Form 990

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

AF	or th	e 2023 calendar year, or tax year beginning JUN 1, 2023 and	ending Mi	AY 31, 2024		
B c	heck if pplicat	e: C Name of organization		D Employer identif	ication number	
	Addr					
	Name		13-1776434			
	Initia		E Telephone numbe	er		
	 	101 TRUMAN AVENUE		914-378-2000		
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	308,825,874.	
	Amer	TOWNERS, NT TOTOS TOTA		H(a) Is this a group r	eturn	
	Appli tion	F Name and address of principal officer. Here in the inductor		for subordinates	s? Yes X No	
	pend	SAME AS C ABOVE		H(b) Are all subordinates i	ncluded? Yes No	
<u> 1</u>	ax-e>	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 📃 527	If "No," attach a	a list. See instructions	
	Vebs			H(c) Group exemption	on number	
		f organization: X Corporation Trust Association Other	L Year	of formation: 1936	M State of legal domicile: NY	
Pa	art I	Summary				
Ð	1	Briefly describe the organization's mission or most significant activities: WE ARE		ENDENT, NONPROFI	Т	
anc		ORGANIZATION THAT WORKS SIDE BY SIDE WITH CONSUMERS. SEE SCH				
Governance	2	Check this box if the organization discontinued its operations or dispos				
) Š	3			17		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		16		
ies	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		657		
Activities &	6	Total number of volunteers (estimate if necessary)			-	
Act		Total unrelated business revenue from Part VIII, column (C), line 12				
		Net unrelated business taxable income from Form 990-T, Part I, line 11			Current Year	
	8	Contributions and grants (Dart)/III line 1b)		32,905,583.	32,092,864.	
Ine	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		213,019,967.	209,381,249.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-3/			
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,239,803. 510,602.	24,183,632. 485,360.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		249,675,955.	266,143,105.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	29,000.	10,000.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)				
6	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		110,838,046.	120,002,560.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		205,752.	154,822.	
per	b	Total fundraising expenses (Part IX, column (D), line 25) 10, 793, 2				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		142,866,776.	144,255,812.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		253,939,574.	264,423,194.	
	19	Revenue less expenses. Subtract line 18 from line 12		-4,263,619.	1,719,911.	
Or				ginning of Current Year	End of Year	
Assets Balanc	20	Total assets (Part X, line 16)		462,111,873.	473,542,307.	
tAs	21	Total liabilities (Part X, line 26)		182,171,946.	176,473,387.	
Inet	22	Net assets or fund balances. Subtract line 21 from line 20		279,939,927.	297,068,920.	
Pa	art 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 off	icer				Date			
Here	ERIC WAYNE,	SR. VP AND CFO							
	Type or print na	me and title							
	Print/Type prepa	arer's name	Preparer's signature		Date	Check	PTIN		
Paid	EVAN W. SEE	KAMP			03/12/25	5 self-employed	₽01907071		
Preparer	Firm's name	KPMG LLP				Firm's EIN 13	-5565207		
Use Only	Firm's address	345 PARK AVENUE							
NEW YORK, NY 10154-0102 Phone no.212-758-9700									
May the IRS discuss this return with the preparer shown above? See instructions									
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1990 (2023) CONSUMER REPORTS, INC.	13-1776434 Page
Pai	rt III Statement of Program Service Accomplishments	6
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	WE ARE AN INDEPENDENT, NONPROFIT ORGANIZATION THAT WORKS SIDE BY SIDE	
	WITH CONSUMERS FOR TRUTH, TRANSPARENCY, AND FAIRNESS IN THE MARKETPLACE.	
	MARAELFLACE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es? Yes X
0	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
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to or	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$205,802,782. including grants of \$10,000.) (R	evenue \$ 209,381,249
	CONSUMER INFORMATION, PRODUCT INFORMATION: SEE SCHEDULE O FOR	
	ADDITIONAL INFORMATION.	
4b	(Code:) (Expenses \$ 16,231,466. including grants of \$) (R	levenue \$
	EDUCATION PROGRAMS, HEALTH INFORMATION AND SAFETY: SEE	
	SCHEDULE O FOR ADDITIONAL INFORMATION.	
4c	(Code:) (Expenses \$ including grants of \$) (R	
40	(Code:) (Expenses \$ including grants of \$) (R	levenue \$
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses222,034,248.	
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Form	990 (2023) CONSUMER REPORTS, INC. 13-17764	34	Р	age 3
Par	t IV Checklist of Required Schedules			
			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		x
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	<u> </u>		
Ŭ	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	–		
0		6		x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		
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		X
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,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the experimentian maintain an efficiency and a second second state of the United Otestan O	14a		x
b	Did the organization maintain an office, employees, or agents outside of the United States?	1.10		<u> </u>
	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	x	
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			<u> </u>
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u> </u>
16		10		x
47	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-	x	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	~	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1		v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	X	<u> </u>
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Pa	rt IV Checklist of Required Schedules (continued)						
			Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on						
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current						
23							
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete						
04 -	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		x				
	Schedule K. If "No," go to line 25a	24a		x			
	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			v			
	any tax-exempt bonds?	24c		X			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X			
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						
	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%						
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,						
	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 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If						
	"Yes," complete Schedule L, Part IV						
	b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV						
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		х			
	"Yes," complete Schedule L, Part IV						
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation						
	contributions? If "Yes," complete Schedule M	30		X			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete						
	Schedule N, Part II	32		X			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v				
<u>-</u> -	Part V, line 1	34	X				
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X				
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.5		v			
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		v			
07	If "Yes," complete Schedule R, Part V, line 2			X			
37							
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>						
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	х				
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ				
	Check if Schedule O contains a response or note to any line in this Part V						
			Yes	No			
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 193	3	183	110			
b		-					
c							
v	(gambling) winnings to prize winners?	1c	х				
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		(2023) CONSUMER REPORTS, INC.	13-17764	34	P	age 5
Par	τν	Statements Regarding Other IRS Filings and Tax Compliance (continued)				
			⊢ I		Yes	No
2a		er the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
		for the calendar year ending with or within the year covered by this return	2a 657	<u>'</u>		
b	If at	least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X	
3a				3a	Х	
b	lf "Y	es," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b	Х	
4a	At ar	ny time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	finar	ncial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a	Х	
b	If "Y	es," enter the name of the foreign country <u>CANADA</u>				
	See	instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
5a		the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
b		any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		X
с		es" to line 5a or 5b, did the organization file Form 8886-T?		5c		
		s the organization have annual gross receipts that are normally greater than \$100,000, and did the				
		contributions that were not tax deductible as charitable contributions?		6a		x
h		es," did the organization include with every solicitation an express statement that such contribution				
		e not tax deductible?	•	6b		
7		anizations that may receive deductible contributions under section 170(c).				
	-	he organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	views provided to the power?	70	x	
a				7a	x	
b				7b		
с		the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	•	_		
_		e Form 8282?		7c		X
d		es," indicate the number of Forms 8282 filed during the year	7d			
е		the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e	<u> </u>	X
f		the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f	<u> </u>	X
g		e organization received a contribution of qualified intellectual property, did the organization file Fo		7g	<u> </u>	
h		e organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Spo	nsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	spor	nsoring organization have excess business holdings at any time during the year?		8		
9	Spo	nsoring organizations maintaining donor advised funds.				
а	Did t	the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did t	the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots		9b		
10	Sect	tion 501(c)(7) organizations. Enter:				
а	Initia	ation fees and capital contributions included on Part VIII, line 12	10a			
b	Gros	ss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Sect	tion 501(c)(12) organizations. Enter:				
а	Gros	ss income from members or shareholders	11a			
b		ss income from other sources. (Do not net amounts due or paid to other sources against				
	amo	unts due or received from them.)	11b			
12a		tion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
b	If "Y	es," enter the amount of tax-exempt interest received or accrued during the year	12b			
13		tion 501(c)(29) qualified nonprofit health insurance issuers.				
а		e organization licensed to issue qualified health plans in more than one state?		13a		
		e: See the instructions for additional information the organization must report on Schedule O.				
b		er the amount of reserves the organization is required to maintain by the states in which the				
-		inization is licensed to issue qualified health plans	13b			
с		er the amount of reserves on hand	13c	-		
14a			•	14a		x
		es," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	~ 0	14b	<u> </u>	<u> </u>
ы 15		e organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			<u> </u>	
15				15		x
		ess parachute payment(s) during the year?		15		
10		es," see the instructions and file Form 4720, Schedule N.	in a size of	10		x
16		e organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		
		es," complete Form 4720, Schedule O.				
17		tion 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act				
		would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	lf "Y	es," complete Form 6069.			0000	
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Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 to	hrough 7b	below, and	l for a "	No" r	espon	se		
-	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O								
	Check if Schedule O contains a response or note to any line in this Part VI						X		
Sec	tion A. Governing Body and Management								
						Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		17					
	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	b Enter the number of voting members included on line 1a, above, who are independent								
2									
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?								
4	Did the organization make any significant changes to its governing documents since the prior Form 9			· · · · · · ·	4		х		
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		х		
6	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			····· F					
	more members of the governing body?				7a	х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			····· F					
	persons other than the governing body?				7b		х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			····· F					
	The governing body?	-	-	- E	8a	Х			
	Each committee with authority to act on behalf of the governing body?				8b	Х			
9	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		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Co	de)						
		101140 00	<u>uo.</u> ,			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			ſ	10a	Х			
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			····· F					
			, ,		10b	х			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			Г	11a	Х			
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		0						
	Did the organization have a written conflict of interest policy? If "No." go to line 13			[12a	Х			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "/			F					
	on Schedule O how this was done	,			12c	х			
13	Did the organization have a written whistleblower policy?			···· F	13	Х			
14	Did the organization have a written document retention and destruction policy?			Г	14	Х			
15	Did the process for determining compensation of the following persons include a review and approva			····· F					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	, ,							
а	The organization's CEO, Executive Director, or top management official			[15a	Х			
	Other officers or key employees of the organization				15b	Х			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			·····					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent with	а						
	taxable entity during the year?			[16a		х		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-							
	exempt status with respect to such arrangements?			[16b				
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filedSEE_SCHEDULE_O								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and	nd 990-T (section 501	(c)(3)s	only) a	availat	ole		
	for public inspection. Indicate how you made these available. Check all that apply.			()()	,,				
	X Own website Another's website X Upon request Other (explain	on Sche	dule ()						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	y, and	inanc	ial			
-	statements available to the public during the tax year.		. 1 // •	,					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and re	cords						
	JOHN LOUGHREN, CPA - 914 378-2000								
	101 TRUMAN AVENUE, YONKERS, NY 10703-1044								
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
	te this table for all persons required to be listed. Report compensation for the calendar year ending v Il of the organization's current officers, directors, trustees (whether individuals or organizations), reg	5	,

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.

Name and title Average hours per week (list any hours for week (list any hours for related organizations week (list any hours for related organizations (list extension hours for related organizations week (list extensing hours for related organization (list extensing hours for relat	(A)	(B)			(0	C)			(D)	(E)	(F)
hours per week bours per list any hours for related organizations below compensation from the second addition (W-2/1099-MISC/ 1099-NEC) compensation from related organizations (W-2/1099-MISC/ 1099-NEC) compensation from related organizations and related organizations amount of the organizations (1) MARTA L. TELLADO 45.00 x x 930,195, 0. 36,022 (2) ERIC WAYNE 45.00 x x 482,702, 0. 76,794 (3) LAUREN STANICH 45.00 x 482,702, 0. 76,794 (4) MCIELE URAYNE 45.00 x 483,781, 0. 35,932 SVP, CHIEF GROWTH OFFICER 0.00 x 483,781, 0. 35,932 VP, GENERAL COUNSEL 0.00 x 434,922, 0. 73,744 (6) ESTHER HAN 45.00 x 339,646, 0. 73,633 VP, GIEF VENTURES OFFICER 0.00 x 341,000, 0. 64,277 (1) SEARE MCRAY OFFICER 0.00 x 339,646, 0. 73,633 (2) GENERA BELL 45.00	Name and title	Average	(de	Position		Reportable	Reportable	Estimated			
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(8) HEATH GRAYSON 45.00 X 341,000. 0. 64,270 (9) GENEA BELL 45.00 X 341,000. 0. 64,270 (9) GENEA BELL 45.00 X 358,936. 0. 46,021 (10) SHAREE MCKENZIE 45.00 X 358,936. 0. 46,021 (10) SHAREE MCKENZIE 45.00 X 361,550. 0. 36,764 (11) CORINNE OSBORN 45.00 X 329,285. 0. 65,293 (12) JENNIFER SHECTER 45.00 X 326,880. 0. 31,066 (13) BENJAMIN MOSKOWITZ 45.00 X 331,974. 0. 32,502 (14) LIAM MCCORMACK 0.00 X 116,000. 0. (11,0,00) 0. VP, RESEARCH, TESTING & IN 0.00 X 116,000. 0. (12,0,0) 0.	(7) PETER DIRENZO	45.00									
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(9) GENEA BELL 45.00 X 358,936. 0. 46,021 (10) SHAREE MCKENZIE 45.00 X 361,550. 0. 36,764 (11) CORINNE OSBORN 45.00 X 361,550. 0. 36,764 (11) CORINNE OSBORN 45.00 X 329,285. 0. 65,293 (12) JENNIFER SHECTER 45.00 X 326,880. 0. 31,068 VP CHIEF CONTENT OFFICER 0.00 X 326,880. 0. 31,068 (13) BENJAMIN MOSKOWITZ 45.00 X 331,974. 0. 32,502 VP, INNOVATION LAB 0.00 X 116,000. 0. 0. (14) LIAM MCCORMACK 0.00 X 116,000. 0. 0.	(8) HEATH GRAYSON										
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(10) SHAREE MCKENZIE 45.00 X 361,550. 0. 36,764 VP CHIEF SOCIAL IMPACT OFFICER 0.00 X 361,550. 0. 36,764 (11) CORINNE OSBORN 45.00 X 329,285. 0. 65,293 (12) JENNIFER SHECTER 45.00 X 326,880. 0. 31,068 VP CHIEF CONTENT OFFICER 0.00 X 326,880. 0. 31,068 (13) BENJAMIN MOSKOWITZ 45.00 X 331,974. 0. 32,502 (14) LIAM MCCORMACK 0.00 X 116,000. 0. 0. VP, RESEARCH, TESTING & IN 0.00 X 116,000. 0. 0.	(9) GENEA BELL										
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(11) CORINNE OSBORN 45.00 X 329,285. 0. 65,293 SR DIR LABOR & EMPL RELS 0.00 X 329,285. 0. 65,293 (12) JENNIFER SHECTER 45.00 X 326,880. 0. 31,068 VP CHIEF CONTENT OFFICER 0.00 X 326,880. 0. 31,068 (13) BENJAMIN MOSKOWITZ 45.00 X 331,974. 0. 32,502 VP, INNOVATION LAB 0.00 X 331,974. 0. 32,502 (14) LIAM MCCORMACK 0.00 X 116,000. 0. 0. VP, RESEARCH, TESTING & IN 0.00 X 116,000. 0. 0.	(10) SHAREE MCKENZIE	45.00									
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(12) JENNIFER SHECTER 45.00 X 326,880. 0. 31,068 VP CHIEF CONTENT OFFICER 0.00 X 326,880. 0. 31,068 (13) BENJAMIN MOSKOWITZ 45.00 X 331,974. 0. 32,502 VP, INNOVATION LAB 0.00 X 331,974. 0. 32,502 (14) LIAM MCCORMACK 0.00 X 116,000. 0. 0. VP, RESEARCH, TESTING & IN 0.00 X 116,000. 0. 0.											
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(13) BENJAMIN MOSKOWITZ 45.00 x 331,974. 0. 32,502 VP, INNOVATION LAB 0.00 x 116,000. 0. 0.00 (14) LIAM MCCORMACK 0.00 x 116,000. 0. 0.00 VP, RESEARCH, TESTING & IN 0.00 x 116,000. 0. 0.00											
VP, INNOVATION LAB 0.00 X 331,974. 0. 32,502 (14) LIAM MCCORMACK 0.00 X 116,000. 0. 0.00 VP, RESEARCH, TESTING & IN 0.00 X 116,000. 0. 0.00 (15) ELLEN TAUS 2.00 0 0 0.00 0.00 0.00		0.00					X		326,880.	0.	31,068.
(14) LIAM MCCORMACK 0.00 X 116,000. 0.00 VP, RESEARCH, TESTING & IN 0.00 X 116,000. 0.00											
VP, RESEARCH, TESTING & IN 0.00 X 116,000. 0. 0. (15) ELLEN TAUS 2.00 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td>331,974.</td> <td>0.</td> <td>32,502.</td>							X		331,974.	0.	32,502.
(15) ELLEN TAUS 2.00											
	VP, RESEARCH, TESTING & IN							Х	116,000.	0.	0.
	CHAIR		Х						0.	0.	0.
(16) RUSSELL G. NOLES 2.00			-								
			х			<u> </u>			0.	0.	0.
(17) JOAQUIN ALVARADO	-										_
		0.00	Х						0.	0.	0. Form 990 (2023)

