		IRS e-file Sign	ature Au	thorizatior	n L	OMB No. 1545-0047
Form 8879-TE		for a Tax				
	For calendar year 2	022, or fiscal year beginning	Contraction of the second s		, 20	2022
Department of the Treasury		Do not send to the	and the second s	The set of the set of the set		LULL
Internal Revenue Service		Go to www.irs.gov/Form	8879TE for the	latest information	EIN or SSN	
Name of filer		TO THEFT DE	GEADOU	TNO	10.00	63170
		LIC INTEREST RE	SEARCH,	INC	04-20	031/0
Name and title of officer or pe	rson subject to tax		ROMOR			
Part I Type of I	Poturn and F	EXECUTIVE DIE Return Information	RECTOR			
Check the box for the retu Form 5330 filers may enter or 10a below, and the amo	rn for which you r dollars and cen ount on that line	are using this Form 8879-TE ts. For all other forms, enter v for the return being filed with r -0-). But, if you entered -0- o	whole dollars on this form was b	ly. If you check the lank, then leave line	box on line 1a, 2a, 3 box on line 1a, 3 box on line 1a	3a, 4a, 5a, 6a, 7a, 8a, 9a, 6b, 7b, 8b, 9b, or 10b,
1a Form 990 check h	iere X	b Total revenue, if any	/ (Form 990, Pai	rt VIII, column (A), li	ne 12)	1b <u>3,311,614.</u>
2a Form 990-EZ che						2b
3a Form 1120-POL	check here	b Total tax (Form 112))-POL, line 22)			3b
4a Form 990-PF che	ck here	b Tax based on inves	tment income	(Form 990-PF, Part	V, line 5)	4b
5a Form 8868 check	here	b Balance due (Form				5b
6a Form 990-T chec	k here	b Total tax (Form 990-	T, Part III, line 4)		6b
7a Form 4720 check	here	b Total tax (Form 472)), Part III, line 1)			7b
8a Form 5227 check	here	b FMV of assets at en	d of tax year (F	Form 5227, Item D)		8b
9a Form 5330 check	here	b Tax due (Form 5330	, Part II, line 19)			9b
10a Form 8038-CP ch		b Amount of credit pa				10b
and a second		ature Authorization of				
of entity)		X I am an officer of the abo	, (EIN))	and that I have	examined a copy of the
entry to the financial institu financial institution to debi later than 2 business days payment of taxes to receiv	ution account ind it the entry to thi prior to the pay e confidential in	U.S. Treasury and its design dicated in the tax preparation s account. To revoke a paym ment (settlement) date. I also formation necessary to answ signature for the electronic r	ent, I must cont authorize the fin er inquiries and	yment of the federa act the U.S. Treasu nancial institutions resolve issues relat	al taxes owed on this ry Financial Agent at involved in the proce ed to the payment.	return, and the 1-888-353-4537 no ssing of the electronic have selected a
PIN: check one box only						17200
X I authorize ED	ELSTEIN	& COMPANY LLP			to enter my P	IN 17200 Enter five numbers, but
		ERO firm n				do not enter all zeros
with a state age		2022 electronically filed retur ng charities as part of the IRS nt screen.				
return. If I have	indicated within	o tax with respect to the enti this return that a copy of the ter my PIN on the return's dis	return is being f	filed with a state ag	ency(ies) regulating c	harities as part of the 211512024
Signature of officer or person subje	et to tax	thentication		and the second	Date	
ERO's EFIN/PIN. Enter ye	our six-digit elect	ronic filing identification				
number (EFIN) followed by				047097 Do not enter		
		PIN, which is my signature (he requirements of Pub. 416				
ERO's signature	gene Borg	mji		Date	02/14/24	
		ERO Must Retain TI				
LHA For Privacy Act and	A NUMBER OF A DESCRIPTION OF A DESCRIPTI	Submit This Form to duction Act Notice, see ins	CAN CANAL	ess Requested	To Do So	Form 8879-TE (2022)
202521 12-16-22						

		EXTEND	ED TO 2/15/24 UNDER SECTION 7508A Return of Organization Exempt	- HURE	RICANE LEE REI NCOME TAX	LIEF OMB No. 1545-0047
Forr	. 99	0	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue			2022
Depa	rtment of th	he Treasury	Do not enter social security numbers on this form a	-	-	Open to Public
Intern	al Revenue	e Service	Go to www.irs.gov/Form990 for instructions and		nformation.	Inspection
<u>A</u> F	or the 2			dending		
B C a	heck if pplicable:	C Name of	organization		D Employer identifica	tion number
	Address change	CENT	ER FOR PUBLIC INTEREST RESEARCH, I	INC		
	Name change	Doing b	usiness as		04-286317)
	Initial return Final		and street (or P.O. box if mail is not delivered to street address) WASHINGTON STREET, SUITE 500	Room/suite	E Telephone number (617)292-4	1800
L	⊥return/ termin- ated		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,062,555.
	Amendeo return		ON, MA 02108		H(a) Is this a group retu	
	Applica-		nd address of principal officer: AMY FLOYD		for subordinates?	
-	pending		AS C ABOVE		H(b) Are all subordinates inclu	
ΙT	ax-exen		X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527		
	Vebsite:		://CFPIR.ORG		H(c) Group exemption r	
ΚF	orm of o	rganization:	X Corporation Trust Association Other	L Year	of formation: 1985 M S	
		Summary				
•	1 Bi	riefly describ	e the organization's mission or most significant activities: SEE	SCHEDU	JLE O	
Activities & Governance	_					
rna	2 C	heck this bo	x if the organization discontinued its operations or dispo	sed of more	than 25% of its net asset	S.
ove	3 N	umber of vot	ing members of the governing body (Part VI, line 1a)			5
Ğ	4 N	umber of ind	ependent voting members of the governing body (Part VI, line 1b)			5
es é	5 To	otal number	of individuals employed in calendar year 2022 (Part V, line 2a) \ldots			53
vitie	6 To	otal number	of volunteers (estimate if necessary)			0
Acti	7a⊺o	otal unrelate	d business revenue from Part VIII, column (C), line 12			0.
_	b N	et unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
					Prior Year	Current Year
e	8 C	ontributions	and grants (Part VIII, line 1h)		343,193.	1,279,593.
nue	9 Pi	rogram servi	ce revenue (Part VIII, line 2g)		1,577,667.	1,777,791.
Revenue			come (Part VIII, column (A), lines 3, 4, and 7d)		4,222.	1,569.
ш	11 O	ther revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	252,661.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,925,082.	3,311,614.
	13 G	rants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		0.	35,000.
			to or for members (Part IX, column (A), line 4)		0.	0.
es	15 Sa	alaries, othei	compensation, employee benefits (Part IX, column (A), lines 5-10)		1,246,738.	1,366,335.
sus	16a Pi	rofessional fi	undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) <u>52,1</u>		0.	0.
Expenses	b To			17.	004 580	1 600 100
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)		834,573.	1,699,189.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	······	2,081,311.	3,100,524.
		evenue less	expenses. Subtract line 18 from line 12		-156,229.	211,090.
t Assets or d Balances					eginning of Current Year	End of Year
sset	20 To		Part X, line 16)	······	4,428,036.	5,987,564.
at As			(Part X, line 26)		3,450,047.	4,858,053.
Fund	22 N	et assets or	fund balances. Subtract line 21 from line 20		977,989.	1,129,511.

0/1 - /04

Part II | Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date	
-	AMY FLOYD, EXECUTIVE DIREC	CTOR			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN
Paid	EUGENE BORGONZI		02/15/	'24 self-employed	201269879
Preparer	Firm's name EDELSTEIN & COMPAI	NY LLP		Firm's EIN $04-2$	2442519
Use Only	Firm's address 160 FEDERAL STREE	Γ, 9TH FLOOR			
	BOSTON, MA 02110			Phone no. $617 - 2$	227-6161
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes No
232001 12-13	3-22 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.			Form 990 (2022)

