

Return of Organization Exempt From Income Tax

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

A For the 2019 calendar year, or tax year beginning 06/01, 2019, and ending 05/31, 2020

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CONSUMER REPORTS, INC. Doing business as		D Employer identification number 13-1776434
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 101 TRUMAN AVENUE		E Telephone number (914) 378-2000
	City or town, state or province, country, and ZIP or foreign postal code YONKERS, NY 10703-1044		G Gross receipts \$ <u>259,405,971.</u>
	F Name and address of principal officer: MARTA L. TELLADO 101 TRUMAN AVENUE, YONKERS, NY 10703-1057		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If "No," attach a list. (see instructions)</small>
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.CONSUMERREPORTS.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: <u>1936</u> M State of legal domicile: <u>NY</u>	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: WE ARE AN INDEPENDENT, NONPROFIT ORGANIZATION THAT WORKS SIDE BY SIDE WITH CONSUMERS FOR TRUTH, TRANSPARENCY, AND FAIRNESS IN THE MARKETPLACE.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	15.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15.
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	673.
	6	Total number of volunteers (estimate if necessary)	6	17.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	9,970,694.
7b	Net unrelated business taxable income from Form 990-T, line 39	7b	3,281,298.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	35,065,192.	31,958,978.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	210,164,958.	211,879,759.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,369,180.	5,551,753.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	947,250.	732,438.
	12		254,546,580.	250,122,928.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	160,000.	259,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	97,906,755.	95,643,150.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	356,065.	276,278.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 11,835,107.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	146,905,756.	138,783,619.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	245,328,576.	234,962,047.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	9,218,004.	15,160,881.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	387,779,531.	399,304,068.
	22	Net assets or fund balances. Subtract line 21 from line 20	219,831,245.	221,992,497.
22		167,948,286.	177,311,571.	

Part II Signature Block

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

Sign Here	Signature of officer	<u>3/25/2021</u> Date
	ERIC WAYNE Type or print name and title	SR. VP AND CFO

Paid Preparer Use Only	Print/Type preparer's name CHRISTINA ROSSETTI	Preparer's signature 	Date 03/04/2021	Check <input type="checkbox"/> if self-employed	PTIN P01491094
	Firm's name ▶ KPMG LLP	Firm's EIN ▶ 13-5565207		Phone no. 212-758-9700	
	Firm's address ▶ 345 PARK AVENUE NEW YORK, NY 10154-0102				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2019)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

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.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
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 services? Yes No
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 others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 186,559,476. including grants of \$) (Revenue \$ 211,879,759.)
CONSUMER INFORMATION, PRODUCT INFORMATION. SEE SCHEDULE O FOR ADDITIONAL INFORMATION.

4b (Code:) (Expenses \$ 15,391,668. including grants of \$) (Revenue \$)
EDUCATION AND ADVOCACY PROGRAMS FOR HEALTH AND SAFETY. SEE SCHEDULE O FOR ADDITIONAL INFORMATION.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 201,951,144.

Part 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)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		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? <i>If "Yes," complete Schedule C, Part II.</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		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? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f 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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (15), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 1
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARTA L. TELLADO PRESIDENT & CEO	45.00 0.			X				766,969.	0.	51,765.
(2) LEONORA WIENER SR. VP & COO	45.00 0.			X				476,289.	0.	57,126.
(3) JASON FOX VP, CHIEF DIGITAL OFFICER	45.00 0.				X			411,224.	0.	71,118.
(4) LIAM MCCORMACK VP, RES, TESTING & INSIGHTS	45.00 0.				X			392,589.	0.	61,680.
(5) ERIC WAYNE SR. VP & CFO	45.00 0.			X				383,750.	0.	66,346.
(6) MICHAEL HUBNER VP, GEN COUNSEL	45.00 0.				X			415,991.	0.	32,735.
(7) GWENDOLYN BOUNDS VP, CHIEF CONTENT OFFICER	45.00 0.					X		392,901.	0.	41,683.
(8) MATTHEW ANCHIN VP CHIEF COMM OFCR THRU 4/4/20	45.00 0.					X		355,927.	0.	53,904.
(9) ESTHER HAN VP, CHIEF INTELLIGENCE OFCR	45.00 0.					X		342,776.	0.	51,449.
(10) SHAR TAYLOR VP, CHF SOC IMPACT OFCR	45.00 0.				X			340,050.	0.	38,691.
(11) PETER DIRENZO CHIEF TECHNOLOGY OFFICER	45.00 0.					X		317,219.	0.	59,632.
(12) GEOFFREY MACDOUGALL VP, DEVELOPMENT THRU 8/29/20	45.00 0.					X		311,384.	0.	56,596.
(13) LISA CRIBARI VP, CHIEF HR OFCR THRU 11/9/19	45.00 0.				X			309,657.	0.	52,133.
(14) BRENT DIAMOND FORMER VP, CON DATA & MKT OP	0. 0.						X	316,068.	0.	24,870.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) KIMBERLY MILLER ----- FORMER VP, CHIEF MKT OFCR	0. ----- 0.						X	285,793.	0.	26,664.
(16) ANNETTE LOVOI ----- CHAIR	2.00 ----- 0.	X						0.	0.	0.
(17) THOMAS C. VOICE ----- VICE CHAIR	2.00 ----- 0.	X						0.	0.	0.
(18) JOAQUIN ALVARADO ----- SECRETARY	2.00 ----- 0.	X						0.	0.	0.
(19) DEBORAH A. COWAN ----- TREASURER THRU 10/18/19	2.00 ----- 0.	X						0.	0.	0.
(20) A. YESIM ORHUN ----- TREASURER AS OF 10/18/19	2.00 ----- 0.	X						0.	0.	0.
(21) MARCIA S. ARONOFF ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(22) BARAK BERKOWITZ ----- DIRECTOR THRU 9/30/19	2.00 ----- 0.	X						0.	0.	0.
(23) KATHLEEN ENGEL ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(24) JOANNE HOVIS ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(25) WILLIE E. MAY ----- DIRECTOR AS OF 10/16/19	2.00 ----- 0.	X						0.	0.	0.
1b Sub-total								5,818,587.	0.	746,392.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								5,818,587.	0.	746,392.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 360

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 103

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(26) EDMUND MIERZWINSKI ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.	
(27) RUSSELL G. NOLES ----- DIRECTOR AS OF 10/16/19	2.00 ----- 0.	X						0.	0.	0.	
(28) WILLARD P. OGBURN ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.	
(29) BETSY D. SCOLNIK ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.	
(30) MICAH L. SIFRY ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.	
(31) CALVIN SIMS ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.	
(32) ELLEN TAUS ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.	
1b Sub-total								0.	0.	0.	
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)											

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 360

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e	318,398.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	31,640,580.				
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 110,550.				
	h	Total. Add lines 1a-1f ▶		31,958,978.				
	Program Service Revenue	2a	SUBSCRIPTION, NEWSSTAND & OTHER	Business Code	511120	96,250,586.	96,250,586.	
b		ONLINE SUBSCRIPTION SALES		519130	115,428,186.	105,457,492.	9,970,694.	
c		TESTING REVENUE		541380	200,987.	200,987.		
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f ▶			211,879,759.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts). ▶			1,495,684.		1,495,684.
	4	Income from investment of tax-exempt bond proceeds . ▶			0.			
	5	Royalties ▶			732,438.		732,438.	
	6a	Gross rents	6a	(i) Real				
				(ii) Personal				
					198,837.			
	b	Less: rental expenses	6b		198,837.			
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss) ▶			0.			
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
					13,140,275.			
	b	Less: cost or other basis and sales expenses . .	7b		9,084,206.			
	c	Gain or (loss)	7c		4,056,069.			
	d	Net gain or (loss) ▶			4,056,069.		4,056,069.	
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		0.				
			8b	0.				
			c	Net income or (loss) from fundraising events. ▶		0.		
9a	Gross income from gaming activities. See Part IV, line 19	9a		0.				
			9b	0.				
			c	Net income or (loss) from gaming activities. ▶		0.		
10a	Gross sales of inventory, less returns and allowances	10a		0.				
			10b	0.				
			c	Net income or (loss) from sales of inventory. ▶		0.		
Miscellaneous Revenue	11a		Business Code					
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d ▶			0.			
12	Total revenue. See instructions ▶			250,122,928.	201,909,065.	9,970,694.	6,284,191.	