8

332007 12-21-23

Form 990 (2023)

Form 990 (2023) CONSUMER REPO									13-177643	4	Pa	age 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employees (continued)			
(A)	(B)			_ (0				(D)	(E)		(F)	
Name and title	Average	(do	not ch	Posi			one	Reportable	Reportable	Es	timate	:d
	hours per	box	, unles	s per	son i	is both	n an	compensation	compensation	an	nount	of
	week		cer and	u a u	recio	n/trus	lee)	from	from related		other	
	(list any	rector						the	organizations		pensa	
	hours for related	or di	ee			ated			N-2/1099-MISC/		om the	
	organizations	ustee	trust		æ	bens		(W-2/1099-MISC/	1099-NEC)	u v	anizati	
	below	ual tr	ional		ploye	t com		1099-NEC)			d relate Inizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			l	IIIZali	2112
(18) NIKITRA BAILEY	2.00	-	<u> </u>	0	¥	Ξē	Œ					
DIRECTOR (THRU 5/31/24)	0.00	х						0.	0.			0.
(19) MILLIE CHU BAIRD	2.00											
DIRECTOR	0.00	х						0.	0.			0.
(20) DEBORAH A. COWAN	2.00											
DIRECTOR	0.00	х						0.	0.			0.
(21) KATHLEEN ENGEL	2.00											
DIRECTOR (THRU 7/3/23)	0.00	х						0.	0.			0.
(22) STEPHEN P. HOOVER	2.00											
DIRECTOR	0.00	х						0.	0.			0.
(23) JOANNE HOVIS	2.00											
DIRECTOR	0.00	х						0.	0.			0.
(24) JAMESON KELLEHER	2.00											
DIRECTOR	0.00	х						0.	0.			0.
(25) KATHERINE MAHER	2.00											
DIRECTOR	0.00	х						0.	0.			0.
(26) WILLIE E. MAY	2.00											
DIRECTOR	0.00	Х						0.	0.			0.
1b Subtotal								5,720,355.	0.		706,	280.
c Total from continuation sheets to Part VI								0.	0.			0.
d Total (add lines 1b and 1c)								5,720,355.	0.		706,	280.
2 Total number of individuals (including but no	ot limited to th	ose	listeo	d ab	ove) wh	o re	eceived more than \$100,000	of reportable			
compensation from the organization												448
											Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	ey e	mpl	oye	e, or	hig	hest compensated employe	e on			
line 1a? If "Yes," complete Schedule J for su	uch individual									3	х	
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	nsa	tion	and	oth	ner compensation from the c	organization			
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual		4	Х	
5 Did any person listed on line 1a receive or a	ccrue comper	nsati	on fr	om a	any	unre	elate	ed organization or individual	for services			
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ch p	bers	on .				5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest con										tion fro	m	
the organization. Report compensation for t	he calendar ye	ear e	ndin	g w	ith c	or wi	thin I		I			
(A)	addraaa							(B)) (C		•
Name and business								Description of servi		compe	ISalioi	<u> </u>
GOOGLE, INC., 1600 AMPHITHEATRE PARK	VAY,									1 5	F 0 2	1 - 4
MOUNTAIN VIEW, CA 94043								SEARCH ENGINE MARKETI	.NG	15,	503,	154.
META PLATFORMS INC (FACEBOOK)										~	010	41.0
1601 WILLOW RD, MENLO PARK, CA 94025							_	MARKETING		6,	218,	412.
DIAMOND COMMUNICATIONS	51501										0.05	C 0 F
1209 31ST AVENUE, COUNCIL BLUFFS, IA	51201							FULFILLMENT SERVICES		4,	805,	625.
QUAD GRAPHICS	2020							DD TNMTNC		٨	721	131
N61 W23044 HARRY'S WAY, SUSSEX, WI 53 ACXIOM CORPORATION	2002						-	PRINTING		4,	731,	¥J4.
601 E THIRD STREET, LITTLE ROCK, AR	72201						-	INFORMATION TECHNOLOG	Y SERVICE	2	936,	070
2 Total number of independent contractors (ir		ot lin	nited	l to t	thos	se lie	-			- , - ,	,	
\$100,000 of compensation from the organiz	•	11			103							
SEE PART VII, SECTION A CONTINU		TS								Form	9 90 (2	2023)

332008 12-21-23

Part VII Section A. Officers, Directors, Tr		nplo	yee			ligno	est			
(A)	(B)	(C) Position						(D)	(E)	(F)
Name and title	Average hours per week	(c			that	app	ly)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensatio
	(list any hours for related organizations below line)	(list any hours for hiddle literate or director vidual trustee or director or	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organization					
27) IVAN ROSALES	2.00									
DIRECTOR (AS OF 10/18/23)	0.00	Х						0.	0.	
(28) BETSY D. SCOLNIK	2.00									
DIRECTOR (THRU 10/18/23)	0.00	Х						0.	0.	
(29) SONAL SHAH	2.00									
DIRECTOR	0.00	х						0.	0.	
(30) CALVIN SIMS	2.00									
DIRECTOR	0.00	Х						0.	0.	
(31) TAREN STINEBRICKNER-KAUFFMAN	2.00									
DIRECTOR	0.00	х						0.	0.	
(32) ASTRID VERMEER	2.00									
DIRECTOR	0.00	х						0.	Ο.	
(33) DAVID WAN	2.00									
DIRECTOR (AS OF 10/18/23)	0.00	х						0.	0.	
otal to Part VII, Section A, line 1c										

332201 04-01-23

		Check if Calcaded - C				whether the second line	in this Dout V/III			Г
		Check if Schedule O o	conta	ains a respo	nse (or note to any line	(A) (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 - {
IS	1 a	Federated campaigns		1a						
and Other Similar Amounts	b	Membership dues		1b						
Ĩ	с	Fundraising events		1c						
ar /	d	Related organizations		1d						
Ē	е	Government grants (contr	ibuti	ons) 1e		569,619.				
2	f	All other contributions, gifts,	grant	s, and						
the		similar amounts not included	abov	/e 1f		31,523,245.				
D	g	Noncash contributions included in	lines 1	a-1f 1g \$		89,235.				
an	h	Total. Add lines 1a-1f					32,092,864.			
						Business Code				
	2 a	ONLINE SUBSCRIP. SA	LES			900099	120,831,080.	109,926,108.	10,904,972.	
Ð	b	SUBSCRIP., NEWSSTAN	D			513110	84,318,669.	84,318,669.		
Revenue	с	DATA INTELLIGENCE				519190	4,170,954.	4,170,954.		
eve	d	TESTING REVENUE				541380	60,546.	60,546.		
r	е									
	f	All other program service	reve	nue						
	g	Total. Add lines 2a-2f			209,381,249.					
	3	Investment income (includ	ding	dividends, ir	ntere	st, and				
		other similar amounts)					3,720,804.			3,720,8
	4	Income from investment of	of tax	exempt bo	nd p	roceeds				
	5	Royalties	. <u></u>				485,360.			485,3
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses \dots	6b							
	с	Rental income or (loss)	6c							
	d	Net rental income or (loss)) <u></u>							
	7 a	Gross amount from sales of		(i) Securiti		(ii) Other				
		assets other than inventory	7a	63,145,5	97.					
	b	Less: cost or other basis								
		and sales expenses	7b	42,682,7	69.					
	с	Gain or (loss)	7c	20,462,8	28.					
	d	Net gain or (loss)			. <u></u>		20,462,828.			20,462,8
	8 a	Gross income from fundraising	ng ev	ents (not						
		including \$		of						
		contributions reported on								
		Part IV, line 18			8a					3,720,8
	b	Less: direct expenses			8b					
		Net income or (loss) from		•	ts					
	9 a	Gross income from gamin	-							
		Part IV, line 19			9a					
		Less: direct expenses			9b					
		Net income or (loss) from			°					
	10 a	Gross sales of inventory, I								
	_	and allowances			10a					
		Less: cost of goods sold			10b					
+	С	Net income or (loss) from	sales	s of inventor	у					
						Business Code				
an	11 a									
/en	b									
Kevenue	с.									
1		All other revenue				L				
		Total. Add lines 11a-11d					266 142 105	100 476 075	10 004 070	24 662 2
	12	Total revenue. See instruction	ons				266,143,105.	198,476,277.	10,904,972.	24,668,9

Page 10

CONSUMER REPORTS, INC. 13-1776434 Form 990 (2023) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b, Total expenses Program service Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 10,000 10,000 and domestic governments. See Part IV, line 21 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 Benefits paid to or for members 4 5 Compensation of current officers, directors, 2,253,418 trustees, and key employees 4,102,911. 1,849,493. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 86,573,824. 69,287,470. 15,353,233. 1,933,121. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 8,551,341 6,930,784. 1,423,453 197,104. 11,329,953 14,134,214 2,484,675 319,586. 9 Other employee benefits 6,640,270, 5,314,395 1,177,603 148,272. 10 Payroll taxes Fees for services (nonemployees): 11 Management а 269,700. 256,341, 13,359. b Legal 428,875. 428,875 С Accounting Lobbying d 154,822. 154,822. Professional fundraising services. See Part IV, line 17 е Investment management fees 470,642. 470,642. f Other. (If line 11g amount exceeds 10% of line 25, g 14,418,570 12,931,110 1,467,324 20,136. column (A), amount, list line 11g expenses on Sch 0.) 32,021,204 31,572,904, 40,930 407,370. Advertising and promotion 12 528,783 443,948 80,846 3,989. 13 Office expenses _____ 6,378,580. 7,989,204 1,545,858 64,766. Information technology 14 Royalties 15 3,217,503 2,486,134. 724,799 6,570. 16 Occupancy 787,224, 116.398 906,535 2,913. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 299,101 238,718. 59,725. 658. Conferences, conventions, and meetings 19 14,595. 14,595 20 Interest Payments to affiliates 21 17,161,403, 16,676,339, 456,317 28,747. 22 Depreciation, depletion, and amortization 1,432,052. 1,432,052. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),

23,004,120.

13,548,071

11,984,215.

4,231,761

12,329,478,

264,423,194

12

332010 12-21-23

а

b

С

d

е

25 26

Form 990 (2023)

3,608,255.

2,195,376.

1,500,926.

10,793,336.

187,366.

Check here

amount, list line 24e expenses on Schedule 0.)

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

POSTAGE AND SHIPPING

ORDER PROCESSING

PRODUCT TESTING

All other expenses

PRINTING & PUBLICATION

4,430

28,877.

1,774,513

31,595,610

706

19,391,435,

11,351,989

10,454,412.

4,231,761

10,367,599

222,034,248

Page **11** 13-1776434

		Check if Schedule O contains a response or not	te to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,036,601.	1	826,486.
	2	Savings and temporary cash investments			17,391,744.	2	38,873,223.
	3	Pledges and grants receivable, net			2,499,378.	3	1,693,213.
	4	Accounts receivable, net		6,850,437.	4	10,858,879.	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described		6			
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use	4,607,972.	8	4,509,194.		
As	9	B			8,323,739.	9	8,743,111.
		Land, buildings, and equipment: cost or other		Γ			
		basis. Complete Part VI of Schedule D	10a	259,514,751.			
	b	Less: accumulated depreciation		211,800,014.	53,426,063.	10c	47,714,737.
	11	Investments - publicly traded securities		361,329,959.	11	352,280,791.	
	12	Investments - other securities. See Part IV, line			12	, ,	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	6,645,980.	15	8,042,673.		
	16	Total assets. Add lines 1 through 15 (must equ			462,111,873.	16	473,542,307.
	17	Accounts payable and accrued expenses			23,580,399.	17	24,439,716.
	18	Grants payable				18	
	19	Deferred revenue			104,736,696.	19	104,063,249.
	20	Tax-exempt bond liabilities			30,615,000.	20	28,905,000.
	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to any current or forn					
Liabilities		trustee, key employee, creator or founder, subs					
ilidi		controlled entity or family member of any of the		22			
Lia	23	Secured mortgages and notes payable to unrela		23			
	24	Unsecured notes and loans payable to unrelate		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pa		Γ			
		parties, and other liabilities not included on line					
		of Schedule D			23,239,851.	25	19,065,422.
	26	Total liabilities. Add lines 17 through 25			182,171,946.	26	176,473,387.
		Organizations that follow FASB ASC 958, che	eck here		· ·		
es		and complete lines 27, 28, 32, and 33.					
anc	27				272,554,032.	27	294,220,679.
Bala	28	Net assets with donor restrictions	7,385,895.	28	2,848,241.		
Ъ		Organizations that do not follow FASB ASC 9			, ,		
Ъ		and complete lines 29 through 33.	,				
p	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or ea				30	
Ass	31	Retained earnings, endowment, accumulated in			31		
Net Assets or Fund Balances	32	Total net assets or fund balances			279,939,927.	32	297,068,920.
Ż	33	Total liabilities and net assets/fund balances			462,111,873.	33	473,542,307.
	00	i otai napinties and het assets/lunu paialices			,,0,0,0,	00	Earm 990 (2022)

Form 990 (2023)

Form	990 (2023) CONSUMER REPORTS, INC.	13-17764	34	Pa	_{ge} 12
	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	266	,143,	105.
2	Total expenses (must equal Part IX, column (A), line 25)	2	264	,423,	194.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,719,	911.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	279	,939,	927.
5	Net unrealized gains (losses) on investments	5	19	,831,	116.
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	-4	,422,	034.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	297	,068,	920.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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?		2b	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:				
	X Separate basis 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2023)

332012 12-21-23

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047	
2023	

Open to Public

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Do	irt I	Reason for Public (ER REPORTS, INC		omplata th	ic nort) C			13-1776434
							ee instructions.		
	organ	ization is not a private found			•		•\/ • \/:\		
1 2	\square	A church, convention of church A school described in sect	•)(מ)סיד ח	I)(A)(I).		
2	\square			-		(L)(1)(A)(;;	::)		
4	\square	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
4		city, and state:	ation operated in col	ijunction with a nospital	uescribeu	III Sectio		nj. Linter	the hospital s hame,
5			or the benefit of a col	llege or university owned	l or operati	ed by a do	vernmental unit	describe	ad in
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6		A federal, state, or local gov		pental unit described in	section 17	70(b)(1)(A)	60		
	X	An organization that norma	-					aonoral r	ublic described in
'		section 170(b)(1)(A)(vi). (C		India part of its support in	on a gove	minenta		general	
8		A community trust describe		(1)(A)(vi) (Complete Par	+ 11)				
9	\square	An agricultural research org				ed in coniu	inction with a la	nd-arant	college
Ŭ		or university or a non-land-g							
		university:	frank conogo or agrio			lame, eny	, and blace of th	le conoge	
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns. membership	fees, and	d aross receipts from
		activities related to its exem					· ·		•
		income and unrelated busir							
		See section 509(a)(2). (Con		,		•	, 0		,
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functio	ns of, or to carry	/ out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section &	509(a)(2).	See section 50	9(a)(3). (Check the box on
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and 1	2g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), typ	ically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustees	of the su	ipporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organization(s), by hav	ing
		control or management o			ame perso	ns that co	ntrol or manage	the supp	oorted
		organization(s). You mus	•						
С		Type III functionally inte					-	integrate	d with,
	_	its supported organization		•					
d		Type III non-functionally					• •	•	
		that is not functionally int			•			n attentiv	reness
		requirement (see instructi	,	. ,				Turne III	
е		Check this box if the orga					туре ї, туре її,	туре ш	
f	Ento	functionally integrated, or							
f		er the number of supported on vide the following informatior	•	d organization(s).					
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of m	nonetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	in your governi Yes	No	support (see inst	ructions)	support (see instructions)
Tota	al								

Part II

CONSUMER REPORTS, INC.

