkbox"/> |
| <b>41</b> List the states with which a copy of this return is filed <b>41</b> Connecticut                                                                                                                                                                                                                                                    |     |                                     |
| <b>42a</b> The organization's books are in care of <b>42a</b> Leah Perkins Telephone no <b>42a</b> (303) 573-5995<br>Located at <b>42a</b> 1543 Wazee Street, Suite 400, Denver, CO ZIP + 4 <b>42a</b> 80202-1450                                                                                                                            |     |                                     |
| <b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <b>42b</b>                                 |     | <input checked="" type="checkbox"/> |
| See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)                                                                                                                                                                                                        |     |                                     |
| <b>c</b> At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country <b>42c</b>                                                                                                                                                                 |     | <input checked="" type="checkbox"/> |
| <b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <b>43</b> and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b>                                                                                                                  |     |                                     |
| <b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ <b>44a</b>                                                                                                                                                                                     |     | <input checked="" type="checkbox"/> |
| <b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ <b>44b</b>                                                                                                                                                                                |     | <input checked="" type="checkbox"/> |
| <b>c</b> Did the organization receive any payments for indoor tanning services during the year? <b>44c</b>                                                                                                                                                                                                                                   |     | <input checked="" type="checkbox"/> |
| <b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O <b>44d</b>                                                                                                                                                                                      |     |                                     |
| <b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? <b>45a</b>                                                                                                                                                                                                                                |     | <input checked="" type="checkbox"/> |
| <b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions <b>45b</b>                                                                        |     | <input checked="" type="checkbox"/> |

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

|    | Yes | No                                  |
|----|-----|-------------------------------------|
| 46 |     | <input checked="" type="checkbox"/> |

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47 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 . . . . .

|    | Yes | No |
|----|-----|----|
| 47 |     |    |

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

|    |  |  |
|----|--|--|
| 48 |  |  |
|----|--|--|

- 49a Did the organization make any transfers to an exempt non-charitable related organization?

|     |  |  |
|-----|--|--|
| 49a |  |  |
|-----|--|--|

- b If "Yes," was the related organization a section 527 organization?

|     |  |  |
|-----|--|--|
| 49b |  |  |
|-----|--|--|

- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |

- f Total number of other employees paid over \$100,000 . . . . .

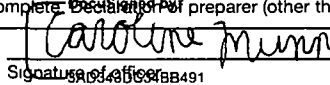
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--------------------------------------------------------------|---------------------|------------------|
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |

- d Total number of other independent contractors each receiving over \$100,000 . . . . .

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ☐ Yes ☐ No

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.

|                                           |                                                                                                          |               |
|-------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------|
| <b>Sign Here</b> <input type="checkbox"/> | Signature of officer  | Date 5/3/2021 |
|                                           | Type or print name and title<br>Caroline Munn, Board Chair                                               |               |

|                               |                            |                      |      |                                                 |      |
|-------------------------------|----------------------------|----------------------|------|-------------------------------------------------|------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
|                               | Firm's name                | Firm's EIN           |      | Phone no                                        |      |
|                               | Firm's address             |                      |      |                                                 |      |

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ☐ Yes ☐ No

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

Connecticut Public Interest Research Group, Inc.

Employer identification number

06-0906331

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|                                                                                                                                                                                                                                                                       | (a) Donor advised funds | (b) Funds and other accounts                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------|
| 1 Total number at end of year                                                                                                                                                                                                                                         |                         |                                                          |
| 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 donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?                                                            |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

|                                                                                                                                                                                                                                                                                                               |                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| 1 Purpose(s) of conservation easements held by the organization (check all that apply).                                                                                                                                                                                                                       |                                                                             |
| <input type="checkbox"/> Preservation of land for public use (for example, recreation or education)                                                                                                                                                                                                           | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                                                                                                                                                                                                                                        | <input type="checkbox"/> Preservation of a certified historic structure     |
| <input type="checkbox"/> Preservation of open space                                                                                                                                                                                                                                                           |                                                                             |
| 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.                                                                                                                                         |                                                                             |
| a Total number of conservation easements                                                                                                                                                                                                                                                                      | 2a Held at the End of the Tax Year                                          |
| b Total acreage restricted by conservation easements                                                                                                                                                                                                                                                          | 2b                                                                          |
| c Number of conservation easements on a certified historic structure included in (a)                                                                                                                                                                                                                          | 2c                                                                          |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register                                                                                                                                                                    | 2d                                                                          |
| 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►                                                                                                                                                                     |                                                                             |
| 4 Number of states where property subject to conservation easement is located ►                                                                                                                                                                                                                               |                                                                             |
| 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?                                                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No                    |
| 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►                                                                                                                                                                 |                                                                             |
| 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$                                                                                                                                                                    |                                                                             |
| 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?                                                                                                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No                    |
| 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. |                                                                             |