	990 (2022) CENTER FOR PUBLIC INTEREST RESEARCH, INC 04-2863170 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE MISSION OF THE CENTER FOR PUBLIC INTEREST RESEARCH IS TO ENGAGE IN
	PUBLIC RESEARCH AND EDUCATION AND TO ASSIST OTHER ORGANIZATIONS
	ENGAGED IN SIMILAR ACTIVITIES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
2	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$999,174. including grants of \$35,000.) (Revenue \$1,109,921.)
	THE ORGANIZATIONAL DEVELOPMENT AND SUPPORT PROGRAM PROVIDES 501 (C)(3)
	CHARITABLE PUBLIC INTEREST ORGANIZATIONS WITH BACKUP AND ASSISTANCE IN
	AREAS SUCH AS PROGRAM DEVELOPMENT AND PACKAGING, DIGITAL AND SOCIAL
	MEDIA ORGANIZING, AND FUNDRAISING.
4b	(Code:) (Expenses \$673,814. including grants of \$0.) (Revenue \$667,870.)
	FRONTIER GROUP PROVIDES INFORMATION AND IDEAS TO BUILD A HEALTHIER,
	MORE SUSTAINABLE AMERICA. OUR EXPERTS AND WRITERS DELIVER TIMELY
	RESEARCH AND ANALYSIS THAT IS ACCESSIBLE TO THE PUBLIC, APPLYING
	INSIGHTS GLEANED FROM DIVERSE FIELDS OF KNOWLEDGE TO ARRIVE AT NEW
	IDEAS FOR SOLVING PRESSING PROBLEMS.
_	
4c	(Code:) (Expenses \$ 600,000. including grants of \$ 0.) (Revenue \$ 0.) (Revenue \$ 0.) STUDENT PIRGS' NEW VOTERS PROJECT IS AMERICA'S OLDEST AND LARGEST
	NONPARTISAN YOUTH VOTER MOBILATION PROGRAM. THE NEW VOTERS PROJECT
	WORKS ON COLLEGE CAMPUSES ACROSS THE COUNTRY TO MAKE SURE EVERY STUDENT
	HAS THE OPPORTUNITY TO HAVE THEIR VOICE HEARD IN OUR ELECTIONS, AND TO
	WORK WITH STUDENTS, FACULTY, AND ADMINISTRATORS TO BUILD LASTING
	SYSTEMS OF VOTER ENGAGEMENT FOR THE LONG TERM.
	SISTEMS OF VOIER ENGAGEMENT FOR THE DONG TERM.
44	Other program services (Describe on Schedule O.)
40	(Expenses \$ 545,277. including grants of \$ 0.) (Revenue \$ 252,661.)
4e	Total program service expenses 2,818,265.
	Form 990 (2022)
232001	2 12-13-22
_32002	2
303	

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CENTER	FOR	PUBLIC	INTEREST	RESEARCH,	INC	04-2863170	Page 3

	990 (2022) CENTER FOR PUBLIC INTEREST RESEARCH, INC 04-2863 t IV Checklist of Required Schedules	170	Pa	age 3
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			77
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		х
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		
IZa	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120		х
h	Schedule D, Parts XI and XII	12a		
D.		12b	Х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a		14a		X
b	Did the organization maintain an office, employees, or agents outside of the United States?	a		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	
232003	3 12-13-22	Form	990	(2022)

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		- 23
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30				
. .	contributions? If "Yes," complete Schedule M	30		X X
		31		
32		20		x
22		32		
33		33	x	
34				
•.		34	х	
35a		35a		X
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
		37		X
38	• • • • • •		v	
Par	Note: All Form 990 filers are required to complete Schedule 0	38	Х	
. ui				
	טוופטע זו סטוופטעוב ט טטווגמווז א ובאטטואב טו זוטנב נט אוזע וווופ ווז גוווא דאוג ע	<u></u>	Yes	No
1-	Enter the number reported in box 3 of Form 1096. Enter $\Omega_{\rm e}$ if not applicable $ 1_{\rm e} $		res	
		-		
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 31 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 32 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 32 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 32 35a Did the organization nave a controlled entity within the meaning of section 512(b)(13)? 35 b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 36 36 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11 band 19? 37 Did the organization compl				
•		1c		
232004			990	(2022)
	Λ			,

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Part V Statements Regarding Other IRS Filings and Tax Compliance continued 2a there the number of enployees reported on Form W3, Transmittal of Wage and Tax Statements. 2a X b at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2a X b at least one is reported on line 2a, did the organization have an integration one during the year? 3a X b at any time during the calendary set, did the organization have an integration one during the year? 3a X b at any time during the calendary set, did the organization have an integration on the authority own, a transmittant on the authority own and transcall account, or other transcall account, or other transcall account, a context instance of an authority own, a transmittant on the authority own, a transmittant on the authority own and transcall account, a context instance of a transcall account, a context instance of a supplication are being accurity in the authority the organization that it was or is a party to a prohibet tax statement that such contributions or offs 5a X b 1 "wst in the account is the account Bubble of the authority the organization native account account and account acco	Form	990 (2022) CENTER FOR PUBLIC INTEREST RESEARCH, 1	NC 04-2863	170	P	age 5
2a Enter the number of employees reported on from Way. Transmittal of Wage and Tax Statements, 2a 53 bit if a teast one is reported on line 2a, did the organization file al required federal employment tax returns? 2b X bit Thes, "has if field a Form 000-Tor this year," of Work 50 more 0 strip 04 wear? 3a X bit Thes, "has if field a Form 000-Tor this year," of Work 50 more 0 strip 04 wear? 3a X bit Thes, "has if field a Form 000-Tor this year," of Work 50 more 0 strip 04 wear? 4a X bit Thes, "has if field a Form 000-Tor this year," of Work 50 more 0 strip 04 more 10, or 50 more 04 wing 04 more 04 m	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
text exist or the calendar year ording with or within the year overed by this return 2a 53 b if a least one is reported on line 2, did the organization fiel al regulated fedual emptyonization tax returns? 2a 3b X b if Year, if Near is the dia 5cm 3000 for this year? 3a X 3b X b if Year, if Near is the dia 5cm 3000 for this year? 4a X X 3b X b if Year, if Near is Near it dia 6 5cm 3000 for the year? 4a X X b if Year, if Near it dia 5cm 3000 for the year it is near it is a profibited tax shells account? 4a X b if Year, if the Sa or 50, did the organization for fime 9861 7 5a X c if Year, if did the organization fine from 8861 7 5a X b if Year, if did the organization fine from 8861 7 5a X b if Year, if did the organization include with every solication an expless statement that such contributions or diff. 5a X b if Year, if did the organization fine from 8861 7 7a X X b if Year, if did the organization fine from 8861 7 7a X X b					Yes	No
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If "Yes," complete Form 4720, Schedule O.		If "Yes," see the instructions and file Form 4720, Schedule N.				
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If "Yes," complete Form 6069.				17		
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Form 990	(2022)
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04-2863170 Page 6

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

		1 1			Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5			
I	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any other				
(officer, director, trustee, or key employee?		L	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
			I	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		Х
	Did the organization become aware during the year of a significant diversion of the organization's ass			5		Х
	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap		Γ			
	more members of the governing body?	•		7a		Х
	Are any governance decisions of the organization reserved to (or subject to approval by) members, si					
ſ	persons other than the governing body?		L	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
	The governing body?		Г	8a	Х	
	Each committee with authority to act on behalf of the governing body?			8b		Х
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea		····· F			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Х
	ion B. Policies (This Section B requests information about policies not required by the Internal Re					
	(mis dection b requests mormation about policies not required by the internal ne	venue coue.)			Yes	Ν
02	Did the organization have local chapters, branches, or affiliates?		Г	10a	100	Σ
	If "Yes," did the organization have written policies and procedures governing the activities of such ch		····· F	104		-
				10b		
		y boforo filing the f			Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y before ming the it		11a	Δ	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			10	v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		······ -	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	,			v	
	on Schedule O how this was done		I	12c	X	
	Did the organization have a written whistleblower policy?			13	X	
	Did the organization have a written document retention and destruction policy?		·····	14	X	
	Did the process for determining compensation of the following persons include a review and approva	I by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
a	The organization's CEO, Executive Director, or top management official		L	15a	Х	
	Other officers or key employees of the organization		L	15b		Х
1	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent with a				
,	taxable entity during the year?		L	16a		Σ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	te its participation				
ŕ	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's				
	exempt status with respect to such arrangements?			16b		
ecti	ion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed $_$ MA , CA , CO , CT , M	D, NJ, OH, O	R,WA,	WI,	NY	
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-T (section 5	01(c)(3)s	only) a	availat	ble
-	for public inspection. Indicate how you made these available. Check all that apply.					
		n on Schedule O)				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	,	licy, and	inanc	ial	
	statements available to the public during the tax year.		,			
	State the name, address, and telephone number of the person who possesses the organization's boo	oks and records				
	PETER CAMPBELL - (617) 292-4800					
	294 WASHINGTON ST, STE 500, BOSTON, MA 02108					
	271 MIDITIOION DI, DIE 200, DODION, MA 02100				990	(00
					000	1

Form 990 (2	2022) CENTER FOR PUBLIC INTEREST RE	SEARCH,	INC 04-	-2863170	Page 1
Part VII	Compensation of Officers, Directors, Trustees, Key Employ	yees, Highes	t Compensate	d	
	Employees, and Independent Contractors		•		
	Check if Schedule O contains a response or note to any line in this Part VII				
Section A	Officers Directors Tructors Key Employees and Highest Componented				

Section A. Officers, Directors, Trustees, Key Employees, and Hignest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one) than (ne	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)			s both	n an	compensation	compensation	amount of
	week					r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		vold	t con	~	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SUSAN RAKOV	40.00			0	-		4			
FRONTIER GROUP DIRECTOR	0.50					x		109,621.	0.	14,959.
(2) AMY FLOYD	36.00									
EXECUTIVE DIRECTOR	0.00			Х				85,121.	0.	13,478.
(3) WENDY WENDLANDT	0.50									
PRESIDENT/DIRECTOR	0.50	Х		Х				0.	0.	0.
(4) MEGAN FITZGERALD	0.50									
TREASURER/DIRECTOR	0.50	Х		х				0.	0.	0.
(5) MAUREEN KIRK	0.50									
SECRETARY/DIRECTOR	0.50	Х		Х				0.	0.	0.
(6) MARCIA ELDRIDGE	0.50									
V.P./DIRECTOR	0.50	Х		Х				0.	0.	0.
(7) MATTHEW CURTIS	0.50									
DIRECTOR	0.50	Х						0.	0.	0.
					-	-				
										600 (0000)

