See a Social Security Number? Say Something!
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Or call the IRS Identity Theft Hotline at 1-800-908-4490
**Form 990-EZ**

**Short Form Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black Lung benefit trust or private foundation)

- For organizations with gross receipts less than $100,000 and total assets less than $250,000 at the end of the year.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2003 calendar year, or tax year beginning JULY 1, 2003, and ending JUNE 30, 2004

**B** Check if applicable:
- Address change □
- Name change □
- Initial return □
- Final return □
- Amended return □
- Application pending □

**C** Name of organization

**D** Employer Identification number

**E** Telephone number

**F** Group Exemption Number

**G** Accounting method: □ Cash □ Accrual Other (specify) □

**H** Check □ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: WWW.RIPRIRG.ORG

**J** Organization type (check only one) — □ 501(c)(4) □ 501(c)(5) □ 501(c)(6) □ 4947(a)(1) □ 527

**K** Check □ if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $100,000 or more, file Form 990 instead of Form 990-EZ.

---

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions, gifts, grants, and similar amounts received</td>
<td>38576.25</td>
</tr>
<tr>
<td>Program service revenue including government fees and contracts</td>
<td>2</td>
</tr>
<tr>
<td>Membership dues and assessments</td>
<td>3</td>
</tr>
<tr>
<td>Investment income</td>
<td>4</td>
</tr>
<tr>
<td><strong>5a</strong> Gross amount from sale of assets other than inventory</td>
<td>5a</td>
</tr>
<tr>
<td>b Less: cost or other basis and sales expenses</td>
<td>5b</td>
</tr>
<tr>
<td>c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b)</td>
<td>5c</td>
</tr>
<tr>
<td><strong>6</strong> Special events and activities (attach schedule). If any amount is from gaming, check here □</td>
<td></td>
</tr>
<tr>
<td>a Gross revenue (not including $ of contributions reported on line 1)</td>
<td>6a</td>
</tr>
<tr>
<td>b Less: direct expenses other than fundraising expenses</td>
<td>6b</td>
</tr>
<tr>
<td>c Net income or (loss) from special events and activities (line 6a less line 6b)</td>
<td>6c</td>
</tr>
<tr>
<td><strong>7a</strong> Gross sales of inventory, less returns and allowances</td>
<td>7a</td>
</tr>
<tr>
<td>b Less: cost of goods sold</td>
<td>7b</td>
</tr>
<tr>
<td>c Gross profit or (loss) from sales of inventory (line 7a less line 7b)</td>
<td>7c</td>
</tr>
<tr>
<td>Other revenue (describe ▶ PHONE, TRAVEL, SUPPLIES)</td>
<td>8</td>
</tr>
<tr>
<td><strong>9</strong> Total revenue (add lines 1, 2, 3, 4, 5a, 5c, 6a, 7c, and 8)</td>
<td>9</td>
</tr>
<tr>
<td>Grants and similar amounts paid (attach schedule)</td>
<td>10</td>
</tr>
<tr>
<td>Benefits paid to or for members</td>
<td>11</td>
</tr>
<tr>
<td>Salaries, other compensation, and employee benefits</td>
<td>12</td>
</tr>
<tr>
<td>Professional fees and other payments to independent contractors</td>
<td>13</td>
</tr>
<tr>
<td>Occupancy, rent, utilities, and maintenance</td>
<td>14</td>
</tr>
<tr>
<td>Printing, publications, postage, and shipping</td>
<td>15</td>
</tr>
<tr>
<td><strong>16</strong> Other expenses (describe ▶ PHONE, TRAVEL, SUPPLIES)</td>
<td>16</td>
</tr>
<tr>
<td><strong>17</strong> Total expenses (add lines 10 through 16)</td>
<td>17</td>
</tr>
<tr>
<td><strong>18</strong> Excess or (deficit) for the year (line 9 less line 17)</td>
<td>18</td>
</tr>
<tr>
<td>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)</td>
<td>19</td>
</tr>
<tr>
<td>Other changes in net assets or fund balances (attach explanation)</td>
<td>20</td>
</tr>
<tr>
<td>Net assets or fund balances at end of year (combine lines 18 through 20) ▶</td>
<td>21</td>
</tr>
</tbody>
</table>

**Part II** Balance Sheets—If total assets on line 25, column (B) are $250,000 or more, file Form 990 instead of Form 990-EZ.

<table>
<thead>
<tr>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Cash, savings, and investments</td>
<td>3483.34</td>
</tr>
<tr>
<td>23 Land and buildings</td>
<td>23</td>
</tr>
<tr>
<td>24 Other assets (describe ▶ ACCOUNTS RECEIVABLE)</td>
<td>24</td>
</tr>
<tr>
<td>25 Total assets</td>
<td>3483.34</td>
</tr>
<tr>
<td>26 Total liabilities (describe ▶ ACCOUNTS PAYABLE)</td>
<td>6702.90</td>
</tr>
<tr>
<td>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>-3219.46</td>
</tr>
</tbody>
</table>

For Paperwork Reduction Act Notice, see the separate instructions.
Part III  Statement of Program Service Accomplishments (See page 41 of the instructions.)