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

|                                                                                                                                                                                                                                                                                                                                                                                  |      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. |      |
| b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.                                                     |      |
| (i) Revenue included on Form 990, Part VIII, line 1                                                                                                                                                                                                                                                                                                                              | ► \$ |
| (ii) Assets included in Form 990, Part X                                                                                                                                                                                                                                                                                                                                         | ► \$ |
| 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:                                                                                                                                                         |      |
| a Revenue included on Form 990, Part VIII, line 1                                                                                                                                                                                                                                                                                                                                | ► \$ |
| b Assets included in Form 990, Part X                                                                                                                                                                                                                                                                                                                                            | ► \$ |

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a ☐ Public exhibition d ☐ Loan or exchange program
- b ☐ Scholarly research e ☐ Other \_\_\_\_\_
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

- |                                                  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| 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                            |                  |                |                    |                      |                     |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
- b Permanent endowment ▶ \_\_\_\_\_ %
- c Term endowment ▶ \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                                                                            | Yes    | No |
|--------------------------------------------------------------------------------------------|--------|----|
| (i) Unrelated organizations                                                                | 3a(i)  |    |
| (ii) Related organizations                                                                 | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property                                                                                | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land                                                                                                |                                      |                                 |                              |                |
| b Buildings                                                                                            |                                      |                                 |                              |                |
| c Leasehold improvements                                                                               |                                      |                                 |                              |                |
| d Equipment                                                                                            |                                      | 2,267                           |                              | 1,585          |
| e Other                                                                                                |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 682            |

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)   | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|---------------------------------------------------------------------------|----------------|-------------------------------------------------------------|
| (1) Financial derivatives                                                 |                |                                                             |
| (2) Closely held equity interests                                         |                |                                                             |
| (3) Other                                                                 |                |                                                             |
| (A)                                                                       |                |                                                             |
| (B)                                                                       |                |                                                             |
| (C)                                                                       |                |                                                             |
| (D)                                                                       |                |                                                             |
| (E)                                                                       |                |                                                             |
| (F)                                                                       |                |                                                             |
| (G)                                                                       |                |                                                             |
| (H)                                                                       |                |                                                             |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) |                |                                                             |

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment                                             | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|---------------------------------------------------------------------------|----------------|-------------------------------------------------------------|
| (1)                                                                       |                |                                                             |
| (2)                                                                       |                |                                                             |
| (3)                                                                       |                |                                                             |
| (4)                                                                       |                |                                                             |
| (5)                                                                       |                |                                                             |
| (6)                                                                       |                |                                                             |
| (7)                                                                       |                |                                                             |
| (8)                                                                       |                |                                                             |
| (9)                                                                       |                |                                                             |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) |                |                                                             |

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description                                                           | (b) Book value |
|---------------------------------------------------------------------------|----------------|
| (1)                                                                       |                |
| (2)                                                                       |                |
| (3)                                                                       |                |
| (4)                                                                       |                |
| (5)                                                                       |                |
| (6)                                                                       |                |
| (7)                                                                       |                |
| (8)                                                                       |                |
| (9)                                                                       |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) |                |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability                                           | (b) Book value |
|---------------------------------------------------------------------------|----------------|
| (1) Federal income taxes                                                  |                |
| (2)                                                                       |                |
| (3)                                                                       |                |
| (4)                                                                       |                |
| (5)                                                                       |                |
| (6)                                                                       |                |
| (7)                                                                       |                |
| (8)                                                                       |                |
| (9)                                                                       |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) |                |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☐



**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

Connecticut Public Interest Research Group, Inc

Employer identification number

06-0906331

**Part I, Line 16**

Coalition Dues \$44,646; Conferences & Meetings \$125; Depreciation \$453; Filing Fees \$125; Insurance \$1,569; Supplies \$687; Travel \$2,980

**Part II, Line 24, Column A**

Accounts Receivable: \$44,760; Value of equipment after accumulated depreciation: \$1,136

**Part II, Line 24, Column B**

Accounts Receivable: \$105,740; Value of equipment after accumulated depreciation: \$682.66

**Part II, Line 26, Column A**

Accounts Payable: \$39,025

**Part II, Line 26, Column B**

Accounts Payable: \$97,077

**Part III, Organization's Primary Exempt Purposes**

The purposes for which the Corporation is formed and the objects to be carried on and performed by it are as follows: (1) In general to advocate and participate in projects and activities promoting the public interest, said project and activities to be representative of the goals and concerns of the students of participating colleges and universities in the State of Connecticut as determined on a priority basis by a Student Board of Directors elected in accordance with the By-Laws of ConnPIRG; (2) To employ through the Student Board of Directors a staff of full and part-time professionals (from such fields as law, accounting, social sciences, economics, engineering, and ecology) to carry out projects and activities with significant impact on the public well-being; (3) To engage in research, studies, preparation, and submission of written reports, representation, litigation, lobbying, public education, and similar efforts to advocate the public interest in such areas (by way of illustration, not limitation) as governmental responsibility, environmental preservation, equal rights, consumer protection, and corporate responsibility.