232007 12-13-22

Form 990 (2022)

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2022.05050 CENTER FOR PUBLIC INTERES 17200_1

Form 990		OR PUBLI	С	IN	TE.	RE	ST	F	RESEARCH, INC	2 04-28	<u>363</u> :	170	Pa	ge 8
Part VI	Section A. Officers, Directors, Trus	tees, Key Emp	loy	ees,	and	l Hig	ghes	t C	ompensated Employee	es (continued)				
	(A)	(B)			(C				(D)	(E)			(F)	
	Name and title	Average	(do		Posi) than c	one	Reportable	Reportable		Est	timated	t
		hours per week	box	, unles	ss per	son i	s both pr/trust	an	compensation	compensatio			ount o	f
		(list any				10010		.00)	- from	from related			other	~~
		hours for	Individual trustee or director				_		the organization	organization (W-2/1099-MIS			oensati om the	
		related	e or (stee			Isated		(W-2/1099-MISC/	1099-NEC)			anizatio	
		organizations	truste	al tru:		yee	im per		1099-NEC)			•	l relate	
		below	idual	Institutional trustee	er	Key employee	est cc loyee	ıer				orga	nizatio	ns
		line)	Indiv	In sti	Officer	Key e	Highest compensated employee	Form						
1 h Cub	totol								194,742.		0.	28	3,43	7
	total al from continuation sheets to Part VI								0.		0.	20		0.
	al (add lines 1b and 1c)								194,742.		0.	2.8	3,43	
	al number of individuals (including but n									000 of reportable			/ 10	
	pensation from the organization		030	1310	u ab	000	<i>,</i> , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	010						1
	ponoation nom the organization												Yes	No
3 Did	the organization list any former officer,	director, truste	e. k	ev e	mol	ove	e. or	hio	hest compensated emp	lovee on				
	1a? If "Yes," complete Schedule J for s	-		•	•	-				•		3		Х
	any individual listed on line 1a, is the su											-		
	related organizations greater than \$150											4		Х
	any person listed on line 1a receive or a													
	dered to the organization? If "Yes." com											5		Х
	B. Independent Contractors	<u></u>			<u>en j</u>		211							
1 Con	nplete this table for your five highest co	mpensated ind	epe	nder	nt co	ontra	actor	s tł	hat received more than S	\$100,000 of comp	bensat	ion fro	m	
the	organization. Report compensation for t	the calendar ye	ear e	ndin	ıg wi	ith c	or wit	thin	the organization's tax y	vear.				
	(A)								(B)			(C		
	Name and business								Description of s	services	C	omper	sation	
STUDE	NT ORGANIZING INC, 1	540 WAZ	ΕE	S	TRI	EE'	т,							
	<u>40, DENVER, CO 80202</u>							_	PROGRAM SERV			600),00	0.
	FOR THE PUBLIC INTER								PROGRAM, ADM					
WASHI	<u>NGTON STREET, STE 50</u>	0, BOST	ON	, I	MA				FUNDRAISING	SERVICES		302	2,74	7.
	al number of independent contractors (ir	0	ot lin	nited	l to t	-		ted	above) who received m	ore than				
\$10	0,000 of compensation from the organiz	zation				2	4						200	
												Form S	990 (2)	022)

232008 12-13-22

Part VIII Statement of Revenue (A) (B) (C) (D) I a Forestated campaigns 10 10 (C)				TER FOR PU	JBLIC INT	EREST	RESEA	ARCH, INC	04-2863	170 Page 9
arrow of the second s	Ра	τν								
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and base spin dues 1s							·	Related or exempt	Unrelated	Revenue excluded from tax under
Bornelisting events Ib c F-indiating events Id d Haitade dragmations Id d General contributions Id Id d Id Id Id Id d High 1, 279, 593. Id Id d Id Id Id Id Id d Id Id Id Id Id Id d Id Id Id Id Id Id Id d Microstations Id Id <tdid< td=""> Id Id</tdid<>	S S	1	a Federated campaigns	1a						
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232009 12-13-22 Form 990 (2022		10				3 311	614	2 030 452	0	1 569
	23200			///		<u>,,,,,,</u>	~ •	-/00/104		

Form 990 (2022) CENTER FOR PUBLIC INTEREST RESEARCH, INC 04-2863170 Page 10 Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response	e or note to any line in t	his Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		,	v	
	and domestic governments. See Part IV, line 21	35,000.	35,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	98,600.	93,135.	3,269.	2,196.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,086,751.	1,023,427.	38,366.	24,958.
8	Pension plan accruals and contributions (include		·		
	section 401(k) and 403(b) employer contributions)	26,443.	25,571.	449.	<u>423.</u> 1,262.
9	Other employee benefits	68,111.	65,458.	1,391.	1,262.
10	Payroll taxes	86,430.	81,646.	2,584.	2,200.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	28,075.		28,075.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,			100 -00	
	column (A), amount, list line 11g expenses on Sch 0.)	945,559.	831,201.	108,729.	5,629.
12	Advertising and promotion	2,486.	2,486.	10 500	
13	Office expenses	118,739.	97,922.	18,502.	2,315.
14	Information technology				
15	Royalties	F20 C44	F10 141	10 000	0 000
16	Occupancy	530,644.	510,141.	10,703.	9,800.
17	Travel	26,608.	22,917.	1,674.	2,017.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
21	Payments to affiliates	6 0 1 1		2 200	0.0
22	Depreciation, depletion, and amortization	6,944. 24,076.	<u>4,565.</u> 11,592.	2,280.	<u>99.</u> 369.
23	Insurance	24,0/0.	11,392.	14,113.	509.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	BOOKS AND PUBLICATIONS	12,287.	11,034.	681.	572.
b	EQUIPMENT MAINTENANCE	2,484.	2,170.	37.	277.
с	FILING FEES	1,287.		1,287.	
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,100,524.	2,818,265.	230,142.	52,117.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

10

232010 12-13-22

		Check in Schedule O contains a response or hou			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			767,272.	1	270,713.
	2	Savings and temporary cash investments			7,798.	2	33,836.
	3	Pledges and grants receivable, net			.,	3	100,000.
	4	Accounts receivable, net			3,600,545.	4	5,342,636.
	5	Loans and other receivables from any current or			0,000,0100		5,512,0001
	l v	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif				5	
		under section 4958(f)(1)), and persons described				6	
	7	Notes and loans receivable, net				7	
Assets	8					8	185,542.
Ass	9	Inventories for sale or use Prepaid expenses and deferred charges			32,037.	9	7,112.
-			 I I		52,057.	9	7,112.
	IUa	Land, buildings, and equipment: cost or other	10-	188 107			
		basis. Complete Part VI of Schedule D	1	<u>188,107.</u> 161,859.	5,741.	10c	26,248.
		Less: accumulated depreciation			14,643.	11	21,477.
	11	Investments - publicly traded securities			11,013.		21, 11,
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			4,428,036.	15	5,987,564.
	16	Total assets. Add lines 1 through 15 (must equa			2,899,459.	16 17	4,525,355.
	17	Accounts payable and accrued expenses			2,099,439.		4,525,555.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst				00	
Liat		controlled entity or family member of any of thes				22	
_	23	Secured mortgages and notes payable to unrela		F		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, par parties, and other liabilities not included on lines					
					550,588.	05	332,698.
	06	of Schedule D			3,450,047.	25 26	4,858,053.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che		X	5,450,047.	20	±,030,033.
S		and complete lines 27, 28, 32, and 33.	ck nere				
ъс	27	• • • •			977,989.	27	1,129,511.
ala	27	Net assets without donor restrictions			511,505.	27	1,127,311.
ар	28	Net assets with donor restrictions				20	
'n		Organizations that do not follow FASB ASC 9	56, checi				
Net Assets or Fund Balances	20	and complete lines 29 through 33.				20	
ets	29	Capital stock or trust principal, or current funds				29 20	
SSE	30	Paid-in or capital surplus, or land, building, or eq				30	
∋tA	31	Retained earnings, endowment, accumulated inc			977,989.	31	1,129,511.
ž	32	Total net assets or fund balances			4,428,036.	32	5,987,564.
	33	Total liabilities and net assets/fund balances			4,440,030.	33	Form 990 (2022)

CENTER FOR PUBLIC INTEREST RESEARCH, INC 04-2863170 Page 11

Form 990 (
Part X	Ba	lance	Sheet

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

Form	990 (2022) CENTER FOR PUBLIC INTEREST RESEARCH, INC	04	-2863170	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,311		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,100		
3	Revenue less expenses. Subtract line 2 from line 1	3	211	<u> </u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	977		
5	Net unrealized gains (losses) on investments	5		-88	85.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-58	,68	83.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,129	, 51	11.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?			X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?			X	
_	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C	D.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				37
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2022)