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Compensation, Salaries, Advertising, and Total functional expenses.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	578,090.	1	442,282.
	2 Savings and temporary cash investments	15,594,519.	2	25,078,542.
	3 Pledges and grants receivable, net	510,007.	3	939,540.
	4 Accounts receivable, net.	6,664,650.	4	9,840,085.
	5 Loans and other receivables from 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	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	3,890,552.	8	3,460,771.
	9 Prepaid expenses and deferred charges	7,762,015.	9	7,180,652.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 215,278,202.		
	b Less: accumulated depreciation.	10b 155,410,884.		
	11 Investments - publicly traded securities.	288,167,402.	11	290,107,652.
	12 Investments - other securities. See Part IV, line 11.	0.	12	0.
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	2,153,870.	15	2,387,226.
16 Total assets. Add lines 1 through 15 (must equal line 33)	387,779,531.	16	399,304,068.	
Liabilities	17 Accounts payable and accrued expenses	22,471,949.	17	20,033,447.
	18 Grants payable	0.	18	0.
	19 Deferred revenue.	116,119,441.	19	115,081,503.
	20 Tax-exempt bond liabilities.	36,874,000.	20	35,391,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other 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	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties.	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	44,365,855.	25	51,486,547.
	26 Total liabilities. Add lines 17 through 25.	219,831,245.	26	221,992,497.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	159,796,691.	27	169,806,140.
	28 Net assets with donor restrictions.	8,151,595.	28	7,505,431.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
	32 Total net assets or fund balances	167,948,286.	32	177,311,571.
33 Total liabilities and net assets/fund balances.	387,779,531.	33	399,304,068.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	250,122,928.
2	Total expenses (must equal Part IX, column (A), line 25)	2	234,962,047.
3	Revenue less expenses. Subtract line 2 from line 1	3	15,160,881.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	167,948,286.
5	Net unrealized gains (losses) on investments	5	7,590,346.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-13,387,942.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	177,311,571.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
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?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

CONSUMER REPORTS, INC.

Employer identification number

13-1776434

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 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 government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2019

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	31,491,507.	35,414,377.	28,653,917.	35,065,192.	31,958,978.	162,583,971.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	31,491,507.	35,414,377.	28,653,917.	35,065,192.	31,958,978.	162,583,971.
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).						3,230,662.
6 Public support. Subtract line 5 from line 4						159,353,309.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4.	31,491,507.	35,414,377.	28,653,917.	35,065,192.	31,958,978.	162,583,971.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,625,674.	2,189,397.	2,080,905.	2,575,454.	2,426,959.	10,898,389.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	1,274,364.	1,471,562.	1,833,300.	2,117,392.	3,287,901.	9,984,519.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10.						183,466,879.
12 Gross receipts from related activities, etc. (see instructions)					12	1,014,250,825.
13 First five 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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)).	14	86.86%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	88.09%
16a 33 1/3% support test - 2019. 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. ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2018. 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 ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2019. 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. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2018. 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. ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization'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 disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 in 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 five 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

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . ►

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
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 in (b) and (c) below, the governing body of a supported organization?	11 a	
b A family member of a person described in (a) above?	11 b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11 c	

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	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 instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
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? <i>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.</i>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) 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? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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		

Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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 1-1/2% 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 .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 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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.)

SCHEDULE A, 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.

Schedule of Contributors

2019

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

Name of the organization CONSUMER REPORTS, INC.	Employer identification number 13-1776434
--	--

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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 or 990-EZ), 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, 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 ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization **CONSUMER REPORTS, INC.**

Employer identification number
13-1776434

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,502,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **CONSUMER REPORTS, INC.**

Employer identification number

13-1776434

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization **CONSUMER REPORTS, INC.**

Employer identification number
13-1776434

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

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.

Name of organization CONSUMER REPORTS, INC.	Employer identification number 13-1776434
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and 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 employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2019

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
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 (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
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					

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)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 main columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Blank lines for supplemental information.

Part IV Supplemental Information *(continued)*

SCHEDULE C, PART II-B

LINE 1A - VOLUNTEERS TESTIFY BEFORE CONGRESS AND STATE LEGISLATURES;
SPEAK AT PRESS CONFERENCES REGARDING STATE AND FEDERAL LEGISLATION; LOBBY
LEGISLATORS.

LINE 1B - PAID STAFF OR MANAGEMENT: PLEASE SEE BELOW ACTIVITIES, AS STAFF
AND MANAGEMENT ARE INCLUDED IN THOSE ACTIVITIES AND TOTALS.

LINE 1C - MEDIA ADVERTISEMENTS: MEDIA SPACE PURCHASED IN PRINT & RADIO.

LINE 1D - MAILING TO MEMBERS, LEGISLATORS, OR THE PUBLIC: ACTION ALERTS
TO THE PUBLIC.

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: LETTERS; FACE-TO-FACE COMMUNICATIONS,
EMAILS; TELEPHONE CALLS WITH STATE AND FEDERAL LEGISLATORS, INCLUDING
PREPARATION; TRAVEL TIME, LEGISLATIVE TESTIMONY.

LINE 1H - RALLIES, DEMONSTRATIONS, SEMINARS, CONVENTIONS, SPEECHES,
LECTURES, OR ANY SIMILAR MEANS: SPEECHES; RALLIES; CONFERENCES WHERE CR
STAFF SUPPORTS OR OPPOSES STATE & FEDERAL LEGISLATION OR RULEMAKING
PUBLICLY.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Name of the organization

CONSUMER REPORTS, INC.

Employer identification number

13-1776434

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

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

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

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

Table with 3 columns: Line number, Description, Amount. Includes questions 1a, 1b, 2, 2a, 2b regarding art and historical treasures.

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

Schedule D (Form 990) 2019

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

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

(a) Description of security or category (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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	110,000.
(2) PENSION LIABILITY	30,738,384.
(3) CHARITABLE GIFT ANNUITY	8,695,312.
(4) LIABILITY DERVIATIVE INSTRUMENT	7,073,400.
(5) ASC 712 LIABILITY	2,080,379.
(6) LIFETIME SUBSCRIBER LIABILITY	1,429,000.
(7) CRUT LIABILITY	1,107,830.
(8) OTHER DEFERRED	252,242.
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	51,486,547.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 250,122,928.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 234,962,047.

Part 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.

SEE PAGE 5

Series of horizontal lines provided for entering supplemental information.