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.)

Section A. Public Support **(a)** 2019 Calendar year (or fiscal year beginning in) (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 36,061,646. 32,905,583. 32,092,864. 173,685,112. 31,958,978 40,666,041 2 Tax revenues levied for the organization'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 31 958 978. 36,061,646, 40,666,041, 32,905,583. 32,092,864. 173,685,112. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1,872,883. 171,812,229. 6 Public support. Subtract line 5 from line 4 Section B. Total Support **(c)** 2021 (e) 2023 Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (d) 2022 (f) Total 31,958,978, 36,061,646. 40,666,041. 32,905,583. 32,092,864. 173,685,112. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 2,100,633. 2,675,234 4,206,164. 2,426,959. 3,583,021. 14,992,011. and income from similar sources 9 Net income from unrelated business activities, whether or not the 3,287,901, 4.771.700. 3,417,919. 3,083,323. 3,117,862, 17,678,705. business is regularly carried on **10** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 206,355,828. **11 Total support.** Add lines 7 through 10 1,052,197,993. 12 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 83.26 14 % 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2022 Schedule A, Part II, line 14 81.66 15 % 16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2023

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Page 2

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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (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						
7a Amounts included on lines 1, 2, and						
3 received from disgualified 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						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
9 Amounts from line 6						
10a 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						
c Add lines 10a and 10b						
11 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 t	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgai	nization,
check this box and stop here						
Section C. Computation of Publ	ic Support Per	rcentage				
15 Public support percentage for 2023	(line 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 202	2 Schedule A, Part	III, line 15			16	%
Section D. Computation of Inve	stment Income	e Percentage				
17 Investment income percentage for 2	.023 (line 10c, colur	mn (f), divided by	line 13, column (f)))	17	%
18 Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2023. If the	e organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and	line 17 is not
more than 33 1/3%, check this box a	and stop here. The	organization qua	lifies as a publicly	supported organiz	ation	
b 33 1/3% support tests - 2022. If the	e organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/	'3%, and
line 18 is not more than 33 1/3%, ch	eck this box and st	t op here. The org	anization qualifies	as a publicly supp	orted organiza	ation
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	
332023 12-21-23					Schee	dule A (Form 990) 2023
		17	7			

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1

2

Yes No

Part IV Supporting Organizations

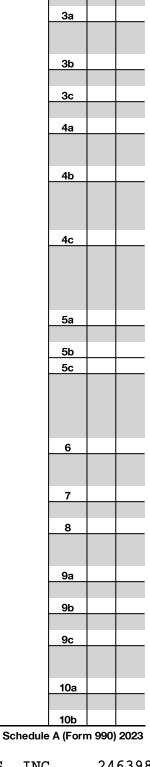
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

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Schedule A (Form 990) 2023 C	ONSUMER	REPORTS,	INC.
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Part IV Supporting Organizations (continued)

Yes

1

2

No

No

		Yes	No
		res	INO
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described on line 11a above?	11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		
Section B. Type I Supporting Organizations			

	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? <i>If "No," describe in</i> Part VI <i>how the supported organization(s)</i> 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. 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,

<u>supervised, or controlled the supporting organization.</u> Section C. Type II Supporting Organizations

			Yes
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 ergonization(s)	1	

Section 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 Test during the year (see instructi	1	1	1	Check the box next to the metho	od that the organization use	d to satisfy the Integral Par	t Test during the year	r (see instructior
--	---	---	---	---------------------------------	------------------------------	-------------------------------	------------------------	--------------------

- 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.*

c [The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see in	struction <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.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

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Yes No

Sche	dule A (Form 990) 2023 CONSUMER REPORTS, INC.			13-1776434 Pa
Par	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ing trust on	Nov. 20, 1970 (explain ii	Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations must	st complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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		

~ -

Section 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	7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see				

instructions).

Schedule A (Form 990) 2023

Page 6

See instructions.

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Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	ection D - Distributions Current Year								
_1	Amounts paid to supported organizations to accomplish exe		1						
2	Amounts paid to perform activity that directly furthers exemp								
	organizations, in excess of income from activity		2						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3					
4	Amounts paid to acquire exempt-use assets			4					
5	Qualified set-aside amounts (prior IRS approval required - prior	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	ne organization is responsive							
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2023 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount		1	0					
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023		(iii) Distributable Amount for 2023				
_1	Distributable amount for 2023 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2023 (reason-								
	able cause required - explain in Part VI). See instructions.			_					
3	Excess distributions carryover, if any, to 2023								
a	From 2018								
b	From 2019								
C	From 2020								
d	From 2021								
e	From 2022								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years			_					
<u>h</u>	Applied to 2023 distributable amount								
i	Carryover from 2018 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2023 from Section D,								
	line 7: \$			_					
a	Applied to underdistributions of prior years			_					
b	Applied to 2023 distributable amount								
C	Remainder. Subtract lines 4a and 4b from line 4.			_					
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2024. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
	Excess from 2019								
	Excess from 2020								
	Excess from 2021								
	Excess from 2022								
е	Excess from 2023								

Schedule A (Form 990) 2023

332027 12-21-23

CONSUMER REPORTS, INC.

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

PART I, LINE 7

ACCORDING TO THE BUSINESS MASTER FILE, CONSUMER REPORTS, INC. IS EXEMPT

WITH THE IRS UNDER SECTION 509(A)(2). HOWEVER, TO SUPPORT THE USE OF

SPECIAL 2% RULE FOR REPORTING CONTRIBUTIONS ON SCHEDULE B, THE

ORGANIZATION HAS FILLED OUT PART II.

16020314 153541 246398

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information



Employer identification number

13-1776434

CONSUMER REPORTS, INC.

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set is the set in the set is the set in the set is the set is the set in the set is the set in the set is t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

	B (Form 990) (2023)		Page 2
Name of or	rganization		Employer identification number
CONSUMER	R REPORTS, INC.		13-1776434
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
1		- \$\$1,199,	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		_ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		- \$\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
	-23	- \$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

2

	B (Form 990) (2023)		Page 3
Name of o	rganization		Employer identification number
CONSUMER	R REPORTS, INC.		13-1776434
Part II	Noncash Property (see instructions). Use duplicate copies of Part	Il if additional space is needed	J.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
323453 12-26	3-23		Schedule B (Form 990) (2023)

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2023.05060 CONSUMER REPORTS, INC. 246398_1

Schedule B (Form 990)	(2023)
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Page 4

ame of or	ganization		Employer i	dentification numbe
NSUMER	REPORTS, INC.		13-17	76434
Part III		a) through (e) and the following line entricharitable, etc., contributions of \$1,000 or l	tion 501(c)(7), (8), or (10) that total more	than \$1,000 for the ye
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of h	ow gift is held
Part I				
-		(e) Transfer of gift		
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to tr	ansferee
			1	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of he	ow gift is held
		(e) Transfer of gift		
-	Transferee's name, address,		Relationship of transferor to tr	ansferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of h	ow gift is held
		(e) Transfer of gift		
	Transferee's name, address,		Relationship of transferor to tr	ansferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of h	ow gift is held
ŀ				
ŀ	Transferee's name, address,	and ZIP + 4	Relationship of transferor to tr	ansferee
454 12-26-	-23	I	Sch	edule B (Form 990) (2

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26 2023.05060 CONSUMER REPORTS, INC. 246398_1

SC	HE	DU	LE	С

Department of the Treasury

Internal Revenue Service

(Form 990)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

• Section 527 organizations: Complete Part I A only.

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

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

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

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nan	ne of organization				Emplo	oyer identification number
	CONSUMER RI	EPORTS, INC.				13-1776434
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 52	7 org	janization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures				
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c)((3).		
2 3 4a	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a sectio Was a correction made?	incurred by organization manage n 4955 tax, did it file Form 4720	ers under section 4955 for this year?	; 	\$	Yes No
Pa	art I-C Complete if the org	anization is exempt und	er section 501(c),	except section 5	01(c)	(3).
	Enter the amount directly expended				\$	
2	Enter the amount of the filing organ	ization's funds contributed to ot	her organizations for se	ection 527		
	exempt function activities				\$	
3	Total exempt function expenditures	. Add lines 1 and 2. Enter here a	nd on Form 1120-POL	•		
	line 17b					
4	Did the filing organization file Form	1120-POL for this year?				Yes No
5	Enter the names, addresses, and er made payments. For each organiza contributions received that were pro- political action committee (PAC). If	tion listed, enter the amount pair omptly and directly delivered to a	d from the filing organiz a separate political org	zation's funds. Also en anization, such as a se	ter the	amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fi filing organization funds. If none, ente	n's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2023

OMB No. 1545-0047

Open to Public

Inspection

23

LHA 332041 11-06-23

Schedule C (Form 990) 2023 CC	NSUMER REPORTS	, INC.		13-1	776434	Page 2
Part II-A Complete if the organ			n 501(c)(3) and file	d Form 5768 (el	ection und	er
section 501(h)).						
A Check if the filing organization	on belongs to an aff	liated group (and list i	in Part IV each affiliated	group member's nam	ne, address, E	IN,
expenses, and share	of excess lobbying	expenditures).				
B Check if the filing organization	on checked box A a	nd "limited control" pr	ovisions apply.			
Limits	on Lobbying Expe	nditures		(a) Filing	(b) Affiliate	•
		ints paid or incurred	.)	organization's totals	total	S
1a Total lobbying expenditures to influe	nce public opinion (grassroots lobbying)				
b Total lobbying expenditures to influe	nce a legislative bo	dy (direct lobbying)				
c Total lobbying expenditures (add line	s 1a and 1b)					
d Other exempt purpose expenditures						
e Total exempt purpose expenditures (add lines 1c and 1c	l)				
f Lobbying nontaxable amount. Enter	the amount from th	e following table in bo	th columns.			
If the amount on line 1e, column (a) or (b) is: The lot	bying nontaxable an	nount is:			
not over \$500,000,	20% of	the amount on line 1e).			
over \$500,000 but not over \$1,000,0	00, \$100,0	00 plus 15% of the ex	cess over \$500,000.			
over \$1,000,000 but not over \$1,500	,000, \$175,0	00 plus 10% of the ex	cess over \$1,000,000.			
over \$1,500,000 but not over \$17,00	over \$1,500,000 but not over \$17,000,000, \$225,000 plus 5% of the excess over \$1,500,000.					
over \$17,000,000,	\$1,000	000.				
g Grassroots nontaxable amount (ente	r 25% of line 1f)					
h Subtract line 1g from line 1a. If zero o	or less, enter -0-					
i Subtract line 1f from line 1c. If zero c	r less, enter -0					
j If there is an amount other than zero	on either line 1h or	line 1i, did the organiz	zation file Form 4720			
reporting section 4911 tax for this ye	ar?				Yes	No
	4-Year Av	eraging Period Unde	r Section 501(h)			
(Some organizations tha		01(h) election do not ate instructions for l		f the five columns b	elow.	
	Lobbying Expe	nditures During 4-Ye	ear Averaging Period			
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) To	otal
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2023

332042 11-06-23

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)
	lobbying activity.	Yes	No	,	Amo	ount
1	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:	x				
a L	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		-		
			x			
	Media advertisements?	X				43,189.
		x				181,869.
			x			
		x				71,112.
-	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	x				4,464.
			x			-,
-	Other activities? Total. Add lines 1c through 1i					300,634.
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		x			
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			- F		
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A Complete if the organization is exempt under section 501(c)(4), section	1 501(c)(5). or	sect	ion	
	501(c)(6).		-,,			
					Yes	Νο
1	Were substantially all (90% or more) dues received nondeductible by members?		Г	1		
2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?		····	2		
2	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			3		
	t III-B Complete if the organization is exempt under section 501(c)(4), section			-	ion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '					3. is
	answered "Yes."		()		.,	-,
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic		···· -	•		
2	expenses for which the section 527(f) tax was paid).	a				
2				2a		
				2a 2b		
	Carryover from last year			20 2c		
3	Total 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		···· -	3		
4	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po					
	ovponditures next year?			4		
5	Taxable amount of lobbying and political expenditures. See instructions		···· -	5		
Par				5		
		lict): Dort II	A lines	1 000	1 2 (000	
	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	iisi), Fart ii-	A, intes	s i and	1 2 (See	
	<pre>ictions); and Part II-B, line 1. Also, complete this part for any additional information. II-B, LINE 1, LOBBYING ACTIVITIES:</pre>					
LINE	1A: VOLUNTEERS TESTIFY BEFORE CONGRESS AND STATE LEGISLATURES;					
SPEA	K AT PRESS CONFERENCES REGARDING STATE AND FEDERAL LEGISLATION;					
LOBE	Y LEGISLATORS.					

LINE 1B - PAID STAFF OR MANAGEMENT: PLEASE SEE BELOW ACTIVITIES, AS

Schedule C (Form 990) 2023

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CONSUMER REPORTS, INC.

Part IV | Supplemental Information (continued)

STAFF

AND MANAGEMENT ARE INCLUDED IN THOSE ACTIVITIES AND TOTALS.

LINE 1D - MAILING TO MEMBERS, LEGISLATORS, OR THE PUBLIC: LETTERS AND

EMAILS TO STATE OR FEDERAL LEGISLATORS AND STAFF REGARDING LEGISLATION;

EMAIL ACTION ALERTS REGARDING STATE OR FEDERAL LEGISLATION TO OUR

MEMBERS OR ACTIVISTS.

LINE 1E - PUBLICATIONS, OR PUBLISHED OR BROADCAST STATEMENTS: LOBBYING

MESSAGES REGARDING LEGISLATION THAT APPEAR IN CONSUMER REPORTS AND ITS

OTHER PUBLICATIONS.

LINE 1G - DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT

OFFICIALS, OR LEGISLATIVE BODY: FACE-TO-FACE MEETINGS OR ; TELEPHONE

CALLS WITH STATE OR FEDERAL LEGISLATORS, INCLUDING TRAVEL TIME.

LINE 1H - RALLIES, DEMONSTRATIONS, SEMINARS, CONVENTIONS,

SPEECHES, LECTURES, OR ANY SIMILAR MEANS: SPEECHES; RALLIES; CONFERENCES

WHERE CR STAFF SUPPORTS OR OPPOSES STATE OR FEDERAL LEGISLATION

PUBLICLY.