Expenses  (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

What is the organization’s primary exempt purpose?  ADVOCACY

Describe what was achieved in carrying out the organization’s exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28  ADVOCACY, EDUCATION, AND RESEARCH ON ENVIRONMENTAL, CONSUMER, AND GOOD GOVERNMENT ISSUES  

(Grants $ 3500)  28a  32346.73

29  

(Grants $)  29a

30  

(Grants $)  30a

31  Other program services (attach schedule)  

(Grants $)  31a

32  Total program service expenses (add lines 28a through 31a)  

32  32346.73

Part IV  List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 of the instructions.)

SEE ATTACHED

Part V  Other Information (Note the attachment requirement in General Instructions V, page 14.)

Yes  No

33  Did the organization engage in any activity not previously reported to the IRS? If “Yes,” attach a detailed description of each activity  

✓

34  Were any changes made to the organizing or governing documents but not reported to the IRS? If “Yes,” attach a conformed copy of the changes.  

✓

35  If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.  

a  Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?  

✓

b  If “Yes,” has it filed a tax return on Form 990-T for this year?  

✓

36  Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If “Yes,” attach a statement.)  

✓

37a  Enter amount of political expenditures, direct or indirect, as described in the instructions.  

37a

37b  Did the organization file Form 1120-POL for this year?  

✓

38a  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?  

✓

38b  If “Yes,” attach the schedule specified in the line 38 instructions and enter the amount involved.  

38b

39  501(c)(7) organizations. Enter: a. Initiation fees and capital contributions included on line 9  

39a

b  Gross receipts, included on line 9, for public use of club facilities  

39b

40a  501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:  

section 4911  

section 4912  

section 4955  

b  501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If “Yes,” attach an explanation.  

✓

c  Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958  

✓

d  Enter: Amount of tax on line 40c, above, reimbursed by the organization  

�

41  List the states with which a copy of this return is filed.  

�

42  The books are in care of  

� ORGANIZATION  

Telephone no.  

�

Located at  

� ZIP + 4  

�

43  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here  

�

and enter the amount of tax-exempt interest received or accrued during the tax year  

� 43

Please Sign Here

Signature of officer  

� PETER L CAMPBELL, CONTROLLER  

Type or print name and title.

Paid Preparer’s Use Only

Preparer’s signature  

� Date  

Check if self-employed  

� Preparer’s SSN or PTIN (See Gen. Inst. W)  

�

Firm’s name (or yours if self-employed), address, and ZIP + 4  

� EIN  

�

Phone no.  

�
Rhode Island Public Interest Research Group
05-0517165
Attachment to Form 990
June 30, 2004

Form 990, Part I, line 10
Dues paid to
United States Public Interest Research Group
218 D Street SE
Washington DC 20003

$3,500.00

Form 990, Part IV
Board of Directors

<table>
<thead>
<tr>
<th>Name and Address</th>
<th>Title and Hours</th>
<th>Compensation</th>
<th>Benefits</th>
<th>Expense Account</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chris Lindstrom</td>
<td>Director/0.5</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>44 Winter St Boston MA 02108</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Erin Bowser</td>
<td>Director/0.5</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>36 West Gay St Columbus OH 43215</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jim Amspacher</td>
<td>Clerk/0.5</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>44 Winter St Boston MA 02108</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kate Strouse</td>
<td>President/0.5</td>
<td>11207.88</td>
<td>448.32</td>
<td>0</td>
</tr>
<tr>
<td>35 Pitman St Providence RI 02906</td>
<td></td>
<td></td>
<td></td>
<td>(Compensated as employee, not director)</td>
</tr>
<tr>
<td>Margie Alt</td>
<td>Treasurer/0.5</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>44 Winter St Boston MA 02108</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Form 8868 (12-2000)  

**Part II**  
**Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.**

Name of Exempt Organization: RHODE ISLAND PUBLIC INTEREST RESEARCH GROUP  
Employer Identification number: 06-0517165  

Number, street, and room or suite no. If a P.O. box, see instructions.  
11 SOUTH ANGELL ST STE 337  

City, town or post office, state, and ZIP code. For a foreign address, see instructions.  
PROVIDENCE RI 02908  

Check type of return to be filed. (File a separate application for each return):  
☑ Form 990  ☐ Form 990-EZ  ☐ Form 990-T (sec. 401(a) or 408(a) trust)  ☐ Form 1041-A  ☐ Form 5227  ☐ Form 8870  
☑ Form 990-BL  ☐ Form 990-PF  ☐ Form 990-T (trust other than above)  ☐ Form 4729  ☐ Form 6069  

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- If the organization does not have an office or place of business in the United States, check this box.  
☐ If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN). If this is for the whole group, check this box. If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15 2005 for calendar year or other tax year beginning JULY 1 2004 and ending JUNE 30 2005.  
6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period  
7 State in detail why this is the extension: ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.  
8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTDA coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  

**Signature and Verification**

Signature: John J. Campbell  
Title: SENIOR ACCOUNTANT  
Date: 2/15/05

**Notice to Applicant—To Be Completed by the IRS**

☐ We have approved this application. Please attach this form to the organization’s return.  
☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization’s return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization’s return.  
☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.  
☐ We cannot consider this application because it was filed after the due date of the request for extension of time as requested.  
☐ Other  

**MAR 3 2005**

**Alternate Mailing Address**—Enter the address if you want the copy of this application and any other 3-month extension returned to an address different than the one entered above.