Part XIII Supplemental Information (continued)

RECONCILIATION OF REVENUE

SCHEDULE D, PART XI, LINE 2D

UNREALIZED LOSS ON INTEREST RATE SWAP	\$	(2,044,014)
PENSION RELATED CHARGES	\$	(11,161,616)
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	\$	(184,000)

	\$	(13,389,630)

SCHEDULE D, PART XI, LINE 4B

RENTAL EXPENSES	\$	(198,837)
OTHER ROUNDING	\$	120

	\$	(198,717)

RECONCILIATION OF EXPENSES

SCHEDULE D, PART XII, LINE 4B

RENTAL EXPENSES	\$	(198,837)
OTHER ROUNDING	\$	523

	\$	(198,314)

SCHEDULE D, PART X, LINE 2

FIN 48 UNCERTAINTY IN TAXES

UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, CONSUMER REPORTS [CR] IS EXEMPT FROM TAXES ON INCOME, EXCEPT FOR UNRELATED BUSINESS INCOME. FOR THE YEARS ENDED MAY 31, 2020 AND 2019, PROVISIONS FOR INCOME TAXES WERE \$993,000 AND \$639,000, 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

Part XIII Supplemental Information *(continued)*

SUSTAINED UPON EXAMINATION. ACCORDINGLY, CR BELIEVES THAT THERE ARE NO UNRECOGNIZED BENEFITS OR APPLICABLE INTEREST AND PENALTIES THAT SHOULD BE RECORDED. CR'S TAX RETURNS FOR THE FISCAL YEARS ENDED MAY 31, 2017, 2018 AND 2019 ARE SUBJECT TO EXAMINATION BY FEDERAL, STATE AND LOCAL AUTHORITIES.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

CONSUMER REPORTS, INC.

Employer identification number

13-1776434

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EUROPE	0.	0.	PROGRAM SERVICES	PUBLICATION INFO.	1,091,599.
(2) NORTH AMERICA	0.	0.	PROGRAM SERVICES	PUBLICATION INFO.	883,452.
(3) EUROPE	0.	0.	GRANTMAKING		2,000.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					1,977,051.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					1,977,051.

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

Schedule F (Form 990) 2019

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)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes 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 Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes 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? *If "Yes," 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 Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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).

PART I, LINE 2 - GRANTS & OTHER ASSIST. TO ORGANIZATIONS OUTSIDE OF THE US
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 SUB-GRANT AGREEMENT BETWEEN CR AND THE GRANTEE.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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, line 6a.

2019

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

CONSUMER REPORTS, INC.

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 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

- 2a** 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? **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.

(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) organization
		Yes	No			
1 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total					276,278.	-276,278.

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, NV, NH, NJ, NM, NY, NC, ND, OH,
OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

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
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
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 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	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 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? Yes No
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: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

PART I, LINE 2B - HIGHEST PAID FUNDRAISER ACTIVITIES

FUNDRAISER: GIFT STRATEGIES LLC

ACTIVITY: PLANNED GIVING AND BEQUEST PROGRAM DEVELOPMENT AND LEADERSHIP

CONSULTING

FUNDRAISER: PARISE DESIGN, INC.

ACTIVITY: STRATEGIC AND CREATIVE CONSULTING ON DIRECT MAIL FUNDRAISING

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

FUNDRAISER: MAL WARWICK & ASSOCIATES INC

ACTIVITY: STRATEGIC CONSULTING AND PROJECT MANAGEMENT FOR ONLINE

FUNDRAISING

FUNDRAISER: SANKY COMMUNICATIONS, INC.

ACTIVITY: STRATEGIC AND CREATIVE CONSULTING ON DIRECT MAIL FUNDRAISING

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

FUNDRAISER: SAGE COMMUNICATIONS

ACTIVITY: STRATEGIC AND CREATIVE CONSULTING ON DIRECT MAIL FUNDRAISING

FUNDRAISER: EIDOLON COMMUNICATIONS

ACTIVITY: STRATEGIC AND CREATIVE CONSULTING ON DIRECT MAIL FUNDRAISING

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

FUNDRAISER: TOM GAFFNY CONSULTING

ACTIVITY: STRATEGIC AND CREATIVE CONSULTING ON DIRECT MAIL FUNDRAISING

FUNDRAISER: ADELE LINARDUCCI DESIGN

ACTIVITY: STRATEGIC AND CREATIVE CONSULTING ON DIRECT MAIL FUNDRAISING

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
		YES	NO			
GIFT STRATEGIES LLC 1539 FALL RIVER AVE, SUITE 3 SEEKONK MA 02771	SEE PART IV		X		120,397.	-120,397.
PARISE DESIGN, INC. 5 SCHUMAN ROAD MILLWOOD NY 10546	SEE PART IV		X		54,829.	-54,829.
MAL WARWICK & ASSOCIATES 2550 NINTH STREET, SUITE 103 BERKELEY CA 94710	SEE PART IV		X		30,212.	-30,212.
SANKY COMMUNICATIONS, INC 599 11TH AVENUE, 6TH FLOOR NEW YORK NY 10036	SEE PART IV		X		19,790.	-19,790.
SAGE COMMUNICATIONS 28 JOHN H FINLEY III WAY STE 202 FRAMINGHAM MA 01701-4193	SEE PART IV		X		18,000.	-18,000.

EIDOLON COMMUNICATIONS 15 MAIDEN LANE STE 1401 NEW YORK NY 10038-5113	SEE PART IV	X	12,750.	-12,750.
TOM GAFFNY CONSULTING 71 CLIFF ROAD WELLESLEY MA 02481	SEE PART IV	X	10,400.	-10,400.
ADELE LINARUCCI DESIGN 6 LAUREL HILL ROAD RIDGEFIELD CT 06877-6112	SEE PART IV	X	9,900.	-9,900.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CONSUMER REPORTS, INC.

Employer identification number

13-1776434

Part I General Information on Grants and Assistance

- 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? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) DUKE UNIVERSITY 324 BLACKWELL ST WASHIN DURHAM, NC 22701	56-0532129	501 (C) (3)	125,000.				ARCHIVES PROJECT
(2) CONSUMER FEDERATION OF AMERICA 1620 I ST. NW STE 200 WASHINGTON, DC 20006	52-0880625	501 (C) (3)	80,000.				STATE AND LOCAL GRANT SUPPORT
(3) CONSUMER FEDERATION OF AMERICA 1620 I ST. NW STE 200 WASHINGTON, DC 20006	52-0880625	501 (C) (3)	25,000.				SUPPORT FOR STATE & LOCAL MEETINGS
(4) US PIRG EDUCATION FUND 600 PENN. AVE SE WASHINGTON, DC 20003	52-1384240	501 (C) (3)	25,000.				SUPPORT FOR ADVOCACY CNSMR PROTEC
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 3.

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) (2019)

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 non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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 THROUGH THE COLSTON E.

WARNE SMALL GRANTS PROGRAM 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 HAVE TANGIBLE GOALS AND OBJECTIVES.

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 non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

- THE ORGANIZATION SPONSORING THE PROJECT HAS A CLEAR PLAN FOR DEVELOPING ALTERNATE SOURCES OF FUNDING, SO THAT THE PROJECT CAN BECOME SELF-SUPPORTING AND CONTINUE WHEN THE GRANT PERIOD ENDS.

- 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.

- WE ARE ESPECIALLY INTERESTED IN PROJECTS THAT PROVIDE DIRECT BENEFITS TO LOW-INCOME AND MINORITY CONSUMERS.

- WHERE POSSIBLE, PROJECTS MUST OBTAIN MATCHING FUNDS AND /OR LEVERAGE IN-KIND RESOURCES FROM OTHER SOURCES.

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 non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

- THE PROJECTS MUST MAKE SENSE IN THE CONTEXT OF THE NEEDS AND OPPORTUNITIES OF THE OVERALL CONSUMER MOVEMENT. THEY MUST CONTRIBUTE TO CAPACITY-BUILDING OF ORGANIZATIONS, AND HELP SUSTAIN THE CONSUMER MOVEMENT.

- CR'S PURPOSES MUST BE MEASURED IN TERMS OF THE BENEFITS INDIRECTLY REALIZED BY THOUSANDS OF CONSUMERS WHO ARE BETTER INFORMED OR BETTER SERVED AS A CONSEQUENCE OF THE WORK WHICH THE MONEY SUPPORTS. " (CONSUMER REPORTS, MARCH, 1958, P. 163) ".