Schedule C (Form 990) 2023

332044 11-06-23

		• • • •			
SC	HEDULE D		al Financial Statements		OMB No. 1545-0047
(Forr	n 990)		nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2023
Depart	ment of the Treasury	Α	uttach to Form 990.		Open to Public
	I Revenue Service		0 for instructions and the latest information.		
Nam	e of the organizatio	CONSUMER REPORTS, INC.			r identification number 13-1776434
Pa		-	d Funds or Other Similar Funds or Ac	counts.	Complete if the
	organization	n answered "Yes" on Form 990, Part IV, lin			
			(a) Donor advised funds	b) Funds ar	d other accounts
1		d of year			
2		contributions to (during year)			
3		grants from (during year)			
4 5		end of year	L I writing that the assets held in donor advised func	le	
5	-		exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be used o		
	•	e	r donor advisor, or for any other purpose conferr	2	
	impermissible priva	ate benefit?			Yes No
Pa	rt II Conserva	ation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part IV,	line 7.	
1	Purpose(s) of conse	ervation easements held by the organization	on (check all that apply).		
	Preservation	of land for public use (for example, recrea	tion or education)	orically impo	rtant land area
		natural habitat	Preservation of a certi	fied historic	structure
_		of open space			
2	•	o o 1	fied conservation contribution in the form of a con		asement on the last at the End of the Tax Year
-	day of the tax year.				
a b				2a 2b	
b C	0	icted by conservation easements vation easements on a certified historic stru	ucture included on line 23	20 2c	
		vation easements included on line 2c acqu		20	
ŭ		•		2d	
3			eased, extinguished, or terminated by the organi	· · · · ·	g the tax
	year	· · ·			•
4	Number of states w	where property subject to conservation eas	sement is located		
5	Does the organizati	ion have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violations, and enfo	prcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer	hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservatio	n easement	s during the year
_					
7	Amount of expense	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation eas	sements dui	ing the year
0			a satisfy the requirements of section $170/h/(4)/P/(i)$		
8	and section 170(h)		satisfy the requirements of section 170(h)(4)(B)(i)		Yes No
9			on easements in its revenue and expense statem		
•		•	note to the organization's financial statements that		the
_	organization's acco	ounting for conservation easements.	-		
Pa			Art, Historical Treasures, or Other S	imilar As	sets.
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization e	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bala	ince sheet v	vorks
	of art, historical trea	asures, or other similar assets held for put	blic exhibition, education, or research in furtherar	ice of public	:
_			ncial statements that describes these items.		
b	-		8, to report in its revenue statement and balance		
			exhibition, education, or research in furtherance	or public se	ervice,
	-	ng amounts relating to these items.		¢	
				•	
2	.,		asures, or other similar assets for financial gain, r		
_	-	ints required to be reported under FASB A			
а	-			\$	
b					

LHA For Paperwor	k Reduction Act Notice, see the Instructions for Form 990.
332051 09-28-23	

, INC.

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2023.05060	CONSUMER	REPORTS

Sche		EPORTS, INC.					13-177		P	_{age} 2
Pa	rt III Organizations Maintaining C	ollections of Ar	t, Historical T	reasures, or	Other	Similar	Assets	(contin	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of th	e following that	make sig	nificant u	ise of its			
	collection items (check all that apply).									
а	Public exhibition	d	I 🗌 Loan or e	exchange progra	m					
b	Scholarly research	е	e 🗌 Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they furthe	r the organizatio	n's exemp	ot purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical tr	easures, or othe	r similar a	ssets				
	to be sold to raise funds rather than to be ma							Yes		No
Pa	rt IV Escrow and Custodial Arran		te if the organizat	ion answered "Y	es" on Fo	orm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	an, or other intermed	diary for contribut	ions or other ass	sets not ir	ncluded		_		_
	on Form 990, Part X?						🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amoun	t	
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f		_		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or	custodial accou	int liability	/?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.							<u></u>		
Pa	rt V Endowment Funds Complete if									
		(a) Current year	(b) Prior year	(c) Two years	s back 🛛 🕻	d) Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr		e (line 1g, column	(a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held	and administere	ed for the			1		
	organization by:								Yes	No
	(i) Unrelated organizations?							3a(i)		
								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza			3?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Pa	t VI Land, Buildings, and Equipm			0 5 000	B 1 V F	10				
	Complete if the organization answere									
	Description of property	(a) Cost or o basis (investr	• • •	ost or other sis (other)	• •	cumulate reciation	d	(d) Boo	k valu	e
1a	Land			11,935,255.				11	935,	255.
b	Buildings			75,166,598.	5	6,690,	093.	18	476,	505.
с	Leasehold improvements			795,261.		795,	261.			٥.
d				28,344,822.	2	6,108,	465.	2	236,	357.
e	Other		1	43,272,815.	12	8,206,	195.	15	066,	620.
Tota	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	oual Form 990. Part	X. line 10c. colur	nn (B))				47	714,	737.

Schedule D (Form 990) 2023

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Part IX Other Assets Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1)			()
(2)			
(2)			
(3)			
(3) (4)			
(3) (4) (5)			
(3) (4)			
(3) (4) (5) (6) (7)			
(3) (4) (5) (6) (7) (8)			
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities			
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of			
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the organization of the bility			(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line		
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability	on Form 990, Part IV, line		8,982,410
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line		(b) Book value
(3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) CHARITABLE GIFT ANNUITY AND CRUT LIABI	on Form 990, Part IV, line		8,982,410
(3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of (1) Federal income taxes (2) CHARITABLE GIFT ANNUITY AND CRUT LIABI (3) 457(B) LIABILITY	on Form 990, Part IV, line		8,982,410 5,606,696 1,347,000
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) CHARITABLE GIFT ANNUITY AND CRUT LIABI (3) 457 (B) LIABILITY (4) LIFETIME SUBSCRIBER LIABILITY	on Form 990, Part IV, line		8,982,410 5,606,696 1,347,000 939,000
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) CHARITABLE GIFT ANNUITY AND CRUT LIABI (3) 457 (B) LIABILITY (4) LIFETIME SUBSCRIBER LIABILITY (5) RIGHT OF USE LIABILITIES	on Form 990, Part IV, line		8,982,410 5,606,696 1,347,000 939,000
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of (1) Federal income taxes (2) CHARITABLE GIFT ANNUITY AND CRUT LIABI (3) 457 (B) LIABILITY (4) LIFETIME SUBSCRIBER LIABILITY (5) RIGHT OF USE LIABILITIES (6) OTHER LIABILITY	on Form 990, Part IV, line		8,982,410 5,606,696
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) CHARITABLE GIFT ANNUITY AND CRUT LIABI (3) 457 (B) LIABILITY (4) LIFETIME SUBSCRIBER LIABILITY (4) LIFETIME SUBSCRIBER LIABILITY (5) RIGHT OF USE LIABILITIES (6) OTHER LIABILITY (7)	on Form 990, Part IV, line		8,982,41 5,606,69 1,347,00 939,00

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

Schedule D (Form 990) 2023

332053 09-28-23

Sche	dule D (Form 990) 2023 CONSUMER REPORTS, INC.				76434	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statements	With I	Revenue per Ret	turn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	281,19	6,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	19,831,116.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	-4,422,027.			
е	Add lines 2a through 2d			2e	15,40	9,089.
3	Subtract line 2e from line 1			3	265,78	6,911.
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	356,194.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c	35	6,194.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	266,14	3,105.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statement	s With	Expenses per R	eturn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	264,06	7,000.
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.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	264,06	7,000.
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	356,194.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c	35	6,194.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	264,42	3,194.
Pa	rt 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.

PART	x,	LINE	2:
------	----	------	----

FIN 48 UNCERTAINTY IN TAXES

UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE CODE, CR IS EXEMPT FROM

TAXES ON INCOME, EXCEPT FOR UNRELATED BUSINESS INCOME RELATED TO REFERRAL

FEES DESCRIBED IN NOTE 2(A). FOR THE YEARS ENDED MAY 31, 2024 AND 2023,

PROVISIONS FOR INCOME TAXES WERE \$907 AND \$999, RESPECTIVELY.

IN ACCORDANCE WITH ASC TOPIC 740, INCOME TAXES, CR EVALUATED ITS TAX

POSITIONS AND DETERMINED THAT ALL ARE MORE LIKELY THAN NOT TO BE SUSTAINED

UPON EXAMINATION. ACCORDINGLY, CR BELIEVES THAT THERE ARE NO UNRECOGNIZED

BENEFITS OR APPLICABLE INTEREST AND PENALTIES THAT SHOULD BE RECORDED.

332054 09-28-23

-5,127,394.

-207,072.

912,439.

-4,422,027.

Part XIII Supplemental Information (continued)

cr's tax returns for the fiscal years ended may 31, 2023, 2022, and 2021

ARE SUBJECT TO EXAMINATION BY FEDERAL, STATE, AND LOCAL AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PENSION RELATED CHARGES

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS

TOTAL TO SCHEDULE D, PART XI, LINE 2D

UNREALIZED GAIN ON INTEREST RATE SWAP

Schedule D (Form 990) 2023

332055 09-28-23

35 2023.05060 CONSUMER REPORTS, INC. 246398_1

Department of the Treasury	Attach to Form 990.					Open to Public	
Internal Revenue Service	Go to w	ww.irs.gov/Form	990 for instructions and the latest i			Inspect	
Name of the organization				E	Employer ic	dentifica	tion number
CONSUMER REPORTS, IN	IC.				13-17764	434	
		ctivities Out	side the United States. Comple	ete if the organiza			" on
 Form 990, Pa				5			
1 For grantmakers. D	oes the organizatior	n maintain record	ls to substantiate the amount of its gra	nts and other ass	sistance,		
the grantees' eligibili	ty for the grants or a	assistance, and t	he selection criteria used to award the	grants or assista	nce?	. 🛄 Ye	es 🔄 No
2 For grantmakers. D United States.	escribe in Part V the	e organization's p	procedures for monitoring the use of its	s grants and othe	r assistance	e outside	the
	(The following Part	I line 3 table ca	n be duplicated if additional space is n	eeded)			
(a) Region	(b) Number of		(d) Activities conducted in the region	(e) If activity	y listed in (d	l)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-		am service,		expenditures
	in the region	independent	gram services, investments, grants to		pecific type		for and investments
		contractors in the region	recipients located in the region)	of service(s)	in the regio	n	in the region
EUROPE	0	0	PROGRAM SERVICES	PUBLICATION I	INFO.		983,475.
NORTH AMERICA	0	0	PROGRAM SERVICES	PUBLICATION I	INFO		686,451.
							,
3 a Subtotal	0	0					1,669,926.
b Total from continuati							
sheets to Part I	0	0					0.
c Totals (add lines 3a							

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

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

0

0

Schedule F (Form 990) 2023

1,669,926.

OMB No. 1545-0047

23

LHA 332071 11-29-23

and 3b)

SCHEDULE F (Form 990)

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023 CONSUMER REPORTS, INC.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

Page **2**

13-1776434

(b) Region

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance

Schedule F (Form 990) 2023 CONSUMER REPORTS, INC.

(c) Number of

recipients

(g) Description of

noncash assistance

13-1776434

(f) Amount of

noncash assistance

Schedule F (Form 990) 2023

Page 3

(h) Method of valuation (book, FMV, appraisal, other)

(e) Manner of

cash disbursement

(d) Amount of

cash grant

i ai t			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2023

13 - 1776434

332074 11-29-23

	(Form 990) 2023 Supplemental	CONSUMER	/	
	ouppicmentai	mormat		

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 3, COLUMN (F)

THE ACCRUAL METHOD OF ACCOUNTING WAS USED IN PART I, LINE 3, COLUMN

(F).

Schedule F (Form 990) 2023

16020314 153541 246398

SCHEDULE G (Form 990) Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545:0047 Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number 13-1776434 Name of the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Employer identification number 13-1776434 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a a M all solicitations e Solicitation of non-government grants b X Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising services? X Yes No b In-person solicitations g Special fundraisers pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Amount paid for retained by) form activity (ii) Amount paid for retained by) for activity (ii) Amount paid for oretained by) for activity (ii) Amount paid for retained by) for activity <t< th=""></t<>
Deparation of the organization Inspection Name of the organization Employer identification number 13-1776434 Part Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations e X Solicitation of non-government grants b X Internet and email solicitations f Solicitation of government grants b X a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iv) Armount paid (or retained by) fundraiser (vi) Armount paid (or retained by) form activity (vi) Armount paid (or retained by) form activity (vi) Armount paid (or retained by) for activity GIFT STRATEGIES LLC - 1539 PLANNED GIVING & BEQUEST FALL RIVER AVE, SERKONK, MA PROG, DEV. AND LEADERSHIP <t< th=""></t<>
Operating Revenue Service Co to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification number 13-1776434 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a 3 Mail solicitations e X Solicitation of non-government grants b X Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events X Yes d In-person solicitations g Special fundraising services? X Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Activity (iii) Did Undraiser broomstructure ontend by fundraiser (v) Amount paid to (or retained by) fundraiser GIFT STRATEGIES LLC - 1539 PLANNED GIVING & BEQUEST FALL RIVER AVE, SEEKONK, MA PROG, DEV. AND LEADERSHIP X 0. 24,250. -24,250. FREEWILL CO - PO BOX 501051, FREEWILL CO - PO BOX 501051,
CONSUMER REPORTS, INC. 13-1776434 Part1 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations e X Solicitation of non-government grants b X Internet and email solicitations f Solicitation of government grants c Phone solicitations c Phone solicitations g Special fundraising events d X Inderaise No 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iv) Amount paid to (or retained by) fundraiser isto be control of
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations e X Solicitation of non-government grants b X Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d X In-person solicitations g Special fundraising services? X Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. No International difference by fundraiser is to be compensated at least \$5,000 by the organization. (ii) Activity (iii) Activity for activity for activity for activity fundraiser is to be compensated at least \$5,000 by the organization. (iv) Gross receipts for activity fundraiser is to be compensated at least \$5,000 by the organization. (ii) Activity (iii) Activity for activity for activity for activity fundraiser is to be compensated at least \$5,000 by the organization. (iv) Gross receipts for activity fundraiser is to be compensated at least \$5,000 by the organization. (iii) Activity for activity for activity for acti
required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations e X Solicitation of non-government grants b X Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d X In-person solicitations g Special fundraising events d X In-person solicitations g Special fundraising events d X In-person solicitations g No 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Activity (iii) Did fundraiser (iv) from activity for (or retained by) fundraiser is to be compensated at least \$5,000 by the organization. (ii) Activity (iii) Activity for a second for ortization coll (i) (or retained by) organization GIFT STRATEGIES LLC - 1539 <
a X Mail solicitations e X Solicitation of non-government grants b X Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d X In-person solicitations g Special fundraising events d X In-person solicitations g Special fundraising services, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. No (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity from activity (iv) Gross receipts from activity (vi) Amount paid to (or retained by) fundraiser listed in col. (i) GIFT STRATEGIES LLC - 1539 PLANNED GIVING & BEQUEST Yes No 0. 24,250. -24,250. FALL RIVER AVE, SEEKONK, MA PROG. DEV. AND LEADERSHIP X 0. 61,875. -61,875. INDIANAPOLIS, IN 46250 SUBSCRIPTION X 0. 61,875. -61,875.
(i) Name and address of individual or entity (fundraiser)(ii) Activity(iii) Did fundraiser have custody or control of contributions?(iv) Gross receipts from activity(v) Amount paid to (or retained by) fundraiser listed in col. (i)(vi) Amount paid to (or retained by) organizationGIFT STRATEGIES LLC - 1539 FALL RIVER AVE, SEEKONK, MA FREEWILL CO - PO BOX 501051, INDIANAPOLIS, IN 46250PLANNED GIVING & BEQUEST PLANNED GIVING SOFTWARE SUBSCRIPTIONYes XNo X0.24,25024,250.
(i) Name and address of individual or entity (fundraiser)(ii) Activity $tundraiserhave custodycontrol ofcontrol ofcontrol utons?(iv) Gross receiptsfrom activityto (or retained by)fundraiserlisted in col. (i)(v) Amount paidto (or retained by)or ganizationGIFT STRATEGIES LLC - 1539PLANNED GIVING & BEQUESTYesNoFALL RIVER AVE, SEEKONK, MAPROG. DEV. AND LEADERSHIPX0.24,250.FREEWILL CO - PO BOX 501051,INDIANAPOLIS, IN 46250PLANNED GIVING SOFTWAREX0.61,875.$
FALL RIVER AVE, SEEKONK, MAPROG. DEV. AND LEADERSHIPX0.24,25024,250.FREEWILL CO - PO BOX 501051, INDIANAPOLIS, IN 46250PLANNED GIVING SOFTWARE SUBSCRIPTIONX0.61,87561,875.
FALL RIVER AVE, SEEKONK, MAPROG. DEV. AND LEADERSHIPX0.24,25024,250.FREEWILL CO - PO BOX 501051, INDIANAPOLIS, IN 46250PLANNED GIVING SOFTWARE SUBSCRIPTIONX0.61,87561,875.
FREEWILL CO - PO BOX 501051, INDIANAPOLIS, IN 46250PLANNED GIVING SOFTWARE SUBSCRIPTIONX0.61,87561,875.
INDIANAPOLIS, IN 46250 SUBSCRIPTION X 0. 61,87561,875.
- 2487 ROUTE 55, SUITE E, CONSULTING ON DIRECT MAIL X 0. 44,69744,697.
EIDOLON COMMUNICATIONS - 15 STRATEGIC AND CREATIVE
MAIDEN LN, STE 1401, NEW CONSULTING ON DIRECT MAIL X 0. 24,00024,000.
Total
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2023