(For	HED m 99 ment of I Reven		OMB No. 1545-0047							
Nam	e of t	he organizatio								identification number
Dor	41	Deecon	CENT	ER FOR PUB	LIC INTEREST	RESE	ARCH,	INC	0	4-2863170
Par					(All organizations must c			ee instructior	IS.	
The c 1 [2 [3 [4]	organi	A church, cor A school deso A hospital or	nvention of ch cribed in sect a cooperative earch organiz	urches, or associatio ion 170(b)(1)(A)(ii). (hospital service orga	For lines 1 through 12, c on of churches described (Attach Schedule E (Forn anization described in s o njunction with a hospital	l in sectio n 990).) ection 170	on 170(b)(1 D(b)(1)(A)(ii	i).	.)(iii). Enter	the hospital's name,
5		•	-	or the benefit of a col	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
				Complete Part II.)		•	, ,			
6		A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 [Х	An organizati	on that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from tl	ne general j	public described in
		section 170(I)(1)(A)(vi). (C	omplete Part II.)						
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		-	-		in section 170(b)(1)(A)(ulture (see instructions).		-		-	-
10		An organizati	on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	nip fees, and	d gross receipts from
11		income and u See section !	nrelated busir 5 09(a)(2). (Co	ness taxable income mplete Part III.)	t to certain exceptions; a (less section 511 tax) fro ively to test for public sa	om busines	sses acqui	red by the org		-
12		-	-	-	ively for the benefit of, to	•			urny out the	nurnoses of one or
12		-	-	-	ed in section 509(a)(1)	-			•	
				-	f supporting organization					
а		7	-	• •	upervised, or controlled		-		-	aivina
u	L			-	gularly appoint or elect a	• • • •	-			
			-	complete Part IV, Se	• • • •	indjointy c				apporting
b		- ⁻		•	l or controlled in connect	tion with it	s sunnorte	d organizatio	n(s) by hay	vina
D.	L			•	anization vested in the sa			0		•
			-	t complete Part IV,		anic perso	13 1121 00		ge the supp	Sonted
с		-			g organization operated	in connect	tion with a	and functiona	llv integrate	ad with
•			-	•). You must complete I				ny mograte	
d		- ··	e	()(porting organization oper			•	rted organiz	zation(s)
				•	ation generally must sat				0	
			-	c	nplete Part IV, Sections			•		
е		Check this	box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III	
		functionally	integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.			
f	Ente	r the number o								
g	Prov	ide the followi	ng informatior	about the supporte	ed organization(s).					
) Name of suppo	orted	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the organized (iv) Is the organized (iv) (iv) (iv) (iv) (iv) (iv) (iv) (iv)	anization listed ing document?	(v) Amount o	-	(vi) Amount of other
		organization			above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
						<u> </u>	I			

Total

Schedule A (Form 990) 2022 CENTER FOR PUBLIC INTEREST RESEARCH, INC 04-2863170 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

260	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1789851.	148,286.	925,854.	343,193.	1279593.	4486777.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	1500051	110.000			1050500	
	Total. Add lines 1 through 3	1789851.	148,286.	925,854.	343,193.	1279593.	4486777.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						526,269.
	Public support. Subtract line 5 from line 4.						3960508.
		(-) 0010	(1-) 0010	(-) 0000	(1) 0001	(-) 0000	(0) T - h - l
	ndar year (or fiscal year beginning in)	(a) 2018 1789851.	(b) 2019 148,286.	(c) 2020 925,854.	(d) 2021 343,193.	(e) 2022 1279593.	(f) Total 4486777.
	Amounts from line 4 Gross income from interest,	1709051.	140,200.	923,034.	545,195.	12/9595.	4400777.
0	,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	7,664.	6,370.	1,296.	71.	7,467.	22,868.
9	Net income from unrelated business	7,0040	0,570:	1,250.	/11	7,107.	22,000.
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						4509645.
	Gross receipts from related activities,	etc. (see instructio	ons)			12 9	,017,886.
	First 5 years. If the Form 990 is for th		,				<u> </u>
	organization, check this box and stor	-		-			
Sec	ction C. Computation of Publi						
	Public support percentage for 2022 (I			column (f))		14	87.82 %
	Public support percentage from 2021		-			15	81.48 %
	33 1/3% support test - 2022. If the o					ore, check this bo	k and
	stop here. The organization qualifies						V
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is [.]	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	on did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	;
						Schedule A	(Form 990) 2022

232022 12-09-22

Schedule A (Form 990) 2022 CENTER FOR PUBLIC INTEREST RESEARCH, INC 04-2863170 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 20	022	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	• • …								
	Total. Add lines 1 through 5							-	
78	3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 20	022	(f) Total	
9	Amounts from line 6								
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30, 1975								
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First 5 years. If the Form 990 is for th	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) or	ganization		
	check this box and stop here								
Sec	ction C. Computation of Publi	c Support Per	rcentage						
15	Public support percentage for 2022 (I	ine 8, column (f), c	divided by line 13, o	column (f))		15			%
	Public support percentage from 2021					16			%
Sec	ction D. Computation of Inves	stment Income	e Percentage						
17	Investment income percentage for 20)22 (line 10c, colu	mn (f), divided by li	ne 13, column (f))		17			%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18			%
1 9a	33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, ar	nd line 17 i	s not	_
	more than 33 1/3%, check this box ar	nd stop here. The	e organization quali	fies as a publicly s	supported organiza	ation]
b	33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33	; 1/3%, and	_ k	_
	line 18 is not more than 33 1/3%, che	ck this box and s f	top here. The orga	nization qualifies	as a publicly suppo	orted orgar	nization]
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions]
23202	23 12-09-22					Sch	nedule A (l	Form 990) 202	22

15 2022.05050 CENTER FOR PUBLIC INTERES 17200_1 Schedule A (Form 990) 2022

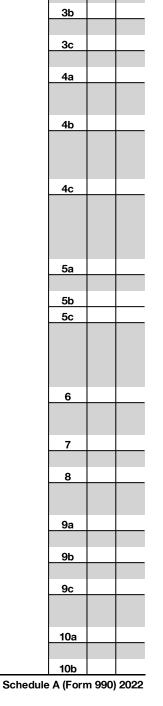
Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

232024 12-09-22



Yes No

1

2

3a

16

Schedule A (Form 990) 2022 CENTER FOR PUBLIC INTEREST RESEARCH, INC 04-2863170 Page 5

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A pe	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	below, the governing body of a supported organization?	11a		
b	A fan	nily member of a person described on line 11a above?	11b		
с	A 35	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detai	<i>il in</i> Part VI.	11c		
Sec	tion	B. Type I Supporting Organizations			
				Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the				
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1			
2	Did the organization operate for the benefit of any supported organization other than the supported				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in				
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,				
	supervised, or controlled the supporting organization.	2			
Sec	tion C. Type II Supporting Organizations				

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	that the organization used to	satisfy the Integral Part 1	Test during the year	(see instructions).
•	CHECK THE DOX HEAT TO THE HIELITOU		salisiy line initegral i art i	csi uunny inc ycar	1000 1100 0000

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** _____ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

С		The organization supported a gover	mmental entity. Describe in Pa	art VI how	you supported a	governmental entity	(see instruction <u>s).</u>
---	--	------------------------------------	--------------------------------	------------	-----------------	---------------------	-----------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

Yes No

15530215 700333 17200

2022.05050 CENTER FOR PUBLIC INTERES 17200_1

17

Pa	dule A (Form 990) 2022 CENTER FOR PUBLIC INTE			14-2863170 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations mu	<u>st complete</u>	(A) Prior Year	(B) Current Year
	·		()	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function		ed Type III supporting orga	nization (see

instructions).

Schedule A (Form 990) 2022

232026 12-09-22

CENTER FOR PUBLIC INTEREST RESEARCH, INC 04-2863170 Page 7

Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ied)	
Secti	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive			
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	IS	Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
	Excess from 2020				
d	Excess from 2021				
e	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	CENTER FC	R PUBLIC	INTEREST	RESEARCH,	INC 04-2863170 Page
Part VI	Supplemental Info Part IV, Section A, lines	rmation. Provide 1, 2, 3b, 3c, 4b, 4c, 5 , lines 2 and 3; Part I	the explanations 5a, 6, 9a, 9b, 9c, ⁻ V, Section E, line	required by Part II, 11a, 11b, and 11c; s 1c, 2a, 2b, 3a, ar	line 10; Part II, line Part IV, Section B, nd 3b; Part V, line 1;	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C, ; Part V, Section B, line 1e; Part V,
	(See instructions.)		UT L, IIIes 2, 5, 8			
232028 12-09-2	2			20		Schedule A (Form 990) 202