- BECAUSE OUR FUNDS ARE LIMITED, OUR OPERATING STRATEGY IS TO IDENTIFY PROSPECTIVE GRANTEES AND INVITE THEM TO APPLY. MOST GRANTS ARE AWARDED TO

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 non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

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 SUB-GRANT AGREEMENT BETWEEN CR AND THE GRANTEE.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CONSUMER REPORTS, INC.

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

13-1776434

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 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 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2019

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARTA L. TELLADO PRESIDENT & CEO	(i)	663,731.	60,000.	43,238.	47,000.	4,765.	818,734.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 ERIC WAYNE SR. VP & CFO	(i)	351,612.	15,000.	17,138.	34,452.	31,894.	450,096.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 LEONORA WIENER SR. VP & COO	(i)	455,794.	15,000.	5,495.	44,973.	12,153.	533,415.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 LISA CRIBARI VP, CHIEF HR OFCR THRU 11/9/19	(i)	266,915.	15,000.	27,742.	30,756.	21,377.	361,790.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 JASON FOX VP, CHIEF DIGITAL OFFICER	(i)	387,517.	15,000.	8,707.	39,194.	31,924.	482,342.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 MICHAEL HUBNER VP, GEN COUNSEL	(i)	403,231.	10,000.	2,760.	28,000.	4,735.	448,726.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 LIAM MCCORMACK VP, RES, TESTING & INSIGHTS	(i)	377,506.	10,000.	5,083.	38,046.	23,634.	454,269.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 SHAR TAYLOR VP, CHF SOC IMPACT OFCR	(i)	323,118.	15,000.	1,932.	26,754.	11,937.	378,741.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 GWENDOLYN BOUNDS VP, CHIEF CONTENT OFFICER	(i)	373,258.	15,000.	4,643.	36,918.	4,765.	434,584.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 ESTHER HAN VP, CHIEF INTELLIGENCE OFCR	(i)	318,457.	10,000.	14,319.	28,000.	23,449.	394,225.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 MATTHEW ANCHIN VP CHIEF COMM OFCR THRU 4/4/20	(i)	338,437.	12,000.	5,490.	34,895.	19,009.	409,831.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 PETER DIRENZO CHIEF TECHNOLOGY OFFICER	(i)	297,677.	10,000.	9,542.	27,993.	31,639.	376,851.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 GEOFFREY MACDOUGALL VP, DEVELOPMENT THRU 8/29/20	(i)	271,978.	37,200.	2,206.	27,722.	28,874.	367,980.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 BRENT DIAMOND FORMER VP, CON DATA & MKT OP	(i)	6,584.	0.	309,484.	7,953.	16,917.	340,938.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 KIMBERLY MILLER FORMER VP, CHIEF MKT OFCR	(i)	126,032.	0.	159,761.	21,629.	5,035.	312,457.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16	(i)							
	(ii)							

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 - SEVERANCE PAYMENTS

BRENT DIAMOND - \$297,080

KIMBERLY MILLER - \$148,293

PART I, LINE 7

COLUMN B (II)

	BONUS & INCENTIVE COMPENSATION	DISCRET. (MERIT)
MARTA L. TELLADO	60,000	60,000*
ERIC WAYNE	15,000	15,000
LEONORA WIENER	15,000	15,000
LISA CRIBARI	15,000	15,000
JASON FOX	15,000	15,000
MICHAEL HUBNER	10,000	10,000
LIAM MCCORMACK	10,000	10,000
SHAR TAYLOR	15,000	15,000
GWENDOLYN BOUNDS	15,000	15,000
ESTHER HAN	8,558	8,558
MATTHEW ANCHIN	12,000	12,000

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.

PETER DIRENZO	10,000	10,000
GEOFFREY MACDOUGALL	37,200	37,200

*DUE TO A CLERICAL ERROR, A BONUS PAYMENT FOR MARTA TELLADO THAT SHOULD HAVE BEEN MADE IN 2018 WAS DELAYED UNTIL FEBRUARY 2019. AS A RESULT, THE MERIT BONUS DISPLAYED ON THIS SCHEDULE REPRESENTS 2 YEARS OF BONUSES.

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

2019

▶ **Attach to Form 990.**

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
CONSUMER REPORTS, INC.

Employer identification number
13-1776434

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A CITY OF YONKERS INDUSTRIAL DEVELOPMENT AGENCY	52-1294255	986083BN2	12/22/2005	47,300,000.	MULTI-MODAL CIVIL FACILITY REVENUE		X		X		X
B											
C											
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	11,750,000.							
2 Amount of bonds legally defeased								
3 Total proceeds of issue	47,300,000.							
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	560,305.							
8 Credit enhancement from proceeds	1,066,734.							
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	9,980,132.							
11 Other spent proceeds	35,692,829.							
12 Other unspent proceeds								
13 Year of substantial completion								
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X							
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Schedule K (Form 990) 2019

Part III Private Business Use		CITY OF YONKERS INDUSTRIAL DEVELOPMENT AGENCY							
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X							
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?		X						
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
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 ▶	.0511 %							
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 ▶	.2249 %							
6	Total of lines 4 and 52760 %							
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental 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								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and 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							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

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 USE
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

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ 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.

Name of the organization
CONSUMER REPORTS, INC.

Employer identification number
13-1776434

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	20.	110,550.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other.				
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 organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2019

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 20 REPRESENTS THE NUMBER OF GIFT ITEMS OR CONTRIBUTORS THAT DONATED OF PUBLICLY TRADED SECURITIES RECEIVED BY CONSUMER REPORTS, INC. IN FISCAL YEAR 2020. EACH GIFT ITEM OR CONTRIBUTOR HAS EITHER ONE OR MULTIPLE SHARES OF PUBLICLY TRADED SECURITIES THAT WERE DONATED TO THE ORGANIZATION. THESE SECURITES ARE SOLD FOR CASH PROMPTLY AFTER CR TAKES POSSESSION.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CONSUMER REPORTS, INC.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

13-1776434

FORM 990, PART III, LINE 4A

CONSUMERS INFORMATION:

CONSUMER REPORTS PUBLISHES AND DISSEMINATES INFORMATION AND ADVICE TO CONSUMERS REGARDING TOPICS SUCH AS CONSUMER GOODS, SERVICES, HEALTH AND PERSONAL FINANCE IN ORDER TO EFFECT ITS EDUCATIONAL PURPOSE. THE NUMBER OF PAID SUBSCRIBERS FOR EACH AS OF 5/31/20 INCLUDE CONSUMER REPORTS MAGAZINE 3,103,981; CONSUMER REPORTS ON HEALTH 554,405; AND CR ONLINE 2,820,039. CONSUMER REPORTS DOES NOT ACCEPT OUTSIDE ADVERTISING IN ANY OF ITS PUBLICATIONS. IN ADDITION, CONSUMER REPORTS DISSEMINATES CONSUMER INFORMATION THROUGH OTHER PRINT, RADIO, TELEVISION, ELECTRONIC PUBLISHING AND INTERACTIVE MEDIA.

PRODUCT INFORMATION:

CONSUMER REPORTS CONDUCTS INDEPENDENT AND IMPARTIAL TESTS AND ANALYSES ON A WIDE RANGE OF CONSUMER PRODUCTS AND SERVICES, SUCH AS ELECTRONICS, APPLIANCES, HOUSEHOLD PRODUCTS, INSURANCE, RECREATIONAL GOODS, AND CARS. THE TESTS AND SURVEYS EVALUATE HOW THE PRODUCTS AND SERVICES PERFORM AND EDUCATE CONSUMERS ON THE EXTENT TO WHICH THEY ARE CONVENIENT, SAFE, AND ECONOMICAL. DURING THE FISCAL YEAR ENDED 5/31/20, CONSUMER REPORTS CONDUCTED TESTS AND EVALUATIONS ON MORE THAN 1,900 MODELS OF VARIOUS CONSUMER PRODUCTS, MAKING USE OF ABOUT 60 LABORATORIES AND ITS AUTO TRACK. THE INFORMATION GATHERED AS A RESULT OF THESE TESTS IS DISSEMINATED TO THE GENERAL PUBLIC AS DESCRIBED ABOVE.