LHA 332081 09-13-23

41 2023.05060 CONSUMER REPORTS, INC. 24

Part II	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000	_
	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000	

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))				
ø			(event type)	(event type)	(total number)					
Revenue	1	Gross receipts								
	2	Less: Contributions								
	3	Gross income (line 1 minus line 2)								
Direct Expenses	4	Cash prizes								
	5	Noncash prizes								
	6	Rent/facility costs								
	7	Food and beverages								
	8	Entertainment								
	9	Other direct expenses								
	10	Direct expense summary. Add lines 4 through								
	11	Net income summary. Subtract line 10 from lin								
Pa	Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than									

\$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				
Rev	1 Gross revenue								
s	2 Cash prizes								
Direct Expenses	3 Noncash prizes								
irect E	4 Rent/facility costs								
	5 Other direct expenses								
	6 Volunteer labor	└── Yes % └── No	Yes%	Yes %					
	7 Direct expense summary. Add lines 2 through	5 in column (d)							
	8 Net gaming income summary. Subtract line 7	from line 1, column (d)							
9 a	 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? 								
	b If "No," explain:								
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No b If "Yes," explain:									

332082 09-13-23

Sch	nedule G (Form 990) 2023	CONSUMER REPORTS, INC.	13-17764	34	Page 3
		ming activities with nonmembers?		Yes	No
		ficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?			Yes	No No
13	Indicate the percentage of gaming				
a	a The organization's facility		13a		%
					%
		e person who prepares the organization's gaming/special events books and records:			
	Name				
	Address				
				1	
15a	a Does the organization have a con	tract with a third party from whom the organization receives gaming revenue?		Yes	No No
k	b If "Yes," enter the amount of gam	ng revenue received by the organization \$ and the amount	nt		
	of gaming revenue retained by the				
c	If "Yes," enter name and address	of the third party:			
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Coming manager companyation	¢			
	Gaming manager compensation	\$			
	Description of services provided				
	Description of services provided				
	Director/officer	Employee Independent contractor			
17	Mandatory distributions:				
a	•	state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?			Yes	🗌 No
k		required under state law to be distributed to other exempt organizations or spent in th			
	organization's own exempt activit	es during the tax year \$			
Pa	IT IV Supplemental Infor	mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	nd Part III, li	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also provide any additional information. See instructions.			
SCH	HEDULE G, PART I, LINE 2B,	LIST OF TEN HIGHEST PAID FUNDRAISERS:			
<i>.</i>					
(I)	NAME OF FUNDRAISER: GIFT	STRATEGIES LLC			
(T)					
(1)	ADDRESS OF FUNDRAISER: 1	39 FALL RIVER AVE, SEEKONK, MA 02771			
/					
(11	.) ACTIVITY: PLANNED GIVING	& BEQUEST PROG. DEV. AND LEADERSHIP CONS.			
(אאאד אד דיייייייייייייייייייייייייייייי	IIII. CO			
(1)	NAME OF FUNDRAISER: FREEN				
(ADDRESS OF FIINDDATCED. D	BOX 501051, INDIANAPOLIS, IN 46250			
(1)	TOWDRIDE OF FONDRAIDER: PO				
0000	00 00 10 00		chodulo C	(Form	000) 0000
3320	83 09-13-23	5	chedule G	(rorm	330J 2023

CONSUMER REPORTS, INC.

Part IV Supplemental Information (continued)

(I) NAME OF FUNDRAISER: PARISE MARKETING GROUP, INC.

(I) ADDRESS OF FUNDRAISER:

2487 ROUTE 55, SUITE E, HOPEWELL JUNCTION, NY 12533

(II) ACTIVITY: STRATEGIC AND CREATIVE CONSULTING ON DIRECT MAIL FUNDRAISING

(I) NAME OF FUNDRAISER: EIDOLON COMMUNICATIONS

(I) ADDRESS OF FUNDRAISER: 15 MAIDEN LN, STE 1401, NEW YORK, NY 10038-5113

(II) ACTIVITY: STRATEGIC AND CREATIVE CONSULTING ON DIRECT MAIL FUNDRAISING

PART I, LINE 2B

CONSUMER REPORTS IS UNABLE TO ACCURATELY TRACE THE FUNDRAISING

ACTIVITIES REPORTED TO FUNDS RECEIVED. THEREFORE, NO GROSS RECEIPTS

FROM THESE ACTIVITIES HAVE BEEN REPORTED

Schedule G (Form 990)

332084 04-01-23

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			Go to www.irs	Attach to Form .gov/Form990 for		ation.		Open to Public Inspection		
Name of the organizat	tion CONSUMER REPO							Employer identification number 13-1776434		
Part I General I	nformation on Grants a	,						13 1//0434		
criteria used to 2 Describe in Part	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes									
	nd Other Assistance to I that received more than \$					anization answered "Y	es" on Form 990, Part	IV, line 21, for any		
1 (a) Name and a	ddress of organization overnment	(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		
DUKE UNIVERSITY 324 BLACKWELL ST DURHAM, NC 22701	-	56-0532129	501(C)(3)	10,000.	0.			ARCHIVES PROJECT		
2 Enter total numl	ber of section 501(c)(3) a	I nd government org	I ganizations listed in the	I e line 1 table	I	l	I	1.		

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

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

Schedule I (Form 990) 2023

CONSUMER REPORTS, INC.

13-1776434

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. 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

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

CRITERIA FOR SELECTING PROJECTS FOR FUNDING

THE CRITERIA FOR SELECTING PROJECTS FOR FUNDING INCLUDES THE FOLLOWING:

-THE PROJECTS ARE CONSISTENT WITH CR'S MISSION TO PROVIDE INFORMATION

AND ADVICE TO CONSUMERS ON GOODS, SERVICES, HEALTH AND PERSONAL

FINANCE; AND TO INITIATE AND COOPERATE WITH INDIVIDUAL AND GROUP

EFFORTS TO MAINTAIN AND ENHANCE THE QUALITY OF LIFE FOR CONSUMERS.

-THE PROJECTS ARE HIGH IMPACT PROJECTS THAT PROVIDE A SIGNIFICANT

RETURN FOR THE AMOUNT OF MONEY INVESTED. THEY ARE RESULT-ORIENTED, AND

Part IV Supplemental Information

-IF POSSIBLE, THE PROJECTS ARE REPLICABLE, AND PROVIDE A MODEL FOR

ORGANIZING AND ADVOCACY ON OTHER CONSUMER AND PUBLIC INTEREST ISSUES,

OR IN OTHER LOCATIONS.

-THE PROJECTS MUST MAKE SENSE IN THE CONTEXT OF THE NEEDS AND

SUSTAINABILITY OPPORTUNITIES OF THE OVERALL CONSUMER MOVEMENT.

-BECAUSE OUR FUNDS ARE LIMITED, OUR OPERATING STRATEGY IS TO IDENTIFY

PROSPECTIVE GRANTEES AND INVITE THEM TO APPLY. MOST GRANTS ARE AWARDED

TO PRE-SELECTED ORGANIZATIONS.

MONITORING GRANT FUNDS

GRANTEES ARE REQUIRED TO SUBMIT PROGRAM AND FINANCIAL REPORTS AT THE

CONCLUSION OF THE PROJECT, INCLUDING A LIST OF GRANT-RELATED

EXPENDITURES, AND A SUMMARY OF DELIVERABLES AND PROJECT RESULTS. THE

TIMING OF THE REPORTS IS DETERMINED ACCORDING TO A SCHEDULE CONTAINED

IN AN EXECUTED AGREEMENT BETWEEN CR AND THE GRANTEE.

Schedule I (Form 990)

332291 04-01-23

SC	HEDULE J	Compensation Information	1	OMB No.	1545-004	47	
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	2023		
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.					
	rtment of the Treasury	Attach to Form 990.		Open to Public Inspection			
_	al Revenue Service ne of the organization	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer ide				
man	le of the organization	CONSUMER REPORTS, INC.	13-177		on nui	libei	
Pa	rt I Question	s Regarding Compensation	15 17	0101			
					Yes	No	
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990.		103		
		line 1a. Complete Part III to provide any relevant information regarding these items.	000,				
	First-class or c		onal use				
	Travel for com	i i i i i i i i i i i i i i i i i i i					
		ation and gross-up payments Health or social club dues or initiation fee					
		spending account Personal services (such as maid, chauffer	ur, chef)				
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		. 1b			
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3	Indicate which, if an	ny, of the following the organization used to establish the compensation of the organization's	6				
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to				
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.					
	Compensation	e committee Written employment contract					
		ompensation consultant					
	X Form 990 of o	ther organizations	committee				
4		I any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re	•			v		
a		e payment or change-of-control payment?		4	Х	x	
b	-	eive payment from a supplemental nonqualified retirement plan?		4		x	
С		eive payment from an equity-based compensation arrangement?		4c			
	If Yes to any of in	ies 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
5	contingent on the r						
а	The organization?			5a		x	
		ation?		5b		x	
		or 5b, describe in Part III.					
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on				
	contingent on the r						
а	The organization?	-		6a		х	
		ation?		6b		X	
		or 6b, describe in Part III.					
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	3				
	not described on lir	nes 5 and 6? If "Yes," describe in Part III		7	х		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		. 8		x	
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in					
	Regulations section			9			
For	Paperwork Reduct	on Act Notice, see the Instructions for Form 990.	Schedul	e J (Forr	n 990)	2023	

LHA 332111 11-06-23

13-1776434

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC (((C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) MARTA L. TELLADO	(i)	801,784.	75,000.	53,411.	33,000.	3,022.	966,217.	0.	
PRESIDENT & CEO	(ii)	0.	0.	٥.	0.	0.	0.	0.	
(2) ERIC WAYNE	(i)	450,385.	14,000.	18,317.	33,000.	43,794.	559,496.	0.	
SR. VP & CFO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) LAUREN STANICH	(i)	449,820.	12,000.	16,987.	31,073.	42,244.	552,124.	0.	
SVP, CHIEF GROWTH OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) MICHAEL HUBNER	(i)	458,784.	10,000.	14,997.	33,000.	2,932.	519,713.	0.	
VP, GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) JESSICA FREIREICH	(i)	419,981.	12,000.	2,941.	33,000.	40,744.	508,666.	0.	
SVP, CHIEF STRATEGY OFFICE	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) ESTHER HAN	(i)	373,918.	10,000.	20,759.	31,030.	29,886.	465,593.	0.	
VP CHIEF VENTURES OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) PETER DIRENZO	(i)	330,762.	4,000.	4,884.	33,000.	40,637.	413,283.	0.	
CHIEF TECHNOLOGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) HEATH GRAYSON	(i)	329,640.	4,500.	6,860.	33,000.	31,270.	405,270.	0.	
CHIEF PRIVACY OFFICER & DE	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) GENEA BELL	(i)	346,936.	12,000.	0.	32,413.	13,608.	404,957.	٥.	
VP, CHIEF PEOPLE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(10) SHAREE MCKENZIE	(i)	347,150.	10,000.	4,400.	31,725.	5,039.	398,314.	0.	
VP CHIEF SOCIAL IMPACT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(11) CORINNE OSBORN	(i)	317,673.	5,500.	6,112.	32,835.	32,458.	394,578.	0.	
SR DIR LABOR & EMPL RELS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(12) JENNIFER SHECTER	(i)	316,968.	4,000.	5,912.	40,316.	0.	367,196.	0.	
VP CHIEF CONTENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(13) BENJAMIN MOSKOWITZ	(i)	323,678.	6,000.	2,296.	14,590.	0.	346,564.	0.	
VP, INNOVATION LAB	(ii)	0.	0.	0.	0.	0.	0.	0.	
(14) LIAM MCCORMACK	(i)	116,000.	0.	0.	0.	0.	116,000.	0.	
VP, RESEARCH, TESTING & IN	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2023

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A:

DURING THE YEAR, LIAM MCCORMACK RECEIVED SEVERANCE PAYMENTS TOTALING

\$116,000.

PART I, LINE 7:

MARTA TELLADO, ERIC WAYNE, MICHAEL HUBNER, LAUREN STANICH, JESSICA

FREIREICH, ESTHER HAN, HEATH GRAYSON, GENEA BELL, PETER DIRENZO, CORINNE

OSBORN, SHAREE MCKENZIE, JENNIFER SHECTER, AND BENJAMIN MOSKOWITZ RECEIVED

DISCRETIONARY BONUS COMPENSATION IN CALENDAR YEAR 2023. THIS AMOUNT IS

REPORTED IN SCHEDULE J, PART II, COLUMN B (III).

Schedule J (Form 990) 2023

Depar	tment of the Treasury al Revenue Service		Attach to Form 99	explanations, and 0. Go to www.irs.g				atest informatio	on.)pen t nspec	o Pub tion	lic
Nam	e of the organization	ON CONSUMER REPORTS	, INC.							-	-	identif 76434		n num	ber
Par	t I Bond Issue	S	-												
	(a) Is	ssuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	d (e) Issu	e price	(f) Descrip	tion of purpose	(g) De	efeased	(h) On of is:		(i) Po finan	
										Yes	No	Yes	No	Yes	No
(CYIDA MULTI-MO	D CIV. FAC. REV. BOND	s					REFINANCE &	RENOS OR HQ						
A	S 2005		52-1294255	986083BN2	12/22/05	47,3	00,000.	FACILITY			x		х		х
В															
С															
D															
Par	t II Proceeds														
						A		В	С				D		
_1	Amount of bonds	s retired			1	8,300,000.									
2	Amount of bonds	s legally defeased													
3	Total proceeds o	f issue			4	7,300,000.									
_4	Gross proceeds i	in reserve funds													
5	Capitalized intere	est from proceeds													
6	Proceeds in refur	nding escrows													
_7	Issuance costs fr	rom proceeds				560,305.									
8	Credit enhancem	nent from proceeds				1,066,734.									
9	Working capital e	expenditures from proceeds													
10	Capital expenditu	ures from proceeds				9,980,132.									
<u>11</u>	Other spent proc	eeds			3	5,692,829.									
12	Other unspent pr														
13	Year of substanti	ial completion				2007									
					Yes	No	Yes	No	Yes	No		Yes		No	
14		issued as part of a refunding i	-												
		2018, a current refunding issu			X				╡───┤─						
15		issued as part of a refunding i													
		018, an advance refunding iss				X			+ $+$						
16		cation of proceeds been mad			X				┥──┤─						
17	•	ation maintain adequate bool	ks and records to su	upport the											
	final allocation of	f proceeds?			Х			1							

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,

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

Schedule K (Form 990) 2023

OMB No. 1545-0047

2023

SCHEDULE K

(Form 990)

CONSUMER REPORTS, INC. Schedule K (Form 990) 2023

Par	III Private Business Use							
			A B C					
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes
	which owned property financed by tax-exempt bonds?		х					
2	Are there any lease arrangements that may result in private business use of							
	bond-financed property?		х					
3a	Are there any management or service contracts that may result in private							
	business use of bond-financed property?		х					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside							
	counsel to review any management or service contracts relating to the financed property?							
с	Are there any research agreements that may result in private business use of							
	bond-financed property?		х					
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other							
	outside counsel to review any research agreements relating to the financed property?							
4	Enter the percentage of financed property used in a private business use by entities							
	other than a section 501(c)(3) organization or a state or local government		%		%		%	
5	Enter the percentage of financed property used in a private business use as a							
	result of unrelated trade or business activity carried on by your organization,							
	another section 501(c)(3) organization, or a state or local government		%		%		%	

6	Total of lines 4 and 5		%	%		%	
7	Does the bond issue meet the private security or payment test?		Х				
8a	Has there been a sale or disposition of any of the bond-financed property to a non-						
	governmental person other than a 501(c)(3) organization since the bonds were issued?		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or						
	disposed of		%		%	%	
с	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations						
	sections 1.141-12 and 1.145-2?						
		1			1		

S 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the Х requirements under Regulations sections 1.141-12 and 1.145-2? Part IV Arbitrage R Δ C

		4	E	3			6	D
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?	X							
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed		-						
3 Is the bond issue a variable rate issue?	X							

13-1776434

Page 2

%

%

%

%

No

D

Schedule K (Form 990) 2023 CONSUMER REPORTS, INC.