SCHEDULE C	Po	litical Campaign a	nd Lobbying	g Activities		OMB No. 1545-0047
(Form 990)	For Ore	enizatione Exempt From Income	Toy Under costion 6	- O1(c) and coation F(07	2022
	-	anizations Exempt From Income if the organization is described b				
Department of the Treasury Internal Revenue Service		to www.irs.gov/Form990 for ins			/ .	Open to Public Inspection
		Form 990, Part IV, line 3, or For			aign Ac	tivities), then
•		plete Parts I-A and B. Do not com		(-	
 Section 501(c) (other 	r than section 50	1(c)(3)) organizations: Complete P	arts I-A and C below. I	Do not complete Par	t I-B.	
 Section 527 organization 	ations: Complete	Part I-A only.				
		Form 990, Part IV, line 4, or Formate Formation Formation Form 5768 (election und				
.,.,	•	nave NOT filed Form 5768 (election		•		
If the organization answ	, wered "Yes," on	Form 990, Part IV, line 5 (Proxy	Tax) (See separate ir	structions) or Form	990-EZ	, Part V, line 35c (Proxy
Tax) (See separate inst						
), or (6) organizat	ions: Complete Part III.				
Name of organization				TNG	Employ	ver identification number
Part I-A Compl		FOR PUBLIC INTERE anization is exempt under			7 oras	04-2863170
	ete il tile org	anization is exempt under				
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities in	Part IV		
2 Political campaign	•	•			\$	
3 Volunteer hours for						
		-				
Part I-B Comple	ete if the org	anization is exempt under	section 501(c)(3).		
1 Enter the amount o	f any excise tax	incurred by the organization under				
	•	incurred by organization managers				
		n 4955 tax, did it file Form 4720 fo				
4a Was a correction m						Yes No
b If "Yes," describe in Part I-C Comple		anization is exempt under	section 501(c).	except section 5	501(c)(;	3).
-		by the filing organization for secti		-	. , .	- /-
		ization's funds contributed to othe			···· • _	
exempt function ac					\$	
3 Total exempt functi	ion expenditures	. Add lines 1 and 2. Enter here and	d on Form 1120-POL,			
line 17b					\$_	
		• • • • • • • • • • • • • • • • • • • •				Yes No
		ployer identification number (EIN)		-		
		tion listed, enter the amount paid f omptly and directly delivered to a s				
		additional space is needed, provid			sparate s	segregated fund of a
(a) Name		(b) Address	(c) EIN	(d) Amount paid 1	from	(e) Amount of political
(a) Name	- -			filing organizatio		contributions received and
				funds. If none, ente	er -0	promptly and directly delivered to a separate
						political organization.
						If none, enter -0
					—	
					—	
				1	-+	
				1	-+	
For Depertyork Reduct	ion Act Notice	see the Instructions for Form 90) or 990-E7		6.	hadula C (Earm 990) 2022

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

Schedule C (Form 990) 2022

232041 11-08-22

Schedule C (Form 990) 2022	CENTER	R FOR	PUBLIC INTER	REST RESEARC	CH, IN 04-2	863170 Page 2
Part II-A Complete if the org	anizatio	n is exen	npt under section	1 501(c)(3) and file	d Form 5768 (ele	ction under
section 501(h)).						
			liated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and shar			. ,			
B Check if the filing organiza	tion checke	ed box A ar	nd "limited control" pro	visions apply.		
		ying Exper eans amou	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	Jence publi	c opinion (arassroots lobbving)		0.	
b Total lobbying expenditures to influ					0.	
c Total lobbying expenditures (add li	-		• • • •		0.	
d Other exempt purpose expenditure					3,100,524.	
e Total exempt purpose expenditure					3,100,524.	
f_Lobbying nontaxable amount. Ente					305,026.	
If the amount on line 1e, column (a) o	or (b) is:	The lob	bying nontaxable amo	ount is:		
Not over \$500,000			the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000	\$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000	\$225,00	0 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (en	ter 25% of	line 1f)			76,257.	
h Subtract line 1g from line 1a. If zer	o or less, e	nter -0			0.	
i Subtract line 1f from line 1c. If zero	o or less, er	nter -0			0.	
j If there is an amount other than ze	ro on eithei	line 1h or	line 1i, did the organiza	ation file Form 4720	_	
reporting section 4911 tax for this	year?	<u></u>				Yes No
			eraging Period Under	• •		
(Some organizations t			D1(h) election do not l ate instructions for lin	•	of the five columns be	low.
		•				
		iying Exper	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	298	8,929.	297,756.	254,066.	305,026.	1,155,777.
b Lobbying ceiling amount (150% of line 2a, column(e))						1,733,666.
c Total lobbying expenditures		0.	0.	0.	0.	0.
d Grassroots nontaxable amount	74	1,732.	74,439.	63,517.	76,257.	288,945.
e Grassroots ceiling amount	, .	,	,		, 20 / 1	
(150% of line 2d, column (e))						433,418.
f Grassroots lobbying expenditures		0.	0.	0.	0.	0.

Schedule C (Form 990) 2022

232042 11-08-22

CENTER FOR PUBLIC INTEREST RESEARCH, IN 04-2863170 Page 3

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(t)
	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5)	, or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3	1	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '				3 ie
	answered "Yes."	1, 10 OII (1	<i>y</i> i art i	n <i>A</i> , inc	0,13
1	Dues, assessments and similar amounts from members		. 1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		. 3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditures next year?				
	Taxable amount of lobbying and political expenditures. See instructions		. 5		
	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2022

232043 11-08-22

SCHEDULE I	D
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Department of the Treasury

(Form 9	9 90)
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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 for instructions and the latest information.



Internal Revenue Service Name of the organization

Employer identification number CENTER FOR PUBLIC INTEREST RESEARCH TNC

04 - 2863170

Par	t I Organizations Maintaining Donor Advise			r Accour	Its. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin				
		(a) Donor advise	ed funds	(b) Fur	nds 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		eld in donor advised	l funds	
	are the organization's property, subject to the organization's	exclusive legal control?			Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that gra	ant funds can be us	sed only	
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for ar	ny other purpose co	onferring	
	impermissible private benefit?				
Par	t II Conservation Easements. Complete if the org	ganization answered "Ye	s" on Form 990, Pa	rt IV, line 7	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	_		
	Preservation of land for public use (for example, recrea	tion or education)	Preservation of a	historically	important land area
	Protection of natural habitat		Preservation of a	certified hi	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contrib	ution in the form of	a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2 a	
b					
С	Number of conservation easements on a certified historic structure			<u>2c</u>	
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and n	ot on a		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or t	erminated by the o	rganization	during the tax
	year				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per	- · · ·	tion, handling of		
•	violations, and enforcement of the conservation easements it				
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, ar	na enforcing conser	vation ease	ements during the year
7	Amount of overance inclused in manitoving increasing here	lling of violations, and an	foreing concernatio		to during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and en	norcing conservatio	in easemen	its during the year
8	Does each conservation easement reported on line 2(d) abov	a catisfy the requirement	te of coction 170/b)	(A)(D)(i)	
0		, .			Yes No
9	In Part XIII, describe how the organization reports conservation				
5	balance sheet, and include, if applicable, the text of the footr		•		
	organization's accounting for conservation easements.				
Par		f Art, Historical Tre	asures, or Oth	er Simila	r Assets.
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its rev	enue statement and	d balance s	heet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, education	, or research in furtl	herance of	public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that des	cribes these items.		
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue	e statement and ba	lance sheet	t works of
	art, historical treasures, or other similar assets held for public	exhibition, education, o	r research in further	rance of pu	blic service,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					\$
2	If the organization received or held works of art, historical tre	asures, or other similar a	ssets for financial g	ain, provide	e
	the following amounts required to be reported under FASB A	SC 958 relating to these	items:		
а	Revenue included on Form 990, Part VIII, line 1				\$
	Assets included in Form 990, Part X				\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.			Schedule D (Form 990) 2022
232051	09-01-22	20			
		200			

29

		FOR PUBLIC) Page			
Par	t III Organizations Maintaining C	collections of Ar	t, Histo	orical Tre	asures, o	r Other	Similar	^r Assets	(contin	nued)			
3	Using the organization's acquisition, accessi collection items (check all that apply):	on, and other record	ls, check	any of the f	ollowing that	: make się	gnificant u	ise of its					
~	Public exhibition		4 🗔 I	oop or ove	hango progra	m							
a h	Scholarly research				hange progra								
b c	Preservation for future generations	· · · · ·											
4													
- - 5													
5	to be sold to raise funds rather than to be m								Yes	No			
Par	t IV Escrow and Custodial Arran												
	reported an amount on Form 990, Pa			organizatio	in answered	163 011	10111 330	, raitiv, i	ine 9, 01				
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for c	ontributions	s or other ass	sets not ir	ncluded						
	on Form 990, Part X?								Yes	No.			
b	If "Yes," explain the arrangement in Part XIII												
									Amount	t			
с	Beginning balance						1c						
	Additions during the year												
	Distributions during the year												
f	Ending balance												
2a	Did the organization include an amount on F								Yes	No.			
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the ex	planatior	has been	provided on I	Part XIII	-						
Par	t V Endowment Funds. Complete	if the organization ar	nswered "	Yes" on Fo	rm 990, Part	IV, line 1	0.						
		(a) Current year	(b) Pr	rior year	(c) Two year	rs back	(d) Three y	ears back	(e) Four	years back			
1a	Beginning of year balance												
b	Contributions												
с	Net investment earnings, gains, and losses												
d	Grants or scholarships												
	Other expenditures for facilities												
-	and programs												
f	Administrative expenses												
g	End of year balance												
2	Provide the estimated percentage of the cur	•	l o (lino 1a	column (a)) hold as:								
a	Board designated or guasi-endowment		%	, column (a)	/ 11010 23.								
b	Permanent endowment	%											
c	Term endowment	%											
U	The percentages on lines 2a, 2b, and 2c sho	- / -											
20	Are there endowment funds not in the posse	-	ation that	are hold an	d administor	od for the	2						
Ja	•		alion inal	are neiu ai			5		ſ	Yes No			
	organization by:								20(1)				
	(i) Unrelated organizations								3a(i)				
h	(ii) Related organizations	tiona listad as requir							3a(ii)				
									3b				
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment tu	inas.									
1 41	Complete if the organization answere) Part IV	line 11a S	000 Eorm	Part X I	ine 10						
					I					le construction			
	Description of property	(a) Cost or o basis (investr			or other (other)	• •	ccumulate preciation	a	(d) Bool	k value			
1 a	Land												
	Buildings												
	Leasehold improvements			7	7,249.		77,24	49.		0.			
	Equipment			11	0,858.		84,61	10.	20	6,248.			
	Other												
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990. Part	X. colum	n (B). line 10	Dc.)	<u></u>			20	6,248.			
			-										