Name of the organization CONSUMER REPORTS, INC.	Employer identification number 13-1776434
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FORM 990, PART III, LINE 4B

EDUCATION AND ADVOCACY PROGRAMS:

CONSUMER REPORTS IS DEDICATED TO IMPROVING THE LIVES OF CONSUMERS AND CREATING A FAIR AND JUST MARKETPLACE. WE ARE AN INDEPENDENT NONPROFIT ORGANIZATION WITH 6 MILLION MEMBERS THAT SEEKS TO INFORM AND EMPOWER CONSUMERS TO ESTABLISH A NEW ERA OF CONSUMER RIGHTS. FOR MORE THAN 80 YEARS, 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 HELPING POLICYMAKERS ENSHRINE THE RIGHTS AND INTERESTS OF CONSUMERS IN LAWS AND REGULATIONS. WE PROVIDE TRUSTED INFORMATION THROUGH TESTING, RATINGS, AND REVIEWS; SURVEYS, REPORTS AND ANALYSIS; 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 CR.ORG, SOCIAL MEDIA, WEBINARS, PARTNERSHIPS WITH 170 ENGLISH AND SPANISH LOCAL TV STATIONS, AND MEDIA COVERAGE. THESE COMBINED EFFORTS LEVERAGE CONSUMER DEMAND TO PUSH THE 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' LONGSTANDING COMMITMENT TO EDUCATING CONSUMERS AND ADVOCATING FOR LAWS, POLICIES AND PRACTICES THAT BENEFIT CONSUMERS IS EXEMPLIFIED BY OUR FY 20 (JUNE 1, 2019 THROUGH MAY 31, 2020) ACCOMPLISHMENTS, SOME OF WHICH INCLUDE:

Name of the organization CONSUMER REPORTS, INC.	Employer identification number 13-1776434
--	--

COVID-19:

- HELPING PEOPLE STAY SAFE, STAY INFORMED DURING THE PANDEMIC AS THE CORONAVIRUS STARTED TO SPREAD IN THE U.S., CONSUMER REPORTS MARSHALED ITS RESOURCES TO DELIVER DAILY, EVIDENCE-BASED REPORTING AND ADVICE, FREE OF CHARGE. CR HAS PUBLISHED HUNDREDS OF FREE ONLINE STORIES AND SOCIAL MEDIA ITEMS, PLUS MONTHLY PRINT STORIES, TO HELP PEOPLE NAVIGATE THE PANDEMIC. CR TOPICS RANGE FROM CHOOSING A MASK TO SAFEGUARDING A HOME, FROM MANAGING YOUR FINANCES TO IDENTIFYING MISINFORMATION ON SOCIAL MEDIA.

THERE HAVE BEEN MORE THAN 15.6 MILLION UNIQUE VISITORS TO CR'S FREE ONLINE CONTENT ABOUT CORONAVIRUS. A SINGLE STORY -- "COMMON HOUSEHOLD PRODUCTS THAT CAN DESTROY NOVEL CORONAVIRUS" -- HAS GOTTEN MORE THAN 4 MILLION UNIQUE VISITS, CR'S MOST-VISITED ONLINE STORY EVER.

- ADVOCATING FOR FINANCIAL RELIEF FOR CONSUMERS IN ADDITION TO CR'S REPORTING AND ADVICE TO HELP CONSUMERS PROTECT THEMSELVES, WE ARE ADVOCATING FOR THE MILLIONS OF AMERICANS WHO HAVE BEEN IMPACTED BY THE DEVASTATING ECONOMIC EFFECTS OF COVID-19. CR IS ACTIVELY URGING COMPANIES AND GOVERNMENTS TO PROVIDE RELIEF FOR PEOPLE WHO HAVE LOST JOBS, FACE A MOUNTAIN OF BILLS, AND MUST MANAGE ENORMOUS HEALTH AND FINANCIAL CHALLENGES DURING THE PANDEMIC. WE PRESSED LENDERS TO PROVIDE CLARITY AND ASSURANCES FOR PEOPLE NEEDING LOAN FORBEARANCE. WE URGED CONGRESS TO APPROVE CORONAVIRUS RELIEF LEGISLATION, WHILE WE CONTINUE TO

Name of the organization CONSUMER REPORTS, INC.	Employer identification number 13-1776434
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PUSH FOR STRONGER MEASURES AS CASES CONTINUE TO CLIMB. CR IS ADVOCATING FOR MAKING BROADBAND INTERNET SERVICE MORE AVAILABLE, RELIABLE AND AFFORDABLE AS MANY PEOPLE MUST WORK AND LEARN FROM HOME. WE ARE PETITIONING GOVERNORS AND CONGRESS TO CALL FOR A STOP TO WATER SHUTOFFS FOR PEOPLE STRUGGLING FINANCIALLY. CR IS HELPING CONSUMERS GET REFUNDS FOR CANCELLED AIRLINE FLIGHTS, AND CALLING ON THE U.S. DEPARTMENT OF TRANSPORTATION TO ESTABLISH RULES FOR AIRLINE SAFETY.

DIGITAL RIGHTS:

- LAUNCHING THE CR DIGITAL LAB

AT THE BEGINNING OF FY20, CR ANNOUNCED THE CREATION OF THE DIGITAL LAB, A MAJOR NEW INITIATIVE TO EXPAND CR'S WORK ON CONSUMER DIGITAL RIGHTS, PRIVACY, AND SECURITY. THE DIGITAL LAB IS DEVELOPING NEW WAYS FOR CR TO TEST AND REPORT ON DIGITAL PRODUCTS AND SERVICES, FROM SMART TVS AND BANKING APPS TO ONLINE PLATFORMS LIKE FACEBOOK AND AMAZON. THE DIGITAL LAB ALSO SEEKS TO PROMOTE GREATER COMPETITION, ACCOUNTABILITY, AND TRANSPARENCY AMONG THE BIGGEST TECH COMPANIES. A NEW YORK TIMES STORY ABOUT THE LAUNCH OF THE DIGITAL LAB SAID "CONSUMER REPORTS...A FEARSOME NONPROFIT WATCHDOG [AND] LION OF PUBLIC SERVICE JOURNALISM...WILL BE CRASH-TESTING NOT CARS BUT THE DIGITAL TOOLS THAT HAVE BECOME A PART OF EVERYDAY LIFE."

- IMPROVING PRIVACY ON ZOOM CALLS

CR'S DIGITAL LAB INVESTIGATED THE ZOOM VIDEO CONFERENCE SERVICE AS ITS POPULARITY SKYROCKETED IN THE EARLY DAYS OF THE PANDEMIC AND SEES AROUND

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300 MILLION DAILY MEETING PARTICIPANTS. CR FOUND PROBLEMS WITH ZOOM'S PRIVACY POLICY. THE POLICY COULD ALLOW THE COMPANY TO COLLECT INFORMATION FROM USER MEETINGS, FROM VIDEOS TO TRANSCRIPTS TO SHARED NOTES, AND THE POLICY DID NOT PREVENT ZOOM FROM USING THAT COLLECTED DATA FOR TARGETING ADS ON OR OFF THE PLATFORM, OR OTHER PURPOSES. FOLLOWING THE PUBLICATION OF CR'S INVESTIGATION, ZOOM TOLD CR IT WAS MAKING PRIVACY IMPROVEMENTS AND CLARIFYING PARTS OF ITS POLICIES.