13	-1776434	
T O	1110434	

Page 3

Part IV Arbitrage (continued)	1				1			
		A	B	}		C C		<u>p</u>
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?	X							
b Name of provider	MORGAN STA							
c Term of hedge	3	30.5000000				1		1
d Was the hedge superintegrated?		Х						
e Was the hedge terminated?		X						
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b Name of provider								
c Term of GIC						1		· · · · ·
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х						
7 Has the organization established written procedures to monitor the								
requirements of section 148?		Х						
Part V Procedures To Undertake Corrective Action			1					
		A	B	8		<u>ç</u>		<u>p</u>
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?		Х						
Part VI Supplemental Information. Provide additional information for responses to question	s on Schedule	e K. See instru	ictions.					
PART I, LINE A								
A. SUBSEQUENT TO THE END OF THE FISCAL YEAR, ON JULY 1, 2024 THE 2005								
REVENUE BONDS WERE FULLY PAID OFF USING AVAILABLE CASH FUNDS.								
PART II, LINE 11 - OTHER SPENT PROCEEDS								
35,045,813 OF BOND PROCEEDS WERE USED TO REFUND BONDS ISSUED IN 1989,								
1991, AND 1995.								
ISSUER FEE, TITLE INSURANCE, STATE BOND ISSUANCE CHARGE, SURVEY AND								
RECORDING FEES: \$647,016								
PART III, LINE 9 - ESTABLISHMENT OF WRITTEN PROCEDURES								
ON MAY 31, 2015, CR IMPLEMENTED A PROCESS TO MONITOR PRIVATE BUSINESS								
JSE OF THE FACILITY. IN ADDITION, CR CONDUCTED A REVIEW OF THE PAST 5								
YEARS OF THE FACILITY USE AND DETERMINED THAT NO PRIVATE USE OF THE								
FACILITY HAD OCCURRED THAT WAS NOT IN COMPLIANCE WITH THE NEW POLICY.								

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Part I

1

2

3

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number

Name of the organization

CONSUMER REPORTS, INC.

13-1776434 **Types of Property (b)** Number of (a) (c) (d) Check if Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests Rooks and publications

4									
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	16	89	,235.E	AIR MAR	KET VALUE		
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures	L							
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 organized	zation during [.]	the tax year for c	ontributions					
	for which the organization completed Form 82	83, Part V, Do	onee Acknowledg	ement 2	9				
							F	Yes	No
30a	5, 5, 5	-	• • • •		-				
	must hold for at least 3 years from the date of	the initial con-	tribution, and whi	ch isn't required to be	e used fo	or			

exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash х contributions? 32a b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23 Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B)

THE NUMBER 16 REPRESENTS THE NUMBER OF GIFT ITEMS OR CONTRIBUTORS THAT

DONATED OF PUBLICLY TRADED SECURITIES RECEIVED BY CONSUMER REPORTS

INC. IN FISCAL YEAR 2024. EACH GIFT ITEM OR CONTRIBUTOR HAS EITHER ONE

OR MULTIPLE SHARES OF PUBLICLY TRADED SECURITIES THAT WERE DONATED TO

THE ORGANIZATION. THESE SECURITIES ARE SOLD FOR CASH PROMPTLY AFTER CR

TAKES POSSESSION.

Schedule M (Form 990) 2023

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SCHEDULE O (Form 990) Department of the Treasury	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.	-EZ	OMB No. 1545-0047
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	Employor	Inspection
Name of the organization	CONSUMER REPORTS, INC.	13-17	identification number 76434
FORM 990, PART I, 1	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
WE ARE AN INDEPEND	ENT, NONPROFIT ORGANIZATION THAT WORKS SIDE BY SIDE		
WITH CONSUMERS FOR	TRUTH, TRANSPARENCY, AND FAIRNESS IN THE		
MARKETPLACE.			
FORM 990, PART III	, LINE 4A		
CONSUMER INFORMATIC	DN :		
CONSUMER REPORTS PO	JBLISHES AND DISSEMINATES INFORMATION AND ADVICE TO		
CONSUMERS REGARDING	G TOPICS SUCH AS CONSUMER GOODS, SERVICES, HEALTH AND		
PERSONAL FINANCE II	N ORDER TO EFFECT IT'S EDUCATIONAL PURPOSE. THE		
NUMBER OF PAID SUB	SCRIBERS FOR EACH AS OF 5/31/24 INCLUDE CONSUMER		
REPORTS MAGAZINE 2	565,499; CONSUMER REPORTS ON HEALTH 354,739; AND CR		
ONLINE 2,772,522.	CONSUMER REPORTS DOES NOT ACCEPT OUTSIDE ADVERTISING		
IN ANY OF ITS PUBL	ICATIONS. IN ADDITION, CONSUMER REPORTS DISSEMINATES		
CONSUMER INFORMATIO	ON THROUGH OTHER PRINT, RADIO, TELEVISION, ELECTRONIC		
PUBLISHING AND INT	ERACTIVE MEDIA.		
PRODUCT INFORMATIO	N: CONSUMER REPORTS CONDUCTS INDEPENDENT AND		
IMPARTIAL TESTS AND	O ANALYSES ON A WIDE RANGE OF CONSUMER PRODUCTS AND		
SERVICES, SUCH AS 1	ELECTRONICS, APPLIANCES, HOUSEHOLD PRODUCTS,		
INSURANCE, RECREAT	IONAL GOODS, AND CARS. THE TESTS AND SURVEYS EVALUATE		
HOW THE PRODUCTS A	ND SERVICES PERFORM AND EDUCATE CONSUMERS ON THE		
EXTENT TO WHICH TH	EY ARE CONVENIENT, SAFE, AND ECONOMICAL. DURING THE		
FISCAL YEAR ENDED !	5/31/24, CONSUMER REPORTS CONDUCTED TESTS AND		
EVALUATIONS ON MORI	THAN 2200 MODELS OF VARIOUS CONSUMER PRODUCTS,		
MAKING USE OF ABOU	60 LABORATORIES AND ITS AUTO TRACK. THE INFORMATION		
For Paperwork Reduction	on Act Notice, see the Instructions for Form 990 or 990-EZ.	Sched	ule O (Form 990) 2023

Name of the organization	Employer identification number
CONSUMER REPORTS, INC.	13-1776434
GATHERED AS RESULT OF THESE TESTS IS DISSEMINATED TO THE GENERAL PUBLIC	
AS DESCRIBED ABOVE.	
FORM 990, PART III, LINE 4B	
CONSUMER REPORTS IS DEDICATED TO IMPROVING THE LIVES OF CONSUMERS AND	
CREATING A FAIR AND JUST MARKETPLACE FOR ALL OF US. WE ARE AN	
INDEPENDENT, NONPROFIT ORGANIZATION WITH 6 MILLION MEMBERS ACROSS THE	
U.S.	
CR SEEKS TO EMPOWER CONSUMERS WITH INFORMATION TO MAKE INFORMED	

ADVOCATE FOR CONSUMER RIGHTS. IN THE 87 YEARS SINCE CR WAS FOUNDED, WE

HAVE BUILT A LEGACY OF TRUST AMONG CONSUMERS BY CONDUCTING EXPERT

RIGOROUS SCIENCE-BASED TESTING OF PRODUCTS AND SERVICES, INCENTIVIZING

CORPORATIONS TO PRIORITIZE SAFETY AND TRANSPARENCY, AND WORKING WITH

POLICYMAKERS TO ENSHRINE THE RIGHTS AND INTERESTS OF CONSUMERS IN LAWS

AND REGULATIONS. WE PROVIDE TRUSTED INFORMATION THROUGH TESTING,

RATINGS, AND REVIEWS; SURVEYS, REPORTS AND ANALYSES; AND INVESTIGATIVE

AND SERVICE JOURNALISM - ALL OF WHICH IS DISSEMINATED THROUGH MULTIPLE

DIGITAL AND PRINT PLATFORMS THAT REACH MORE THAN 15 MILLION PEOPLE EACH

MONTH. THE PUBLIC CAN ACCESS SUBSTANTIAL FREE CONSUMER EDUCATION

INFORMATION AS A PUBLIC SERVICE THROUGH CONSUMERREPORTS.ORG, CR SOCIAL

MEDIA CHANNELS, WEBINARS, PARTNERSHIPS WITH 170 ENGLISH AND SPANISH

LOCAL TV STATIONS, AND MEDIA COVERAGE. THESE COMBINED EFFORTS LEVERAGE

CONSUMER DEMAND TO SHAPE A PRO-CONSUMER MARKETPLACE, AND WE ENGAGE

DIRECTLY WITH INDUSTRY TO SET STANDARDS AND PROMOTE SAFETY, DIGITAL

RIGHTS, FINANCIAL FAIRNESS AND SUSTAINABILITY PRINCIPLES IN THE DESIGN

AND DELIVERY OF PRODUCTS AND SERVICES. CONSUMER REPORTS' UNWAVERING

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Schedule O (Form 990) 2023 Name of the organization	Page Employer identification number
CONSUMER REPORTS, INC.	13-1776434
DEDICATION TO THE HEALTH, SAFETY, AND WELL-BEING OF CONSUMERS IS	
EXEMPLIFIED BY OUR FY24 (JUNE 1, 2023 THROUGH MAY 31, 2024)	
ACCOMPLISHMENTS AND MILESTONES, SOME OF WHICH INCLUDE:	
SAFER WATER	
- CR CHAMPIONS NEW RULE TO LIMIT PFAS IN DRINKING WATER	
CR HAS LONG BEEN ONE OF THE NATION'S LEADING VOICES ON THE HEALTH RISKS	
OF PFAS, OR PER- AND POLYFLUOROALKYL SUBSTANCES. PFAS ARE OFTEN	
CALLED "FOREVER CHEMICALS" BECAUSE THEY ARE EXTREMELY PERSISTENT IN THE	
ENVIRONMENT AND THE HUMAN BODY.	
IN 2024 THE EPA PLACED NEW LEGALLY ENFORCEABLE LIMITS ON SEVERAL PFAS	
COMPOUNDS IN DRINKING WATER. THESE INCLUDE TWO COMPOUNDS - PFOA AND	
PFOS THAT HAVE BEEN LINKED TO ADVERSE HEALTH IMPACTS INCLUDING CERTAIN	
CANCERS AND LOWERED IMMUNE RESPONSE. PREVIOUS EPA GUIDELINES SUGGESTED	
THAT THE TOTAL LEVELS OF THESE TWO LEGACY COMPOUNDS SHOULD NOT EXCEED	
70 PARTS PER TRILLION (PPT). THE NEW RULING LIMITS THEM TO 4 PPT EACH.	
CR HAS CALLED FOR STRICTER LIMITS FOR YEARS. WE WORKED WITH THOUSANDS	
OF CONSUMERS TO TEST DRINKING WATER ACROSS THE UNITED STATES, AND WE	
ALSO DID A DEEP INVESTIGATION INTO DRINKING WATER IN MISSISSIPPI, WHICH	
HAS A HISTORY OF PROBLEMS PROVIDING SAFE AND RELIABLE WATER SERVICE.	
OUR TESTS REVEALED TROUBLING LEVELS OF PFAS AND OTHER CONTAMINANTS, AND	
WE SHARED OUR FINDINGS WITH EPA AND CONGRESS IN ADVANCE OF THIS	
HISTORIC RULE.	

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Schedule O (Form 990) 2023 Name of the organization	Page 2
CONSUMER REPORTS, INC.	13-1776434
PLUS, WE PROVIDE CONSUMERS WITH FREE INFORMATION ABOUT HOW TO TEST TAP	
WATER AND HOW TO GET AN ANNUAL WATER QUALITY REPORT, AS WELL AS	
INFORMATION ABOUT THE EPA'S SAFE DRINKING WATER HOTLINE, PRICING FOR	
CR'S RECOMMENDED TEST KITS, AND HOW TO PURCHASE WATER FILTRATION	
SYSTEMS THAT MEET NEW EPA REQUIREMENTS.	
FOOD SAFETY	
- IN CR-BACKED LAW, CALIFORNIA BANS HARMFUL FOOD ADDITIVES	
CR CELEBRATED A VICTORY IN THE PASSING OF THE CALIFORNIA FOOD SAFETY	
ACT ON OCTOBER 7, 2023. THIS LANDMARK CALIFORNIA LAW PREVENTS THE USE	
OF HARMFUL FOOD ADDITIVES, SUCH AS RED DYE NO. 3, POTASSIUM BROMATE,	
PROPYL PARABEN. AND BROMINATED VEGETABLE OIL (BVO). THESE CHEMICALS	
HAVE BEEN LINKED TO A VARIETY OF CHRONIC HEALTH CONDITIONS INCLUDING AN	
INCREASED RISK OF CANCER, HEART AND LIVER PROBLEMS, AND BEHAVIORAL,	
DEVELOPMENTAL AND REPRODUCTIVE ISSUES.	
WHILE THE FDA HAS PREVIOUSLY EVALUATED AND APPROVED THESE ADDITIVES FOR	
USE, RESEARCHERS AND CALIFORNIA LEGISLATORS NOTED THAT IN LIGHT OF NEW	
EVIDENCE, THE NOW DECADES-OLD APPROVALS NEED REEVALUATION.	
BACKERS OF THE LAW ALSO NOTE THAT THE NOW-BANNED SUBSTANCES HAVE BEEN	
REPLACED WITH ALTERNATIVES IN OTHER COUNTRIES AT LITTLE OR NO EXPENSE	
TO CONSUMERS.	
WHILE THE FOOD SAFETY ACT DOES NOT GO INTO EFFECT UNTIL 2027, SOME FOOD	
MANUFACTURING COMPANIES HAVE ALREADY STARTED TO COMPLY. MOST NOTABLY:	