Schedule D (Form 990) 2022

Schedule D	(Form 990) 2022	CENTER	FOR	PUBLIC	INTERES	SТ	RESEARCH,	INC	04-2863170 Pag
Part VII	Investments -								
		-				11b.	See Form 990, Par		
	tion of security or cate	GOTY (including name o	f security)	(b) Boo	ok value		(c) Method of value	ation: Cost	or end-of-year market value
	held equity interests	s							
(3) Other									
(A)									
(B)									
(C) (D)									
(E)									
(F)									
(G)									
(H)									
Total. (Col. (I	o) must equal Form 99								
Part VIII	Investments -	-							
		-	ed "Yes"			11c.	See Form 990, Par		
	(a) Description o	f investment		(b) Boo	ok value		(c) Method of value	ation: Cost	or end-of-year market value
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
) must aqual Form 00	0 Dart V col (D) lin	0 12)						
Part IX	o) must equal Form 99 Other Assets.	0, Fait A, COI. (D) III	13.)						
	Complete if the org	ganization answer	ed "Yes"	on Form 990	, Part IV, line 1	11d.	See Form 990, Par	t X, line 15.	
		-	(a)	Description					(b) Book value
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
	mn (b) must equal F		ol. (B) lin	e 15.)					
Part X	Other Liabilitie		ad "Vaa"	an Farm 000	Dert IV line 1	110	ar 11f Saa Farm 00		no 05
		Description of liabil		011 F0111 990	, Part IV, Ime	rie	or 11f. See Form 99	iu, Part X, III	(b) Book value
<u>1.</u> (1) Fod	. ,	rescription of liable	ity						
	eral income taxes NDS HELD F		!						332,69
(2) F'U (3)		OK OTHERE	,						552,05
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
	mn (b) must equal F	orm 990. Part X c	ol. (B) lin	e 25.)					332,69
	., , ,		. ,	,					ents that reports the
									en provided in Part XIII

232053 09-01-22

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 CENTER FOR PUBLIC INTERES		:3-
Pa	t XI Reconciliation of Revenue per Audited Financial Staten		e per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With Expense	es per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)	<u></u>	
Pa	t XIII Supplemental Information.		

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

232054 09-01-22

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.										
Department of the Treasury Internal Revenue Service			Attach to Forn		ation		Open to Public Inspection				
ternal Revenue Service Go to www.irs.gov/Form990 for the latest information. lame of the organization Employer identified and the organization											
		INTEREST RE	SEARCH, IN	IC			04-2863170				
Part I General Information on Grants a											
1 Does the organization maintain records criteria used to award the grants or assis	stance?										
2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to					opization oppwared "Y	(aall on Form 000, Dart	IV line 21 for any				
recipient that received more than a	-				anization answered f	es on Form 990, Fan					
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
ASPEN VALLEY SKI & SNOWBOARD CLUB INC 300 AVSC DRIVE - ASPEN, CO 81611	84-6042225	501(C)(3)	35,000.	0.	N/A	N/A	CHARITABLE PROGRAM ASSISTANCE				
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 						1	<u> </u>				

3 Enter total number of other organizations listed in the line 1 table

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

CENTER FOR PUBLIC INTEREST RESEARCH, INC Schedule I (Form 990) 2022 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III Part III can be duplicated if additional space is needed.

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

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

PART I, LINE 2:

THE ORGANIZATION MONITORS THAT A RECIPIENT IS AN ELIGIBLE 501(C)(3)

ORGANIZATION, AND THAT THE RECIPIENT'S PROGRAMMATIC ACTIVITY ALIGN WITH THE

GOALS OF THE ORGANIZATION.

Page 2

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

ſ ∕

Complete if the organizations answered "Yes" on Form 990, Part IV, line	es 29 or 3	30.
Attach to Form 990.		

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number CE

NTER	FOR	PUBLIC	INTEREST	RESEARCH,	INC	04-2863170

Par	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut	•	ts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests	X	1	266,001.	BOOK VALUE		
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other \dots						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organiz	-	•				
	for which the organization completed Form 828	33, Part V, L	onee Acknowledg	ement 29		N _a a	
00-	During the user did the eventienties require to			autodia Daut I. Kasa 4 Mausur	h 00 that it	Yes	No
30a	During the year, did the organization receive by						
	must hold for at least 3 years from the date of the					20-	x
	exempt purposes for the entire holding period?					30a	
	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance p	oliov that ra	quiras the review	of any popotopdard contribut	iono?	04	x
31	Does the organization have a girl acceptance p Does the organization hire or use third parties of	-	-	•		31	
328			•			32a	x
h	contributions? If "Yes," describe in Part II.					520	
33	If the organization didn't report an amount in c	olumn (c) for	a type of property	for which column (a) is chec	ked		
00	describe in Part II.		a type of property	To which could in (a) is chec	nou,		
	UUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUU						

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

Schedule M (Form 990) 2022

232141 09-09-22

Schedule M	(Form 990) 2022	CENTER FO	OR PUBLIC	INTEREST	RESEARCH,	INC	04-2863170	Page 2
Part II	Supplemental	Information.	Provide the infor	mation required by	Part I, lines 30b, 32	b, and 33, a	nd whether the organiza ation of both. Also com	ition
	is reporting in Part this part for any ac	I, column (b), the ditional informatio	number of contri on.	butions, the numb	er of items received,	or a combin	ation of both. Also com	plete
	-							
232142 09-09-2	2						Schedule M (Form	990) 2022

OMB No. 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O (Form 990) Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Open to Public Attach to Form 990 or Form 990-EZ. Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service Employer identification number Name of the organization CENTER FOR PUBLIC INTEREST RESEARCH, 04-2863170 INC FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE CENTER FOR PUBLIC INTEREST RESEARCH IS A NON-PARTISAN 501(C)(3) ORGANIZATION THAT CONDUCTS PUBLIC INTEREST RESEARCH AND LITIGATION, AND RUNS NON-PARTISAN CIVIC ENGAGEMENT AND PUBLIC EDUCATION PROGRAMS AROUND CRITICAL PUBLIC INTEREST ISSUES. IT ALSO ASSISTS PARTNER 501(C)(3) ORGANIZATIONS ENGAGED IN SIMILAR ACTIVITIES THROUGH GRANTS, BY SPONSORING JOINT OR NEW PUBLIC INTEREST PROJECTS, AND BY PROVIDING TRAINING AND OTHER SUPPORT IN AREAS SUCH AS ADVOCACY, ORGANIZING CAMPAIGN DEVELOPMENT AND PACKAGING, AND GRANTSEEKING

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

EXPLORE BOOKSELLERS IS AN INDEPENDENT BOOKSTORE IN ASPEN, COLORADO.

MORE THAN A BOOKSTORE, EXPLORE IS A GATHERING PLACE THAT EMBODIES THE

ASPEN SPIRIT - WHERE BOOKS, IDEAS AND THE FREE-FLOWING CONVERSATION

THEY INITIATE ARE PART OF THE ENVIRONMENT. EXPLORE BOOKSELLERS SERVES

THE COMMUNITY BY PROMOTING LITERACY AND INTELLECTUAL EXPLORATION; BY

OFFERING A DIVERSE SELECTION OF BOOKS AND PERIODICALS ON PUBLIC

INTEREST TOPICS; BY HOSTING FREE EDUCATIONAL EVENTS, WORKSHOPS, ROUND

TABLE DISCUSSIONS AND FORA WITH A VARIETY OF AUTHORS AND

THOUGHT-LEADERS IMPORTANT ISSUES OF THE DAY; AND BY PARTNERING WITH

OTHER NON-PROFITS IN THE ROARING FORK VALLEY ON EDUCATIONAL PROGRAMS

AND COMMUNITY SERVICE PROJECTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

EXPLORE BOOKSELLERS IS AN INDEPENDENT BOOKSTORE IN ASPEN, COLORADO.