- HOLDING FACEBOOK ACCOUNTABLE FOR PRIVACY PROBLEMS

DURING FY19, CR DISCOVERED THAT FACEBOOK'S PRIVACY SETTING FOR FACIAL RECOGNITION WAS MISSING FOR SOME USERS, 18 MONTHS AFTER IT WAS ANNOUNCED. CR PUBLISHED AN INVESTIGATION AND FILED A COMPLAINT WITH THE FEDERAL TRADE COMMISSION, WHICH WAS INVESTIGATING FACEBOOK FOR A VARIETY OF PRIVACY LAPSES. IN FY20, THE FTC HIT FACEBOOK WITH A \$5 BILLION FINE, AND IT CITED CR'S INVESTIGATION AS ONE OF THE MAJOR EXAMPLES OF THE COMPANY'S PRIVACY PROBLEMS. IN SEPTEMBER 2019, FACEBOOK UPDATED THE SETTINGS TO ADDRESS THE PROBLEMS IDENTIFIED BY CR.

- CURBING ROBOCALLS, ROBOTEXTS

FOR YEARS, CR HAS WORKED WITH CONSUMERS, POLICYMAKERS AND COMPANIES TO TRY TO STEM THE TIDE OF UNWANTED ROBOCALLS THAT HARASS PEOPLE DAY AND NIGHT. IN 2019 ALONE, AMERICANS RECEIVED 58.5 BILLION ROBOCALLS WHICH ARE OFTEN USED TO TRICK PEOPLE TO STEAL MONEY AND PRIVATE INFORMATION. CONGRESS PASSED A CR-ENDORSED LAW CALLED THE TRACED ACT, WHICH REQUIRES PHONE COMPANIES TO EMPLOY NUMBER ID TECHNOLOGY, AT NO EXTRA CHARGE, TO

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HELP PEOPLE IDENTIFY AND AVOID UNWANTED CALLS. IT INCREASES PENALTIES FOR ROBOCALLERS WHO FLOUT THE LAW, AND INSTRUCTS THE FCC TO SET RULES TO CURB UNWANTED ROBOTEXTS. WHILE THIS LAW IS A STEP IN THE RIGHT DIRECTION, MORE REFORMS ARE NEEDED TO ADDRESS THIS PROBLEM.

FINANCIAL FAIRNESS:

- PUTTING AN END TO HIDDEN FEES ON CABLE AND SATELLITE TV BILLS DURING FY19, CR LAUNCHED "WHAT THE FEE?!" -- AN INITIATIVE AIMED AT THE HIDDEN FEES AND SURPRISE CHARGES ON CONSUMER BILLS. IN FY20, WE SCORED A MAJOR VICTORY.

THE GOAL OF "WHAT THE FEE?!" IS TO PUT A SPOTLIGHT ON CHARGES THAT ARE BURIED IN BANK STATEMENTS, PHONE CONTRACTS, AND OTHER BILLS, AND TO PRESSURE COMPANIES TO TELL CONSUMERS THE ACTUAL PRICES UPFRONT. THESE FINE-PRINT FEES MASK THE TRUE COSTS OF PRODUCTS AND SERVICES. THEY MAKE IT HARDER TO BUDGET AND COMPARISON SHOP, AND CAN ADD UP TO SIGNIFICANT EXPENSES OVER TIME.

ONE OF THE MOST COMMON SOURCES OF COMPLAINTS IS THE SURPRISE CHARGES THAT CROP UP ON BILLS FOR CABLE AND SATELLITE TV SERVICE. CR COLLECTED PAY-TV BILLS FROM 5,000 PEOPLE ACROSS THE COUNTRY IN 2019. WE ANALYZED NEARLY 800 BILLS AND FOUND THAT A TYPICAL CUSTOMER WAS PAYING AN EXTRA \$450 A YEAR FOR QUESTIONABLE LINE-ITEM CHARGES LIKE "BROADCAST TV FEE" AND "NETWORK ACCESS AND MAINTENANCE FEE."

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CR EXPERTS SHARED OUR REPORT WITH CONGRESS AND TESTIFIED AT A SENATE HEARING. WE URGED CONGRESS TO APPROVE LEGISLATION THAT CR HELPED CRAFT TO CURB HIDDEN FEES. THIS LEGISLATION REQUIRES CABLE AND SATELLITE TV PROVIDERS TO DISCLOSE THE TOTAL MONTHLY PRICE OF YOUR BILL WHEN YOU SIGN UP FOR SERVICE, INCLUDING ALL OF THE ITEMIZED CHARGES AND ESTIMATED TAXES, AND PROVIDE A 24-HOUR WINDOW TO CANCEL BEFORE YOU ARE LOCKED INTO A CONTRACT. THE LEGISLATION ALSO BANNED THE PRACTICE OF CHARGING CONSUMERS FOR EQUIPMENT THEY DO NOT USE, SUCH AS BILLING FOR A COMPANY ROUTER EVEN THOUGH A CONSUMER IS USING THEIR OWN.

CONGRESS PASSED THE LEGISLATION IN DECEMBER 2019 AND THE PRESIDENT SIGNED IT INTO LAW. IT GOES INTO EFFECT IN DECEMBER 2020 AND REPRESENTS A BIG STEP FORWARD TO PROMOTE FAIR AND TRANSPARENT PRICING.

- PRESSING FOR AIRLINE TICKETING REFORMS

CR HAS BEEN PRESSING AIRLINES AND GOVERNMENT OFFICIALS TO HELP CONSUMERS WHO PURCHASED PLANE TICKETS, BUT COULD NOT FLY TO THEIR DESTINATIONS DUE TO CORONAVIRUS RESTRICTIONS, CANCELLATIONS, AND CONCERNS. CR FOUND THAT CONSUMERS WERE NOT ONLY BEING DENIED REFUNDS FOR FLIGHTS THAT THEY CHOSE TO CANCEL; SOME AIRLINES WERE MAKING IT DIFFICULT FOR CONSUMERS TO GET REFUNDS FOR FLIGHTS THAT THE AIRLINES THEMSELVES CANCELLED, WHICH THE LAW REQUIRES AIRLINES TO DO. CR DELIVERED MORE THAN 112,000 PETITION SIGNATURES TO URGE AIRLINES TO PROVIDE FULL REFUNDS, NOT VOUCHERS, FOR AFFECTED CUSTOMERS, AND WE HOSTED WEBINARS TO GIVE PEOPLE ADVICE FOR HOW TO EFFECTIVELY CONTACT THEIR AIRLINES AND REQUEST REFUNDS. THE U.S. DEPARTMENT OF TRANSPORTATION HAS SEEN A SPIKE IN CONSUMER COMPLAINTS

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ABOUT AIRLINE REFUNDS, MANY OF THEM FROM CR MEMBERS, AND WE CONTINUE TO CALL ON THE AGENCY TO TAKE ACTION TO HELP CONSUMERS.

- ADVANCING STUDENT BORROWER RIGHTS IN CALIFORNIA

CR CO-SPONSORED A BILL IN THE CALIFORNIA STATE LEGISLATURE TO ESTABLISH THE NATION'S STRONGEST PROTECTIONS FOR CONSUMERS WITH EDUCATION DEBT. THE BILL ADVANCED IN FY20 AND WAS SIGNED INTO LAW IN FY21. THE STUDENT BORROWER BILL OF RIGHTS AIMS TO PROTECT BORROWERS FROM LOAN SERVICING ABUSES THAT CAN MAKE DEBTS GROW MORE COSTLY AND TRIGGER DEFAULTS. THE LAW PUTS STANDARDS IN PLACE TO ENSURE STUDENT LOAN COMPANIES TREAT CALIFORNIA CONSUMERS FAIRLY BY ACTING IN THEIR' BEST INTERESTS. THE LAW IS A MODEL FOR OTHER STATES TO HOLD STUDENT LOAN SERVICERS ACCOUNTABLE WHEN THEY MISMANAGE STUDENT ACCOUNTS OR ENGAGE IN PREDATORY PRACTICES.