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Name of the organization	Employer identification number
CONSUMER REPORTS, INC.	13-1776434
JUST BORN (MADE POPULAR FOR THEIR "PEEPS" BRAND OF CANDIES).	
AFTER OUR COLLECTION OF NEARLY 30,000 PETITION SIGNATURES, JUST BORN	
INFORMED CR THAT NONE OF ITS PRODUCTS WOULD BE PRODUCED USING RED NO.	
3. AFTER EASTER OF 2024.	
CR AND THE ENVIRONMENTAL WORKING GROUP (EWG) CO-SPONSORED THIS LAW, AND	
WE ARE NOW WORKING IN STATES LIKE NEW YORK, WHERE OFFICIALS ARE	
CONSIDERING SIMILAR LEGISLATION.	
- CR BACKS USDA POLICY CHANGE TO PREVENT SALMONELLA EXPOSURE	
IN ANOTHER WIN FOR SAFER FOOD, THE U.S. DEPARTMENT OF AGRICULTURE NOW	
CLASSIFIES SALMONELLA AS AN "ADULTERANT" IN BREADED POULTRY PRODUCTS.	
THE USDA'S FOOD SAFETY AND INSPECTION SERVICE (FSIS) HAS ESTABLISHED A	
THRESHOLD FOR SALMONELLA CONTAMINATION, DIRECTED SPECIFICALLY AT ANY	
RAW BREADED STUFFED CHICKEN PRODUCTS. FSIS NOTES THAT A POSITIVE	
SALMONELLA TEST AT 1 CFU PER GRAM OR HIGHER FALLS OUTSIDE OF A SAFE	
RANGE, AND CAN POTENTIALLY MAKE CONSUMERS SICK.	
MORE THAN 160,000 AMERICANS ARE SICKENED BY SALMONELLA IN POULTRY EVERY	
YEAR, AND CR HAS LONG ADVOCATED FOR THIS TYPE OF ACTION, CITING	
EVIDENCE FROM OUR YEARS OF POULTRY INVESTIGATIONS. THE FINALIZED	
POLICY WILL ALLOW THE USDA TO STOP THE SALE OF PRODUCTS THAT DO NOT	
MEET THE NEW FOOD SAFETY STANDARDS, AND MITIGATE CONSUMER ILLNESS RISK.	
PRODUCT SAFETY	
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Schedule O (Form 990) 2023	Page 2
Name of the organization CONSUMER REPORTS, INC.	Employer identification number 13-1776434
-MAJOR RETAILERS REMOVE HAZARDOUS CHILD PRODUCTS FROM THE MARKET	
AMAZON, TARGET, AND WALMART ANNOUNCED THEY WILL PROHIBIT THE SALE OF	
WATER BEADS MARKETED TO CHILDREN. INITIAL ANNOUNCEMENTS OCCURRED ON	
DECEMBER 2023 AFTER MOUNTING PRESSURE FROM CR, PARENTS, DOCTORS, AND	
FEDERAL OFFICIALS. OTHER RETAILERS EVENTUALLY TOLD CR THEY WOULD DO	
THE SAME.	
WATER BEADS ARE OFTEN MARKETED AS SENSORY PLAY-TOYS OR ART SUPPLIES,	_
THE BEADS CAN START SMALL AND EXPAND WHEN PUT IN WATER. THEY OFTEN COME	
IN BRIGHT CANDY COLORS, AND A SINGLE PACKAGE CAN CONTAIN THOUSANDS OF	
WATER BEADSTHUS INCREASING THE RISK OF ACCIDENTAL INGESTION BY INFANTS	
AND TODDLERS.	
ACCORDING TO THE CONSUMER PRODUCT SAFETY COMMISSION, AROUND 7,800	
EMERGENCY ROOM VISITS WERE RECORDED FROM 2016 TO 2022 AS A RESULT OF	
WATER BEAD-RELATED INCIDENTS (THOUGH IT SAYS THIS NUMBER MAY BE MUCH	
HIGHER). IN JULY 2023, A 10 MONTH-OLD GIRL DIED IN WISCONSIN AFTER	
INGESTING WATER BEADSTRIGGERING A RECALL OF THE 'CHUCKLE & ROAR' WATER	
BEAD KIT MADE BY BUFFALO GAMES AND SOLD AT TARGET.	
THE THREE MAJOR RETAILERS HAVE ADDRESSED RISING SAFETY CONCERNS BY	
CHANGING THEIR POLICIES ON THE SALE OF WATER BEADS. THE SHIFT OCCURRED	
AFTER THE PUBLICATION OF CR STORY "NOBODY SHOULD LOSE THEIR CHILD OVER	
A TOY" AND MONTHS OF ADVOCACY BY CR AND THOUSANDS OF OUR MEMBERS.	
CR CREATED A "SAFE AND SOUND" GUIDE TO SERVE AS A DETAILED COMPILATION	
OF TESTS, RATINGS, AND REVIEWS OF 1,000 + BABY PRODUCTS TO GIVE PARENTS	
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Schedule O (Form 990) 2023	Page 2
Name of the organization CONSUMER REPORTS, INC.	Employer identification number 13-1776434
PEACE OF MIND. THE GUIDE INCLUDES A CAR SEAT FINDER, AS WELL AS A LIST	
OF TESTED AND RECOMMENDED TOYS, STROLLERS, SLEEP AND NURSERY ITEMS,	
WE CONTINUE TO PRIORITIZE OUR COMMITMENT TO CHILDREN'S SAFETY BY	
SUPPORTING A NEW CONGRESSIONAL BILL THAT WOULD BAN WEIGHTED SLEEP	
PRODUCTS FOR INFANTS CATEGORIZING THEM AS "BANNED HAZARDOUS PRODUCTS"	
UNDER THE CONSUMER PRODUCT SAFETY ACT. BOTH TARGET AND BABYLIST TOLD CR	
THEY HAVE DECIDED TO STOP SELLING WEIGHTED SLEEP PRODUCTS FOR INFANTS.	
- CR TESTS UNCOVER SAFETY HAZARD IN PORTABLE BLENDERS	
4.8 MILLION BLENDJET2 PERSONAL BLENDERS WERE RECALLED AFTER NUMEROUS	
CONSUMER CLAIMS OF OVERHEATING AND CATCHING FIRE, AS WELL AS BLADES	
BREAKING DURING USE.	
CR ADVOCATED FOR A RECALL IN THE MONTHS LEADING UP TO THE ANNOUNCEMENT.	
WE SAW THE CONSUMER COMPLAINTS ABOUT THE BLENDJET2 ON DATABASES LIKE	
THE CONSUMER PRODUCT SAFETY COMMISSION'S SAFERPRODUCTS.GOV SITE. WE	
CONDUCTED LABORATORY TESTING TO EVALUATE THE SAFETY OF THE BLENDJET2.	
WE USED A DURABILITY TEST TO STRESS A BLENDER'S MOTOR, DRIVETRAIN, AND	
BLADE ASSEMBLY. IN THE MIDDLE OF OUR DURABILITY TEST OF THE BLENDJET,	
THE BLADE ASSEMBLY BROKE OFF COMPLETELY. CR CALLED ON THE CONSUMER	
PRODUCT SAFETY COMMISSION TO LAUNCH AN IMMEDIATE INVESTIGATION, AND WE	
WARNED THE PUBLIC OF THE BLENDER'S SAFETY HAZARDS DURING THE HOLIDAY	
SHOPPING SEASON, WEEKS BEFORE THE COMPANY TOOK ACTION.	
A SAFER DIGITAL MARKETPLACE	
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- CR DEVISES AN APP TO HELP CONSUMERS GAIN MORE CONTROL OVER THEIR
PERSONAL DATA
CR INTRODUCED "PERMISSION SLIP" A NEW APP THAT PROVIDES AN IN-DEPTH
LOOK AT WHAT KINDS OF CONSUMER DATA COMPANIES COLLECT ABOUT THEM.
CONSUMERS CAN USE THE APP TO DENY PERMISSION FOR THE SALE OF THEIR
PERSONAL INFORMATIONOR DELETE IT ENTIRELY. CR PROVIDES THE CONSUMER
WITH A LARGE LIST OF COMPANIES AND DATA BROKERS. WITH A FEW CLICKS,
CONSUMERS CAN MAKE PRIVACY REQUESTS TO MULTIPLE COMPANIES AT ONCE.
FORM 990, PART III, LINE 4B (CONTINUED)
CR HAS MADE PERMISSION SLIP ACCESSIBLE BY EITHER A "FREE" OR "PLUS"
SUBSCRIPTION SERVICE. THE APP HAS GARNERED POSITIVE REVIEWS AND
COVERAGE FROM THE WASHINGTON POST, FAST COMPANY, AND CNET AND IT BOASTS
AN IMPRESSIVE 2.5 MILLION DATA REQUEST INITIATIONS.
- CR BACKS NEW PRIVACY AND AI LAWS TO ENSURE DIGITAL PROTECTIONS FOR
MORE THAN 35 MILLION AMERICANS
SEVEN STATES - KENTUCKY, MARYLAND, MINNESOTA, NEBRASKA, NEW HAMPSHIRE,
NEW JERSEY, AND RHODE ISLANDPASSED COMPREHENSIVE CONSUMER PRIVACY LAWS.
PLUS, COLORADO BECAME THE FIRST STATE IN THE NATION TO PASS A LAW FOR
HOW COMPANIES CAN USE ARTIFICIAL INTELLIGENCE, OR AI, TO MAKE DECISIONS
ABOUT CONSUMERS.
CR'S SURVEYS HAVE FOUND THAT MANY AMERICANS ARE CONCERNED ABOUT THE
WAYS THAT AI CAN BE USED TO MAKE BIG DECISIONS ABOUT THINGS LIKE THE
PRICES THEY PAY, THEIR HEALTHCARE, AND HOW THEY ARE CONSIDERED FOR
EMPLOYMENT.
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Schedule O (Form 990) 2023

CONSUMER REPORTS, INC.

Name of the organization

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Employer identification number

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Name of the organization	Empl
CONSUMER REPORTS, INC.	
CR'S ADVOCATES WERE HEAVILY INVOLVED IN THE EFFORTS TO SHAPE AND	
IMPROVE THE BILLS, AND WE TESTIFIED AT HEARINGS TO RECOMMEND WAYS TO	
STRENGTHEN THEM. THOUSANDS OF CR MEMBERS CONTACTED THEIR STATE	
LEGISLATORS TO TELL THEM TO STAND UP FOR THEIR DIGITAL RIGHTS. SOME OF	
THESE LAWS ARE MUCH STRONGER THAN OTHERS, AND A FEW HAVE SIGNIFICANT	
LOOPHOLES SOUGHT BY INDUSTRY, SO WE CONTINUE TO WORK WITH STATE	
OFFICIALS TO RAISE THE BAR FOR PRIVACY AND AI SAFETY.	
CR IS ALSO ONE OF THE ORGANIZATIONS THAT DEVELOPED THE GLOBAL PRIVACY	
CONTROL (GPC) FOR CONSUMERS TO USE IN CONJUNCTION WITH SEVERAL MAJOR	
WEB BROWSERS. WE PUBLISHED AN INTERACTIVE DIGITAL PRIVACY MAP OF THE	
UNITED STATES, WHICH HELPS CONSUMERS IDENTIFY STATES BASED ON THE	
STRENGTH OF THEIR PRIVACY LAWS.	
HOME SECURITY	
- CR INVESTIGATES SECURITY FLAWS FOUND IN VIDEO DOORBELLS, LEADING TO	
FIXES	
CR INVESTIGATED VIDEO DOORBELLS SOLD ON DIGITAL MARKETPLACES SUCH AS	
AMAZON, WALMART, TEMU, AND SHEIN. WE FOUND VULNERABILITIES THAT COULD	
COMPROMISE THE PRIVACY AND SECURITY OF CONSUMERS. A SECURITY BREACH IN	
A VIDEO DOORBELL COULD ALLOW A POTENTIALLY MALICIOUS INDIVIDUAL TO	
MONITOR THE DOORBELL CAMERA FEED, OR EVEN CONTROL IT OUTRIGHT.	
· ·	

IN OUR INVESTIGATION, AN ENGINEER WAS ABLE TO HACK INTO AN EKEN BRAND

DOORBELL CAMERA FROM 2,923 MILES AWAY. FURTHER INVESTIGATION REVEALED

ADDITIONAL SECURITY FLAWS IN DOORBELLS SOLD BY THE SAME MANUFACTURER AS

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Name of the organization	Employer identification number
CONSUMER REPORTS, INC.	13-1776434
EKEN, BUT UNDER DIFFERENT BRAND NAMES. MOST LACKED A VISIBLE ID ISSUED	
BY THE FEDERAL COMMUNICATIONS COMMISSION (FCC). INITIAL CR QUERIES TO	
THE MANUFACTURER WENT UNANSWERED, BUT WERE ADDRESSED AFTER THE	
PUBLICATION OF OUR STORY. EKEN STATED THAT "NEW PACKAGING WITH THE ID	
WOULD BE AVAILABLE IN ABOUT A MONTH, " AND IT FIXED SECURITY ISSUES	
CITED BY CR, WHICH WE CONFIRMED WITH FURTHER TESTING.	
WE SHARED OUR FINDINGS WITH THE FCC, WHICH SENT LETTERS SENT TO	
RETAILERS TO INQUIRE ABOUT WHICH STEPS WOULD BE TAKEN TO ENSURE THAT	
ALL PRODUCTS SOLD IN THEIR MARKETPLACES ADHERE TO FCC REGULATIONS.	
AND TRODUCTS SOLD IN THEIR MARKETTERCES ADHERE TO FEE RESULATIONS.	
CR HAS ALSO ASKED ONLINE RETAILERS TO TAKE STEPS TO GUARANTEE THE	
QUALITY OF PRODUCTS AVAILABLE ON THEIR PLATFORMS, AND HAS ADVOCATED FOR	
POLICIES TO HOLD PLATFORMS ACCOUNTABLE FOR SELLING UNSAFE PRODUCTS.	
VEHICLE SAFETY STANDARDS	
- CR CHAMPIONS NEW RULE TO MAKE AUTOMATIC EMERGENCY BRAKING (AEB)	
STANDARD IN ALL NEW PASSENGER VEHICLES	
AUTOMATIC EMERGENCY BRAKING (AEB) IS A SAFETY TECHNOLOGY THAT CAN	
DETECT A POTENTIAL CAR CRASH AND AUTOMATICALLY BRAKE TO AVOID A	
COLLISION OR LESSEN THE SEVERITY OF IMPACT. ON APRIL 29, 2024, THE U.S.	
DEPARTMENT OF TRANSPORTATION'S NATIONAL HIGHWAY TRAFFIC SAFETY	
ADMINISTRATION (NHTSA) FINALIZED A VERSION OF A RULE THAT WAS PROPOSED	
IN 2023. STARTING IN SEPTEMBER 2029, ALL U.S. VEHICLE MANUFACTURERS	
MUST MAKE AEB AND PEDESTRIAN AEB (PAEB) SYSTEMS STANDARD ISSUE IN EVERY	
CAR AND LIGHT TRUCK.	
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Schedule O (Form 990) 2023	Page
Name of the organization CONSUMER REPORTS, INC.	Employer identification number 13-1776434
	10 1770101
ACCORDING TO NHTSA PROJECTIONS, THE USE OF AEB SYSTEMS COULD SAVE 360	
LIVES A YEAR AND PREVENT AT LEAST 24,000 INJURIES ANNUALLY. CR HAS	
ADVISED NHTSA ON WAYS TO MAKE THE NEW RULE STRONG AND ENSURE IT	
DELIVERS ALL PROPOSED SAFETY BENEFITS TO CONSUMERS. IN AN FY24 CR	
PETITION, MORE THAN 24,000 INDIVIDUALS VOICED THEIR SUPPORT OF THE	
NHTSA'S PLANS.	
FOR YEARS, CR HAS PROVIDED COMPREHENSIVE VEHICLE RATINGS WITH ITS	
ANNUAL "TOP PICKS FOR AUTOS." TO INCENTIVIZE AUTOMAKERS TO PRODUCE	
SAFER VEHICLES, WE REQUIRE ALL "TOP PICKS" SELECTIONS TO HAVE STANDARD	
AEB WITH PEDESTRIAN DETECTION, AS WELL AS STANDARD AEB THAT CAN PROVIDE	
A CERTAIN DEGREE OF BRAKING AT HIGHWAY SPEEDS.	
- CR'S COMMITMENT TO REDUCING HARMFUL EMISSIONS FROM VEHICLES	
A 2024 RULE ISSUED BY THE ENVIRONMENTAL PROTECTION AGENCY WILL REDUCE	
EMISSIONS FROM NEW CARS AND LIGHT-DUTY TRUCKS FOR MODEL YEARS	
2027-2032, BUILDING ON PREVIOUS EPA STANDARDS FOR EARLIER MODEL YEARS.	
A CR ANALYSIS DETERMINED CONSUMERS COULD SAVE MORE THAN 1 TRILLION	
DOLLARS AND REDUCE CLIMATE POLLUTION BY OVER 12 BILLION TONS THROUGH	
2050 UNDER THIS RULE. THE RULE WILL LEAD TO INCREASED PRODUCTION OF	
CLEANER, MORE FUEL-EFFICIENT CARS. AND IT GIVES AUTOMAKERS THE	
FLEXIBILITY TO COMPLY WITH A VARIETY OF VEHICLE OPTIONS, INCLUDING	
HYBRID VEHICLES, PLUG-IN HYBRIDS, ELECTRIC VEHICLES, AND MORE EFFICIENT	
GAS-POWERED VEHICLES. THE RULE IS DESIGNED TO ENSURE CONSUMERS WILL	
CONTINUE TO HAVE A WIDE RANGE OF CHOICES, INCLUDING PICKUP TRUCKS,	

SUVS, AND MINIVANS.