MORE THAN A BOOKSTORE, EXPLORE IS A GATHERING PLACE THAT EMBODIES THE

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

 232211
 10-28-22

Schedule O (Form 990) 2022	Page 2
Name of the organization CENTER FOR PUBLIC INTEREST RESEARCH, INC	Employer identification number $04 - 2863170$
ASPEN SPIRIT - WHERE BOOKS, IDEAS AND THE FREE-FLOWING CONV	VERSATION
THEY INITIATE ARE PART OF THE ENVIRONMENT. EXPLORE BOOKSELI	LERS SERVES
THE COMMUNITY BY PROMOTING LITERACY AND INTELLECTUAL EXPLOR	RATION; BY
OFFERING A DIVERSE SELECTION OF BOOKS AND PERIODICALS ON PU	JBLIC
INTEREST TOPICS; BY HOSTING FREE EDUCATIONAL EVENTS, WORKSH	HOPS, ROUND
TABLE DISCUSSIONS AND FORA WITH A VARIETY OF AUTHORS AND	
THOUGHT-LEADERS IMPORTANT ISSUES OF THE DAY; AND BY PARTNER	RING WITH
OTHER NON-PROFITS IN THE ROARING FORK VALLEY ON EDUCATIONAL	L PROGRAMS
AND COMMUNITY SERVICE PROJECTS.	
EXPENSES \$ 540,414. INCLUDING GRANTS OF \$ 0. REVENUE \$	252,661.
NATIONAL PROGRAM	
EXPENSES \$ 4,863. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	•
FORM 990, PART VI, SECTION A, LINE 8B:	
THERE WERE NO SUCH COMMITTEES WITHIN THE ORGANIZATION DURIN	NG 2022.
FORM 990, PART VI, SECTION B, LINE 11B:	
THE BOARD IS PROVIDED A COPY OF THE RETURN PRIOR TO FILING	WITH THE IRS.
THE CONTROLLER AND SENIOR ACCOUNTANT REVIEW THE DRAFT WITH	THE TAX PREPARER
AND SUBSEQUENTLY APPROVE THE RETURN.	
FORM 990, PART VI, SECTION B, LINE 12C:	
1. ANY OFFICER, DIRECTOR, DEPARTMENT HEAD OR OTHER SENIOR	MANAGEMENT WITH
SUBSTANTIAL INFLUENCE OVER THE ORGANIZATION MUST DISCLOSE	FO THE

ORGANIZATION ANY FINANCIAL INTEREST, DIRECT OR INDIRECT, THAT HE/SHE WOULD

38

GAIN FROM ANY TRANSACTION, CONTRACT, OR POLICY THE ORGANIZATION IS

CONSIDERING ENTERING INTO OR ADOPTING.

232212 10-28-22

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2							
Name of the organization CENTER FOR PUBLIC INTEREST RESEARCH, INC	Employer identification number $04-2863170$							
2. IN INSTANCES WHERE ANY OFFICER, DIRECTOR, OR INDIVIDUA	L WITH							
SUBSTANTIAL INFLUENCE OVER THE ORGANIZATION WOULD OBTAIN A DIRECT OR								
INDIRECT FINANCIAL INTEREST FROM A TRANSACTION OR CONTRACT	ENTERED INTO							
WITH THE ORGANIZATION OR FROM A POLICY ADOPTED BY THE ORGA	NIZATION, THE							
FOLLOWING PROCEDURES SHALL APPLY:								
(A) A MEETING (EITHER IN PERSON OR VIA TELEPHONE) OF THE B	OARD OF DIRECTORS							
OF THE ORGANIZATION SHALL BE CONVENED; (B) THE INTERESTED	PERSON WILL							
RELATE THE NATURE OF THE PROPOSED TRANSACTION, CONTRACT, O	R POLICY AND							
SHALL DISCLOSE HIS/HER FINANCIAL INTEREST TO THE BOARD, AN	D THEN SHALL							
ABSENT HIMSELF/HERSELF FROM THE MEETING; (C) THE BOARD SHA	LL UNDERTAKE							
CONSIDERATION AND DISCUSSION OF THE PROPOSED TRANSACTION,	CONTRACT, OR							
POLICY IN THE ABSENCE OF THE INTERESTED PERSON; (D) THE BO	ARD SHALL OBTAIN							
DATA CONCERNING ALTERNATIVES TO ENTERING INTO SAID CONTRAC	T OR TRANSACTION,							
OR ADOPTING SAID POLICY AND COMPARE THE ALTERNATIVES TO TH	E PROPOSED							
TRANSACTION, CONTRACT OR POLICY; (E) THE BOARD SHALL VOTE	TO APPROVE THE							
PROPOSED TRANSACTION, CONTRACT, OR POLICY ONLY AFTER HAVIN	G ARRIVED AT A							
DETERMINATION THAT SUCH IS FAIR IN RELATION TO THE FEASIBL	E ALTERNATIVES							
AND IS IN THE BEST INTERESTS OF THE ORGANIZATION; (F) ONL	Y A TWO-THIRDS							
(2/3) VOTE OF THE DISINTERESTED MEMBERS OF THE BOARD SHALL	BE SUFFICIENT TO							
APPROVE SUCH AN INTERESTED TRANSACTION, CONTRACT, OR POLIC	Y. THE							
INTERESTED PERSON SHALL NOT BE PRESENT FOR OR PARTICIPATE	IN THE VOTE; (G)							
MINUTES SHALL BE PREPARED AND MAINTAINED CONCERNING THE BO	ARD'S REVIEW,							
DISCUSSION, AND VOTE REGARDING THE PROPOSED TRANSACTION, C	ONTRACT, OR							
POLICY.								
3. THE ORGANIZATION SHALL MAINTAIN A LIST OF EVERY TRANSAC	TION, CONTRACT,							
OR POLICY FROM WHICH ANY OFFICER, DIRECTOR, OR INDIVIDUAL	WHO EXERCISES							
SUBSTANTIAL INFLUENCE OVER THE CORPORATION GAINS ANY FINAN	CIAL BENEFIT,							

WHETHER DIRECT OR INDIRECT.

232212 10-28-22

Name of the organization

CENTER FOR PUBLIC INTEREST RESEARCH, INC

04-2863170

FORM 990, PART VI, SECTION B, LINE 15A:

THE COMPENSATION COMMITTEE ESTABLISHES ACCEPTABLE COMPENSATION PACKAGES

AFTER REVIEWING AT LEAST ONE OF THE FOLLOWING:

(I)INFORMATION ABOUT COMPENSATION PAID BY SIMILARLY SITUATED TAX-EXEMPT

ORGANIZATIONS FOR SIMILAR SERVICES;

(II)CURRENT COMPENSATION SURVEYS COMPILED BY INDEPENDENT FIRMS; OR

(III)ACTUAL WRITTEN OFFERS FROM SIMILARLY SITUATED ORGANIZATIONS.

THE COMPENSATION COMMITTEE DOCUMENTS IN WRITING THE INFORMATION ON WHICH IT

RELIES IN DECIDING UPON THE TERMS OF COMPENSATION ARRANGEMENTS.

FORM 990, PART VI, SECTION C, LINE 19:

NO DOCUMENTS AVAILABLE TO THE PUBLIC EXCEPT AS REQUIRED BY IRS REGULATIONS.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANTS:

PROGRAM SERVICE EXPENSES	831,201.
MANAGEMENT AND GENERAL EXPENSES	104,956.
FUNDRAISING EXPENSES	5,629.
TOTAL EXPENSES	941,786.

PAYROLL PROCESSING FEES: PROGRAM SERVICE EXPENSES 0. 3,773. MANAGEMENT AND GENERAL EXPENSES 0.__ FUNDRAISING EXPENSES TOTAL EXPENSES 3,773. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 945,559. Schedule O (Form 990) 2022 232212 10-28-22 40

15530215 700333 17200

232212 10-28-22	Schedule O (Form 990) 2022
30215 700333 17200	41 2022.05050 CENTER FOR PUBLIC INTERES 172001

FORM 990, PART XII, LINE 2C

THE BOARD APPOINTED AN AUDIT COMMITTEE IN 2021. NEITHER THE OVERSIGHT

CENTER FOR PUBLIC INTEREST RESEARCH, INC

PROCESS NOR THE SELECTION PROCESS HAS CHANGED SINCE THEN.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LOSS ON UNCOLLECTIBLE RECEIVABLES

Page 2 Employer identification number 04 - 2863170

-58,683.

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number 04 - 2863170

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

CENTER FOR PUBLIC INTEREST RESEARCH, INC

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
EXPLORE BOOKSELLERS LLC - 47-2715308 221 E MAIN ST					CENTER FOR PUBLIC
ASPEN, CO 81611	BOOKSTORE	COLORADO	555,242.	451,051.	INTEREST RESEARCH INC
	_				
	_				

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	1	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
					501(c)(3))		Yes	No
ARIZONA PIRG EDUCATION FUND INC						NATIONAL CENTER		
35-2259362, 130 N CENTRAL AVE, CTE 202,						FOR THE PUBLIC		
PHOENIX, AZ 85004	CHARITABLE, EDUCATIO	ONAL	ARKANSAS	501(C)(3)	LINE 7	INTEREST, INC.		Х
CALIFORNIA PUBLIC INTEREST RESEARCH GROUP						NATIONAL CENTER		
EDUCATION FUND, INC 77-0566513, 1314 H						FOR THE PUBLIC		1
ST., STE 202, SACREMENTO, CA 95814	CHARITABLE, EDUCATIO	ONAL	CALIFORNIA	501(C)(3)	LINE 7	INTEREST, INC.		х
COLORADO PUBLIC INTEREST RESEARCH						NATIONAL CENTER		
FOUNDATION, INC 74-2313874, 1543 WAZEE	7					FOR THE PUBLIC		
ST, STE 330, DENVER, CO 80202	CHARITABLE, EDUCATIO	ONAL	COLORADO	501(C)(3)	LINE 7	INTEREST, INC.		х
ENVIRONMENT CALIFORNIA RESEARCH & POLICY						NATIONAL CENTER		
CENTER, INC 68-0531882, 1314 H ST., STE]					FOR THE PUBLIC		l
202, SACREMENTO, CA 95814	CHARITABLE, EDUCATIO	ONAL	CALIFORNIA	501(C)(3)	LINE 7	INTEREST, INC.		х