- HELPING ESTABLISH A NEW CONSUMER WATCHDOG IN CALIFORNIA

CR WORKED CLOSELY WITH CALIFORNIA CONSUMERS AND STATE POLICYMAKERS TO ADVANCE LEGISLATION TO STRENGTHEN THE STATE'S ABILITY TO STOP UNFAIR, DECEPTIVE, AND ABUSIVE FINANCIAL PROTECTIONS. THE CALIFORNIA STATE MEASURE TAKES THE STATE'S EXISTING FINANCIAL REGULATOR AND TRANSFORMS IT INTO A MORE ROBUST WATCHDOG WITH BROADER AUTHORITY AND MORE RESOURCES TO HELP CONSUMERS. THE NEW WATCHDOG IS CALLED THE CALIFORNIA DEPARTMENT OF FINANCIAL PROTECTION AND INNOVATION, AND ITS MISSION IS TO SERVE CONSUMERS BY OVERSEEING FINANCIAL SERVICES, PROMOTING FAIR AND HONEST BUSINESS PRACTICES, AND STOPPING FRAUD AND ABUSE IN THE MARKETPLACE. THE MEASURE WAS ADVANCED BY THE CALIFORNIA STATE LEGISLATURE IN FY20 AND

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SIGNED INTO LAW AS PART OF THE STATE BUDGET IN FY21.

SAFETY:

- RAISING THE STANDARDS FOR FURNITURE SAFETY TO HELP SAVE LIVES ABOUT EVERY 20 MINUTES IN THE U.S., A PIECE OF FURNITURE, APPLIANCE OR TV TIPS OVER AND INJURES SOMEONE. SINCE 2000, AT LEAST 210 PEOPLE -- MOSTLY CHILDREN AGE 6 AND YOUNGER -- HAVE BEEN KILLED WHEN DRESSERS AND OTHER CLOTHES-STORAGE FURNITURE FELL ON THEM. CR IS WORKING WITH THE PARENTS OF CHILD VICTIMS TO EDUCATE PEOPLE ABOUT THE DANGER OF FURNITURE TIP OVERS AND ADVOCATE FOR SAFE FURNITURE. CR TESTING HAS SHOWN THAT IT IS POSSIBLE FOR COMPANIES TO MANUFACTURE AND SELL STABLE, SECURE DRESSERS ACROSS A VARIETY OF PRICE POINTS. IN NEW YORK STATE, CR WORKED WITH FAMILIES TO HELP PASS A LAW TO RAISE THE BAR FOR FURNITURE SAFETY AND REQUIRE RETAILERS TO SELL TIP-RESISTANT DEVICES, LIKE WALL ANCHORS, FOR CERTAIN FURNITURE. THE NEW LAW IS CALLED HARPER'S LAW, NAMED FOR A THREE-YEAR-OLD GIRL WHO DIED TRAGICALLY IN A TIPOVER INCIDENT. AT THE NATIONAL LEVEL, CR IS WORKING WITH MEMBERS OF CONGRESS FROM BOTH PARTIES TO ADVANCE A BILL CALLED THE STURDY ACT, WHICH WOULD CREATE NATIONAL STANDARDS FOR DRESSER STABILITY. THE U.S. HOUSE APPROVED THE STURDY ACT IN FY20, AND WE CONTINUE TO PRESS THE U.S. SENATE TO ADVANCE IT.

- REMOVING INFANT INCLINED SLEEPERS FROM THE MARKETPLACE IN FY19 CR PUBLISHED AN IN-DEPTH INVESTIGATION INTO CHILD DEATHS LINKED TO INFANT INCLINED SLEEPERS, SUCH AS THE FISHER-PRICE ROCK 'N PLAY SLEEPER. IN FY19 AND FY20, MORE THAN 5.6 MILLION INFANT INCLINED SLEEPERS

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WERE RECALLED. MAJOR RETAILERS, INCLUDING AMAZON, WALMART, BUY BUY BABY, EBAY, KMART, AND SEARS MADE COMMITMENTS TO BAN INFANT INCLINED SLEEPERS ACROSS THE BOARD, AND PUT SAFEGUARDS IN PLACE TO PREVENT THEM FROM BEING LISTED OR SOLD. COMPANIES, POLICYMAKERS, JOURNALISTS, AND OTHERS CREDITED CR FOR EXPOSING THIS PROBLEM AND ADVOCATING FOR MARKETPLACE CHANGE.

- PENAFIEL BOTTLED WATER WITHDRAWN FROM SALE DUE TO EXCESSIVE ARSENIC LEVELS

KEURIG DR PEPPER VOLUNTARILY WITHDREW FOR SALE ALL OF ITS UNFLAVORED PENAFIEL MINERAL SPRING WATER IN JUNE 2019 AFTER TESTS COMMISSIONED BY THE COMPANY DETECTED EXCESSIVE LEVELS OF ARSENIC. CR HAD EARLIER DETECTED LEVELS OF ARSENIC IN THE WATER ABOVE FEDERAL STANDARDS AND NOTIFIED THE COMPANY, AS PART OF AN INVESTIGATION PUBLISHED IN APRIL 2019.

- HELPING IMPROVE THE SAFETY OF NEW CARS, TRUCKS, SUVS
IN 2019, AMID THE RISING NUMBER OF PEDESTRIAN DEATHS IN THE U.S., CR TOLD AUTOMAKERS THAT A VEHICLE MUST COME WITH PEDESTRIAN DETECTION TECHNOLOGY AS A STANDARD FEATURE TO BE ELIGIBLE TO RECEIVE CR'S "TOP PICKS" HONORS AND EXTRA POINTS IN 2020. PEDESTRIAN DETECTION SYSTEMS ARE NOW STANDARD IN 61 PERCENT OF VEHICLE MODELS IN 2020, UP FROM 38 PERCENT IN 2019.

SEPARATELY, CR LED AN AUTO SAFETY INITIATIVE ALONGSIDE AAA, NATIONAL SAFETY COUNCIL, AND J.D. POWER. THE FOUR GROUPS CAME TOGETHER TO PROPOSE A SET OF UNIVERSAL TERMS FOR ADVANCED DRIVER-ASSISTANCE SYSTEMS (ADAS). THIS EFFORT AIMS TO ELIMINATE THE CONFUSION IN THE MARKETPLACE ABOUT

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AUTOMOBILE SYSTEMS THAT ARE DESIGNED TO HELP DRIVERS AVOID COLLISIONS -- SOMETIMES BY TAKING OVER CONTROL OF THE VEHICLE. AUTOMAKERS USE A WIDE ARRAY OF DIFFERENT TERMS FOR THE SAME ADAS FEATURES. CR HAS RAISED CONCERNS ABOUT BRAND NAMES AND MARKETING THAT MAY MAKE IT UNCLEAR WHAT THEIR CAPABILITIES AND LIMITS ARE. THE GROUPS ARE URGING AUTOMAKERS TO ADOPT THEIR SET OF UNIVERSAL TERMS FOR ADAS. THE U.S. DEPARTMENT OF TRANSPORTATION FORMALLY ENDORSED OUR EFFORT. DOT SECRETARY ELAINE CHAO SAID STANDARD LANGUAGE WILL ENSURE DRIVERS ARE AWARE THAT THESE SYSTEMS ARE DESIGNED TO ASSIST -- NOT REPLACE -- THE DRIVER.