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Schedule O (Form 990) 2023

Name of the organization	Employer identification numbe
CONSUMER REPORTS, INC.	T2-T//0424
N FEDERAL HEARINGS AND FORMAL COMMENTS, CR EXPRESSED SUPPORT FOR THE	
PROPOSED STANDARDS. WE STATED THAT THE STANDARDS ARE ACHIEVABLE, COST	
EFFECTIVE, AND ALIGNED WITH BOTH MARKET TRENDS AND CONSUMER INTEREST IN	
CLEANER VEHICLES. WE INVITED CR MEMBERS TO TESTIFY AT THESE HEARINGS AS	
WELL, AND WE DELIVERED THOUSANDS OF PETITION SIGNATURES TO EPA IN	
SUPPORT OF A STRONG RULE.	
- SHINING A LIGHT ON HARMFUL CHEMICALS IN AUTO SEATS	
IN AN FY24 PEER-REVIEWED STUDY, RESEARCHERS FROM DUKE UNIVERSITY AND	
THE GREEN SCIENCE POLICY INSTITUTE MADE A TROUBLING DISCOVERY: THE AIR	
AND SEAT FOAM INSIDE THE VEHICLES THEY TESTED CONTAINED FLAME-RETARDANT	
MATERIAL LINKED TO CANCERS.	
COMPANIES ADD THESE FIRE-RETARDANT CHEMICALS TO SEAT FOAM (AS WELL AS	
CHILD CAR SEATS) TO COMPLY WITH A 1971 FEDERAL MOTOR VEHICLE SAFETY	
STANDARD. THIS 53-YEAR-OLD STANDARD IS LONG OVERDUE FOR AN UPDATE. WE	
DELIVERED A PETITION WITH MORE THAN 30,000 SIGNATURES TO NHTSA	
HEADQUARTERS IN WASHINGTON, D.C.	
CR IS CALLING ON TRANSPORTATION OFFICIALS TO CONSIDER ALTERNATIVE	
TESTING METHODS. SAFETY EXPERTS POINT TO CALIFORNIA, WHICH UPDATED ITS	
RULES FOR FURNITURE FLAMMABILITY. THIS TEST MODEL DOES AWAY WITH	
OPEN-FLAME STYLE TESTING AND REPLACES IT WITH A "SMOLDER TEST," WHICH	
DOES NOT REQUIRE THESE CHEMICALS. THIS STANDARD FOR FURNITURE WAS	
EVENTUALLY ADOPTED AT THE FEDERAL LEVEL, AND IT HAS DECREASED THE USE	
DF TOXIC FLAME RETARDANTS.	Sakadula O (Farm 000) 00
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Name of the organization

CONSUMER REPORTS, INC.

Page 2 Employer identification number 13-1776434

FINANCIAL SECURITY

- CR PRESSES FOR CONSUMER PROTECTIONS FOR "BUY NOW PAY LATER" SERVICES

A NEW RULE BY THE CONSUMER FINANCIAL PROTECTION BUREAU (CFPB) REQUIRES

"BUY NOW, PAY LATER" (BNPL) PROVIDERS TO ALLOW CONSUMERS TO DISPUTE

CHARGES AND OBTAIN REFUNDSSIMILAR TO PROTECTIONS PEOPLE HAVE WHEN USING

A CREDIT CARD. CR CHAMPIONED THIS RULE, POINTING TO OUR

INVESTIGATIONS. WE FOUND THAT, WHILE BNPL SERVICES CAN BE CONVENIENT,

MANY OF THEM LACK PROTECTIONS RELATED TO FRAUD, REFUNDS, RETURNS, AND

DATA PRIVACY.

OUR NATIONALLY REPRESENTATIVE SURVEY FOUND THAT 4 PERCENT OF

PARTICIPANTS WHO HAVE USED BNPL SAID THEY HAD "DIFFICULTY STOPPING

PAYMENTS" AFTER RETURNING AN ITEM. 5 PERCENT SAID THEY "HAD DIFFICULTY

OBTAINING A REFUND." A CFPB REPORTS SAID MORE THAN 13 PERCENT OF BNPL

TRANSACTIONS INVOLVED A RETURN OR DISPUTE. OF FIVE MAJOR FIRMS

SURVEYED, CONSUMERS DISPUTED OR RETURNED \$1.8 BILLION IN TRANSACTIONS,

THE CFPB SAID.

BUILDING ON OUR VISION FOR HEIGHTENED DIGITAL STANDARDS, CR ESTABLISHED

A "FAIR DIGITAL FINANCE FRAMEWORK," WHICH HELPS US PROVIDE TIMELY AND

THOROUGH EVALUATIONS OF DIGITAL FINANCE PRODUCTS AND SERVICES. WE

SHARE THESE FINDINGS WITH THE COMPANIES AND RECOMMEND SOLUTIONS.

- CREDIT BUREAUS AGREE TO PROVIDE FREE WEEKLY CREDIT REPORTS TO

CONSUMERS

oyer identification number 13-1776434
Schedule O (Form 990) 202

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Page 2

Schedule O (Form 990) 2023	Page 2
Name of the organization CONSUMER REPORTS, INC.	Employer identification number 13-1776434
MANUFACTURERS' HAND-PICKED REPAIR SERVICE, WHICH MAY CHARGE A PREMIUM	
PRICE. IT WILL ALSO HELP REDUCE THE TONS OF ELECTRONICS THAT ARE PILING	
UP IN LANDFILLS. THE COLORADO AND OREGON LAWS ARE THE FIRST TO OUTLAW A	
MANUFACTURER'S PRACTICE CALLED "PARTS PAIRING." THIS IS WHEN A	
MANUFACTURER INSTALLS SOFTWARE TO IDENTIFY AND AUTHENTICATE REPLACEMENT	
PARTS, WHICH CAN MAKE IT HARDER FOR INDEPENDENT REPAIRERS AND	
INDIVIDUALS TO MAKE REPAIRS.	
FORM 990, PART VI, SECTION A, LINE 6:	
MEMBERS, STOCKHOLDERS	
CONSUMER REPORTS IS A NEW YORK STATE NOT-FOR-PROFIT MEMBERSHIP CORPORATION.	
THE MEMBERS FOR NEW YORK NOT-FOR-PROFIT LAW PURPOSES ARE ANY INDIVIDUAL	
WITH A PAID MEMBERSHIP TO THE CONSUMER REPORTS MEMBERSHIP PROGRAM. MEMBERS	
CAN ELECT THE BOARD OF DIRECTORS AT THE ANNUAL MEETING OF MEMBERS; ADOPT,	
AMEND OR REPEAL THE BY-LAWS OF THE CORPORATION; CALL A SPECIAL MEETING OF	
THE MEMBERS UNDER CERTAIN CIRCUMSTANCES; AND EXERCISE SUCH OTHER POWERS AS	
ARE PROVIDED BY LAW.	
FORM 990, PART VI, SECTION A, LINE 7A:	
SEE EXPLANATION ON LINE 6 ABOVE.	
FORM 990, PART VI, SECTION B, LINE 11B:	
FORM 990 REVIEW PROCESS	
THE 990 IS PREPARED UTILIZING THE ASSISTANCE OF AN INDEPENDENT ACCOUNTING	
FIRM, KPMG. THE RELATED SERVICES FROM KPMG ARE APPROVED BY THE AUDIT	
COMMITTEE AS PART OF THE AUDIT APPROVAL PROCESS. AFTER THE 990 IS	
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Name of the organization CONSUMER REPORTS, INC.	Employer identification number 13-1776434
PREPARED BY CR FINANCE DEPARTMENT WITH COORDINATION WITH KPMG, IT IS	
REVIEWED BY THE CONTROLLER AND CFO BEFORE IT IS REVIEWED AND APPROVED BY	
THE AUDIT COMMITTEE. A COPY OF THE 990 IS THEN PROVIDED TO THE BOARD OF	
DIRECTORS PRIOR TO ITS FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
CONFLICT OF INTEREST COMPLIANCE PROCESS	
CONSUMER REPORTS' BOARD OF DIRECTORS AND STAFF MEMBERS ARE REQUIRED TO FILL	
OUT AND SIGN A DISCLOSURE OF INTEREST STATEMENT AND ATTESTATION OF	
COMPLIANCE EACH YEAR. BOARD MEMBERS' FORMS ARE REVIEWED BY A COMMITTEE OF	
THE BOARD; STAFF MEMBERS' FORMS ARE REVIEWED BY AN OUTSIDE INDEPENDENT	
REVIEWER. ANY CONFLICTS WILL BE ADDRESSED WITH THE APPLICABLE BOARD OR	
STAFF MEMBER, WITH UNRESOLVED CONFLICTS ADDRESSED BY THE APPROPRIATE	
CONFLICT OF INTEREST COMMITTEE.	
POTENTIAL REMEDIES FOR CONFLICTS OF INTEREST CAN INCLUDE RECUSAL FROM	
PARTICIPATION IN THE MATTER GIVING RISE TO THE CONFLICT, DISPOSING OF AN	
INVESTMENT, TERMINATION OF EMPLOYMENT, OR RESIGNATION.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE COMPENSATION	
PROVIDED TO CR'S PRESIDENT AND SENIOR EXECUTIVE STAFF TO ENSURE THAT THEY	
ARE CONSISTENT WITH CR'S MISSION, ARE DESIGNED TO ATTRACT AND RETAIN THE	
HIGH LEVELS OF LEADERSHIP TALENT NEEDED TO ACHIEVE CR'S OPERATING PLANS,	
AND ARE COMPLIANT WITH LAW. TO THAT END, THE EXECUTIVE COMMITTEE (1)	
RECOMMENDS TO THE BOARD OF DIRECTORS COMPENSATION PLANS AND PAY LEVELS FOR	
THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, TAKING INTO ACCOUNT PEER GROUP	
PRACTICES AND ANY SPECIAL CONSIDERATIONS, AS WELL AS EMPLOYMENT AGREEMENTS;	
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Name of the organization CONSUMER REPORTS, INC.	Employer identification number 13-1776434
2) REVIEWS THE COMPENSATION OF THE PRESIDENT AND SENIOR EXECUTIVE STAFF TO	
NSURE COMPLIANCE WITH THE IRS INTERMEDIATE SANCTION REQUIREMENTS; AND (3)	
EVIEWS AND APPROVES (A) FOR EXECUTIVES REPORTING DIRECTLY TO THE	
RESIDENT, ANY PROPOSED COMPENSATION INCREASE FOR CURRENT EXECUTIVES AND	
HE PROPOSED COMPENSATION FOR ANY NEW HIRE AND (B) FOR EXECUTIVES NOT	
EPORTING DIRECTLY TO THE PRESIDENT, (I) ANY PROPOSED COMPENSATION INCREASE	
HAT EXCEEDS THE ANNUAL SALARY INCREASE GUIDELINES ESTABLISHED BY PEOPLE	
ND CULTURE AND (II) THE PROPOSED COMPENSATION FOR ANY NEW EXECUTIVE HIRE	
HAT EXCEEDS THE MARKET MEDIAN AS REPORTED IN EXECUTIVE COMPENSATION	
TUDIES CONDUCTED BY A THIRD PARTY EXECUTIVE COMPENSATION CONSULTING FIRM.	
HE EXECUTIVE COMMITTEE'S RECOMMENDATION ON THE PRESIDENT'S COMPENSATION	
LANS AND PAY LEVELS IS VOTED ON BY THE FULL BOARD OF DIRECTORS.	
ELIBERATIONS AND DECISIONS REGARDING THE FOREGOING COMPENSATION	
RRANGEMENTS ARE CONTEMPORANEOUSLY RECORDED IN THE ORGANIZATION'S MINUTES.	
O ENSURE COMPLIANCE WITH THE IRS INTERMEDIATE SANCTIONS AS REQUIRED AND	
EET THE CONDITIONS FOR THE REBUTTABLE PRESUMPTION UNDER TREASURY	
EGULATION 53.4958-6, THE COMMITTEE THAT DETERMINES COMPENSATION OF	
XECUTIVES ARE COMPOSED OF MEMBERS WHO ARE INDEPENDENT WITH RESPECT TO THE	
OMPENSATION ARRANGEMENTS. THE FOREGOING PROCESS FOR ESTABLISHING	
COMPENSATION FOR THE INDICATED PERSONS WAS LAST UNDERTAKEN IN JULY 2024.	
ORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
L, AR, CA, CT, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, ND, NH, NJ, NM, NY, OK, OR, PA, RI	
C, TN, VA, WA, WI, WV	
ORM 990, PART VI, SECTION C, LINE 19:	
UBLIC AVAILABILITY OF FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS	
ONSUMER REPORTS' ANNUAL FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE	
³²²¹² 11-14-23 72 20314 153541 246398 2023.05060 CONSUMER RI	Schedule O (Form 990) 20 EPORTS , INC - 2463

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Schedule O (Form 990) 2023 Name of the organization CONSUMER REPORTS, INC.		Employer identification number 13-1776434
PUBLIC ON ITS WEBSITE, WWW.CONSUMERREPORTS.ORG. OUR GO	WERNING DOCIMENTS	
FORM 1023, AND CONFLICT OF INTEREST POLICY ARE AVAILAB	SLE TO THE POBLIC	
UPON REQUEST.		
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
UNREALIZED GAIN INTEREST RATE SWAP	912,432.	
PENSION RELATED CHANGES	-5,127,394.	
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	-207,072.	
ROUNDING		
TOTAL TO FORM 990, PART XI, LINE 9	-4,422,034.	
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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.

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

Name of the organization

CONSUMER REPORTS, 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	Name, address, and EIN (if applicable) Primary activity		(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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 Part II organizations during the tax year.

(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		g) 512(b)(13) rolled ity?
				501(c)(3))	Yes	No
	-					
	1					
	1					
]					

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

Open to Public Inspection

Employer identification number

13-1776434



Schedule R (Form 990) 2023

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	(c) Legal domicile (state or foreign	(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	ent	(i) ction b)(13) rolled tity?
		country)		,				Yes	No
CHARITABLE REMAINDER TRUST (2)	ANNUITY	NY	N/A	TRUST				x	
				11001					<u> </u>
	-								
	-								
	-								
	-								
	-								

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.

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
 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? 		100	110
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		х
b Gift, grant, or capital contribution to related organization(s)			х
c Gift, grant, or capital contribution from related organization(s)			Х
d Loans or loan guarantees to or for related organization(s)			Х
e Loans or loan guarantees by related organization(s)			Х
f Dividends from related organization(s)			X
g Sale of assets to related organization(s)			X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	<u>1i</u>		Х
j Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>		X
	41.		х
 k Lease of facilities, equipment, or other assets from related organization(s) b Defense of an element of the second second			X
I Performance of services or membership or fundraising solicitations for related organization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)		$\left \right $	<u>x</u>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			X
o Sharing of paid employees with related organization(s)			X
p Reimbursement paid to related organization(s) for expenses	10		х
q Reimbursement paid by related organization(s) for expenses			Х
r Other transfer of cash or property to related organization(s)	1r		Х
s Other transfer of cash or property from related organization(s)	1s		Х
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 three	sholds.		

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

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) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501(org Yes	(f) Share of total income	(g) Share of end-of-year assets	(r Dispr tior allocat Yes	opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	or Percentage ownership

Schedule R (Form 990) 2023