See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
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Form 990-EZ

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)

➡ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

➡ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year, or tax year beginning July 1, 2008, and ending June 30, 2009

B Check if applicable

Address change
Name change
Initial return
Termination
Specific
Amended return
Application pending

C Name of organization
Rhode Island Public Interest Research Group
9 South Angel Street
Providence, RI 02906-5226

D Employer identification number
05: 0517165

E Telephone number
(401) 421-6578

F Group Exemption Number
N/A

G Accounting method
☐ Cash ☑ Accrual
Other (specify) ➡

I Website: ➡ www.ripig.org

J Organization type (check only one) [ ] 501(c)(3) [ ] 501(c)(4) [ ] 501(c)(6) [ ] 4947(a)(1) [ ] 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ➡ $ 28,345

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received
2 Program service revenue including government fees and contracts
3 Membership dues and assessments
4 Investment income
5a Gross amount from sale of assets other than inventory
5b Less: cost or other basis and sales expenses
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gambling, check here ➡
   a Gross revenue (not including $ of contributions reported on line 1)
   b Less: direct expenses other than fundraising expenses
   c Net income (or loss) from special events and activities ( Subtract line 6b from line 6a )
5c Gain or (loss) from sale of assets other than inventory ( Subtract line 5b from line 5a (attach schedule) )
7a Gross sales of inventory, less returns and allowances
7b Less: cost of goods sold
7c Gross profit or (loss) from sales of inventory ( Subtract line 7b from line 7a )
8 Other revenue (describe ➡)
9 Total revenue. Add lines 1, 2, 3, 4, 5a, 6a, 7c, and 8 ➡ 28,345

10 Grants and similar amounts paid (attach schedule)
11 Benefits paid to or for members
12 Salaries, other compensation, and employee benefits
13 Professional fees and other payments to independent contractors
14 Occupancy, rent, utilities, and maintenance
15 Printing, publications, postage, and shipping
16 Other expenses (describe ➡ Conferences, depreciation, insurance, travel, supplies, etc.)
17 Total expenses. Add lines 10 through 16 ➡ 8,581
18 Excess or (deficit) for the year ( Subtract line 17 from line 9 )
19 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)
20 Other changes in net assets or fund balances (attach explanation)
21 Net assets or fund balances at end of year. Combine lines 18 through 20 ➡ 19,764

Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ.

(A) Beginning of year (B) End of year
22 Cash, savings, and investments 14,802 8,135
23 Land and buildings 0 23
24 Other assets (describe ➡ Accounts Receivable) 13,000 26,250
25 Total assets 27,802 34,385
26 Total liabilities (describe ➡ Accounts Payable/Accrued Expenses) 59,119 45,937
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) (31,317) 11,552

For Privacy Act and Paperwork Reduction Act Notice, see the instruction for Form 990.

Cat No 106421 Form 990-EZ (2008)
**Part III  Statement of Program Service Accomplishments (See the instructions for Part III.)**

What is the organization’s primary exempt purpose?  **Research and advocacy for public interest issues**

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  **Rhode Island Public Interest Research Group** performs research, advocacy and educational services on public interest issues such as health insurance, prescription drugs, higher education, identity theft, and public health issues.

(Grants $ 0 ) If this amount includes foreign grants, check here  ▶ □ 28a 4,657

29  

(Grants $ 0 ) If this amount includes foreign grants, check here  ▶ □ 29a  

30  

(Grants $ 0 ) If this amount includes foreign grants, check here  ▶ □ 30a  

31  **Other program services (attach schedule)**

(Grants $ 0 ) If this amount includes foreign grants, check here  ▶ □ 31a  

32  **Total program service expenses** (add lines 28a through 31a) ▶ □ 32 4,657

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

<table>
<thead>
<tr>
<th>(a) Name and address</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Compensation (enter $0- if not paid, deferred compensation)</th>
<th>(d) Contributions to employee benefit plans &amp; other allowances</th>
<th>(e) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Matt Auten* 9 S. Angell St, 2nd Fl, Providence, RI 02906</td>
<td>President - 0.25 hrs</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Katherine Canada 35 Pitman Street, Providence, RI 02909</td>
<td>Secretary - 0.25 hrs</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Jim Amspacher 44 Winter Street, 4th Floor, Boston, MA 02108</td>
<td>Treasurer - 0.25 hrs</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tbody>
</table>
Part V  Other Information (Note the statement requirements in the instructions for Part VI.)

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

34  Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformity of the changes ............................................................. 34 ✓

35  If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (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 section 6033(e) notice, reporting, and proxy tax requirements? ........................................... 35a ✓

   b  If "Yes," has it filed a tax return on Form 990-T for this year? ................................................................. 35b ✓

36  Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N ...................................................... 36 ✓

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

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

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? ..................................................... 38a ✓

   b  If "Yes," complete Schedule L, Part II and enter the total amount involved .............................................. 38b

39  Section 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  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
   section 4911 ▶ n/a ; section 4912 ▶ n/a ; section 4955 ▶ n/a

40b  Section 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," complete Schedule L, Part I ...................................................................................... 40b ✓

40c  Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .......................................................... ▶

40d  Enter amount of tax on line 40c reimbursed by the organization ............................................................... ▶

40e  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. ................................................ 40e

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

42a  The books are in care of ▶ Lisa Chavez Telephone no. ▶ (303) 573-5885
   Located at ▶ 1536 Wynkoop Street, Suite 100, Denver, CO ZIP + 4 ▶ 80202

42b  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)? .......................................................... ▶

42c  If "Yes," enter the name of the foreign country: ▶

   See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

42d  At any time during the calendar year, did the organization maintain an office outside of the U.S.? .......... ▶

42e  If "Yes," enter the name of the foreign country: ▶

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

44  Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ ......................................................................................... 44 ✓

45  Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ ........................................................................ 45 ✓
**Part VI**  
**Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If “Yes,” complete Schedule C, Part I.  
47 Did the organization engage in lobbying activities? If “Yes,” complete Schedule C, Part II.  
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If “Yes,” complete Schedule E.  
49a Did the organization make any transfers to an exempt non-chahtable related organization?  
   b If “Yes,” was the related organization(s) a section 527 organization?  
50 Complete this table for the 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.”

<table>
<thead>
<tr>
<th>(a) Name and address of each employee paid more than $100,000</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Compensation</th>
<th>(d) Contributions to employee benefit plans &amp; deferred compensation</th>
<th>(e) Expense account and other allowances</th>
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Total number of other employees paid over $100,000

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

<table>
<thead>
<tr>
<th>(a) Name and address of each independent contractor paid more than $100,000</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
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</thead>
<tbody>
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Total number of other independent contractors each receiving over $100,000

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**Sign Here**  
Lisa Chavez - Administrative Director  
Signature of officer  
Date  
8/27/09

**Paid Preparer’s Use Only**  
Preparer’s signature  
Date  
Check if self-employed  
Preparer’s Identifying Number (See instructions)

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

EIN

Phone no.

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