SUSTAINABILITY:

- ADVOCATING FOR AUTO FUEL ECONOMY STANDARDS TO PROMOTE LOWER FUEL COSTS, CLEANER AIR

WHEN THE FEDERAL GOVERNMENT PROPOSED A ROLLBACK OF THE NATION'S FUEL ECONOMY STANDARDS FOR NEW CARS AND TRUCKS, CR CONDUCTED A SERIES OF STUDIES AND ANALYSES. CR FOUND THAT THE CURRENT STANDARDS FOR IMPROVED MILEAGE SAVE CONSUMERS THOUSANDS OF DOLLARS OVER THE LIFE OF THE VEHICLE, BECAUSE THE ADDED COSTS OF NEW TECHNOLOGIES FOR FUEL ECONOMY WERE DRAMATICALLY OUTWEIGHED BY THE COST SAVINGS FROM FEWER TRIPS TO THE GAS PUMP. CR FOUND THAT THE ROLLBACK WOULD INCREASE FUEL COSTS FOR THE AVERAGE NEW VEHICLE BY \$3,200, INCREASE NET COSTS BY \$2,100, AND COST ALL AMERICANS AN ESTIMATED TOTAL OF \$300 BILLION IN NET LOSSES. THE ROLLBACK IS NOW BEING CHALLENGED IN COURT, AND CR IS URGING AUTOMAKERS TO SUPPORT THE ORIGINAL STANDARDS TO HELP CONSUMERS SAVE MONEY AND HELP REDUCE POLLUTION FROM EMISSIONS.

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- WORKING WITH STATES ON LOW- AND ZERO-EMISSION VEHICLE PROGRAMS

CR IS WORKING WITH CONSUMERS AND POLICYMAKERS IN SEVERAL STATES TO ADVANCE LOW-EMISSION AND ZERO-EMISSION VEHICLE (ZEV) PROGRAMS. THESE PROGRAMS SET EMISSION REQUIREMENTS FOR AUTOMAKERS THAT SELL VEHICLES IN THE STATE, AND THE PROGRAMS MAKE IT EASIER FOR LOCAL CONSUMERS TO FIND AND BUY ZERO-EMISSION VEHICLES. CR SUPPORTS THESE EFFORTS BECAUSE THEY HELP IMPROVE CONSUMER CHOICE, HELP CAR BUYERS SAVE MONEY ON FUEL COSTS, AND REDUCE POLLUTION. DURING FY20 CR CONDUCTED STATEWIDE SURVEYS, REACHED OUT TO STATE OFFICIALS, SPOKE AT STATE HEARINGS, AND ORGANIZED LOCAL CONSUMERS TO ADVOCATE FOR LOW- AND ZERO-EMISSION VEHICLE PROGRAMS. COLORADO, MINNESOTA, AND WASHINGTON ARE AMONG THE MOST RECENT STATES TO ADVANCE PROGRAMS SUPPORTED BY CR.

MEMBERS, STOCKHOLDERS

FORM 990, PART VI, LINE 6 AND 7A

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.

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FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11

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 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.

CONFLICT OF INTEREST COMPLIANCE PROCESS

FORM 990, PART VI, LINE 12C

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.

REMEDIES FOR CONFLICTS OF INTEREST INCLUDE RECUSAL FROM PARTICIPATION IN THE MATTER GIVING RISE TO THE CONFLICT, DISPOSING OF AN INVESTMENT, TERMINATION OF EMPLOYMENT OR RESIGNATION.

PROCESS FOR DETERMINING EXECUTIVE COMPENSATION

FORM 990, PART VI, LINES 15A AND 15B

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THE GOVERNANCE 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 GOVERNANCE COMMITTEE (1) RECOMMENDS TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS COMPENSATION PLANS AND PAY LEVELS FOR THE PRESIDENT, TAKING INTO ACCOUNT PEER GROUP PRACTICES AND ANY SPECIAL CONSIDERATIONS, AS WELL AS EMPLOYMENT AGREEMENTS; (2) REVIEWS THE COMPENSATION OF THE PRESIDENT AND SENIOR EXECUTIVE STAFF TO ENSURE COMPLIANCE WITH THE IRS INTERMEDIATE SANCTION REQUIREMENTS; AND (3) REVIEWS AND APPROVES (A) FOR EXECUTIVES REPORTING DIRECTLY TO THE PRESIDENT, ANY PROPOSED COMPENSATION INCREASE FOR THE PROPOSED COMPENSATION FOR ANY NEW HIRE AND (B) FOR EXECUTIVES NOT REPORTING DIRECTLY TO THE PRESIDENT, (I) ANY PROPOSED COMPENSATION INCREASE THAT EXCEEDS THE ANNUAL SALARY INCREASE GUIDELINES ESTABLISHED BY HUMAN RESOURCES AND (II) THE PROPOSED COMPENSATION FOR ANY NEW EXECUTIVE HIRE THAT EXCEEDS THE MARKET MEDIAN AS REPORTED IN EXECUTIVE COMPENSATION STUDIES CONDUCTED BY A THIRD PARTY EXECUTIVE COMPENSATION CONSULTING FIRM. THE EXECUTIVE COMMITTEE'S RECOMMENDATION ON THE PRESIDENT'S COMPENSATION PLANS AND PAY LEVELS IS VOTED ON BY THE FULL BOARD OF DIRECTORS. DELIBERATIONS AND DECISIONS REGARDING THE FOREGOING COMPENSATION ARRANGEMENTS ARE CONTEMPORANEOUSLY RECORDED IN THE ORGANIZATION'S MINUTES. THE FOREGOING PROCESS FOR ESTABLISHING COMPENSATION FOR THE INDICATED PERSONS WAS LAST UNDERTAKEN IN APRIL AND MAY OF 2019.

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PUBLIC AVAILABILITY OF FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS

FORM 990, PART VI, LINE 19

CONSUMER REPORTS' ANNUAL FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC ON ITS WEBSITE, WWW.CONSUMERREPORTS.ORG. OUR GOVERNING DOCUMENTS, FORM 1023, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

PART XI, LINE 9

UNREALIZED LOSS INTEREST RATE SWAP	\$	(2,044,014)
PENSION RELATED CHANGES	\$	(11,161,616)
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	\$	(184,000)
ROUNDING	\$	1,688

TOTAL OTHER CHANGES IN NET ASSETS OR FUND BALANCES	\$	(13,387,942)

ATTACHMENT 1FORM 990, PART VI, LINE 17 - STATES

AL, CA, CT,

FL, GA, HI, IL, KS, KY, MD, MA, MI,

MN, MS, NH, NJ, NM, NY, NC, ND, OK, OR, PA,

RI, SC, TN, UT, VA, WV, WI,

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ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
GOOGLE, INC 1600 AMPHITHEATRE PARKWAY MOUNTAIN VIEW, CA 94043	SEARCH ENGINE MKTING	9,134,725.
QUAD GRAPHICS N61 W23044 HARRY'S WAY SUSSEX, WI 53089	PRINTING	5,939,745.
EPAM SYSTEMS, INC 41 UNIVERSITY DR, SUITE 202 NEWTON, PA 18940	INFORMATION TECH.	4,924,110.
DIAMOND COMMUNICATIONS 1209 31ST AVENUE COUNCIL BLUFFS, IA 51501	FULFILLMENT SERVICES	4,318,875.
TELERX MARKETING INC 723 DRESHER ROAD HORSHAM, PA 19044	MARKETING	4,297,248.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization

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Employer identification number

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

Table with 6 columns: (a) Name, address, and EIN (if applicable) of disregarded entity; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Total income; (e) End-of-year assets; (f) Direct controlling entity. Rows 1-6.

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

Table with 7 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Exempt Code section; (e) Public charity status (if section 501(c)(3)); (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No). Rows 1-7.

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

Schedule R (Form 990) 2019

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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 country)	(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER TRUST (5)	ANNUITY	NY	N/A	TRUST					X
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
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.		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(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) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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