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2022

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	conti organi:	g) 512(b)(13) rolled zation?
ENVIRONMENT GEORGIA RESEARCH & POLICY					NATIONAL CENTER	Yes	No
CENTER, INC 16-1761755, 108 E. PONCE DE	-				FOR THE PUBLIC		
LEON AVE., STE. 210, DECATUR, GA 30030		GEORGIA	501(C)(3)	LINE 7	INTEREST, INC.		х
ENVIRONMENT ILLINOIS RESEARCH RESEARCH &			501(0)(3)		NATIONAL CENTER		
EDUCATION CENTER, INC 56-2586486, 328 S.	-				FOR THE PUBLIC		
JEFFERSON ST, STE 620, CHICAGO, IL 60661	- CHARITABLE, EDUCATIONAL	ILLINOIS	501(C)(3)	LINE 7	INTEREST, INC.		x
ENVIRONMENT MASSACHUSETTS RESEARCH & POLICY	,,				NATIONAL CENTER		
CENTER, INC 20-8180181, 294 WASHINGTON	-				FOR THE PUBLIC		
ST, STE. 500, BOSTON, MA 02108	- CHARITABLE, EDUCATIONAL	MASSACHUSETTS	501(C)(3)	LINE 7	INTEREST, INC.		x
FAIR SHARE EDUCATION FUND, INC 26-2533551	,				NATIONAL CENTER		
294 WASHINGTON ST. STE. 500	-				FOR THE PUBLIC		
BOSTON, MA 02108	- CHARITABLE, EDUCATIONAL	MASSACHUSETTS	501(C)(3)	LINE 7	INTEREST, INC.		х
ILLINOIS PUBLIC INTEREST RESEARCH GROUP	,				NATIONAL CENTER		
EDUCATION FUND, INC 36-3848017, 328 S.	7				FOR THE PUBLIC		
JEFFERSON ST, STE 620, CHICAGO, IL 60661	CHARITABLE, EDUCATIONAL	ILLINOIS	501(C)(3)	LINE 7	INTEREST, INC.		x
MARYLAND PUBLIC INTEREST RESEARCH GROUP					NATIONAL CENTER		
EDUCATION FUND, INC 52-1033638, 3121 ST.	-				FOR THE PUBLIC		
PAUL ST., STE 26, BALTIMORE, MD 21218	CHARITABLE, EDUCATIONAL	MARYLAND	501(C)(3)	LINE 7	INTEREST, INC.		х
MASSACHUSETTS PUBLIC INTEREST RESEARCH GROUP					NATIONAL CENTER		
EDUCATION FUND, INC 04-26702, 294	7				FOR THE PUBLIC		
WASHINGTON ST, STE. 500, BOSTON, MA 02108	CHARITABLE, EDUCATIONAL	MASSACHUSETTS	501(C)(3)	LINE 7	INTEREST, INC.		х
NORTH CAROLINA PUBLIC INTEREST RESEARCH					NATIONAL CENTER		
GROUP EDUCATION FUND, INC 05-6215, 19 W					FOR THE PUBLIC		
HARGRETT ST, STE. 214, RALEIGH, NC 27601	CHARITABLE, EDUCATIONAL	NORTH CAROLINA	501(C)(3)	LINE 7	INTEREST, INC.		Х
OSPIRG FOUNDATION, INC 93-1150763					NATIONAL CENTER		
1536 SE 11TH AVENUE, STE B					FOR THE PUBLIC		
PORTLAND, OR 97214	CHARITABLE, EDUCATIONAL	OREGON	501(C)(3)	LINE 7	INTEREST, INC.		Х
PENNENVIRONMENT RESEARCH & POLICY CENTER,					NATIONAL CENTER		
INC 05-0530668, 1429 WALNUT STREET, STE					FOR THE PUBLIC		
1100, PHILADELPHIA, PA 19102	CHARITABLE, EDUCATIONAL	PENNSYLVANIA	501(C)(3)	LINE 7	INTEREST, INC.		Х
PENNSYLVANIA PUBLIC INTEREST RESEARCH GROUP					NATIONAL CENTER		
EDUCATION FUND, INC 23-254629, 1429					FOR THE PUBLIC		
WALNUT STREET, STE 1100, PHILADELPHIA, PA	CHARITABLE, EDUCATIONAL	PENNSYLVANIA	501(C)(3)	LINE 7	INTEREST, INC.		Х
PIRG NEW VOTERS PROJECT, INC 22-2505821					NATIONAL CENTER		
294 WASHINGTON ST, STE. 500					FOR THE PUBLIC		
BOSTON, MA 02108	CHARITABLE, EDUCATIONAL	MASSACHUSETTS	501(C)(3)	LINE 7	INTEREST, INC.		Х

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr organiz	g) 512(b)(13) rolled zation?
PUBLIC INTEREST RESEARCH FOUNDATION OF NEW					NATIONAL CENTER	Yes	No
JERSEY, INC 22-1998146, 104 BAYARD ST,	-				FOR THE PUBLIC		
6TH FLOOR, NEW BRUNSWICK, NJ 08901	CHARITABLE, EDUCATIONAL	NEW JERSEY	501(C)(3)	LINE 7	INTEREST, INC.		х
STUDENT ORGANIZING, INC 26-2486476				,	NATIONAL CENTER		
294 WASHINGTON ST, STE. 500	-				FOR THE PUBLIC		
BOSTON, MA 02108	CHARITABLE, EDUCATIONAL	MASSACHUSETTS	501(C)(3)	LINE 7	INTEREST, INC.		х
TEXAS PUBLIC INTEREST RESEARCH GROUP					NATIONAL CENTER		
EDUCATION FUND, INC 52-2422392, 815	-				FOR THE PUBLIC		
BRAZOS ST, STE 600, AUSTIN, TX 78701	CHARITABLE, EDUCATIONAL	TEXAS	501(C)(3)	LINE 7	INTEREST, INC.		х
TOXICS ACTION CENTER, INC 04-3211693					NATIONAL CENTER		
294 WASHINGTON ST, STE. 500	-				FOR THE PUBLIC		
BOSTON, MA 02108	CHARITABLE, EDUCATIONAL	MASSACHUSETTS	501(C)(3)	LINE 7	INTEREST, INC.		х
WASHINGTON PUBLIC INTEREST RESEARCH GROUP					NATIONAL CENTER		
EDUCATION FUND, INC 91-1168245, 1402 3RD	-				FOR THE PUBLIC		
AVENUE, STE 618, SEATTLE, WA 98101	CHARITABLE, EDUCATIONAL	WASHINGTON	501(C)(3)	LINE 7	INTEREST, INC.		х
ENVIRONMENTAL ACTION RESEARCH CENTER, INC -					NATIONAL CENTER		
46-5151443, 1543 WAZEE ST, STE 400, DENVER,	-				FOR THE PUBLIC		
CO 80202	CHARITABLE, EDUCATIONAL	COLORADO	501(C)(3)	LINE 7	INTEREST, INC.		х
				,			
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Schedule R (Form 990) 2022 CENTER FOR PUBLIC INTEREST RESEARCH, INC

04-2863170 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

organizationo troatea ao a pa									-			
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule	Gener mana partr	ral or F ging her?	Percentage ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No	
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity		(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(cont	i) ction b)(13) rolled tity?
		country)		or trusty		833613		Yes	No
NATIONAL CENTER FOR THE PUBLIC INTEREST,									
INC 04-2863170, 294 WASHINGTON ST, STE	TO SUPPORT CHARITABLE								
500, BOSTON, MA 02108	ORGANIZATIONS	MA	N/A	C CORP	N/A	N/A	N/A		Х
	-								
	-								
	-								

Schedule R (Form 990) 2022 CENTER FOR PUBLIC INTEREST RESEARCH, INC

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s)	1h		X
	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	X	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
1	Performance of services or membership or fundraising solicitations for related organization(s)	11	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
0	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p		X
	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
S	Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2022 CENTER FOR PUBLIC INTEREST RESEARCH, INC

04-2863170 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	6	2)	(f)	(g)	(۲	n)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are	e all ers sec				• , opor-	Code V-UBI	Genera	al or P	ercentage
of entity	· ······	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partne 501(org	c)(3) is.?	total	end-of-year	Dispr tior allocat	nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partn	er?	ownership
		country)	sections 512-514)	Yes				Yes	No	(Form 1065)	Yes	NO	

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 CENTER FOR PUBLIC INTEREST RESEARCH, INC 04-2863170 Page 5 Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

PENNSYLVANIA PUBLIC INTEREST RESEARCH GROUP EDUCATION FUND,

INC.

EIN: 23-2546295

1429 WALNUT STREET, STE 1100

PHILADELPHIA, PA 19102

Schedule R (Form 990) 2022

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