

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2013, or fiscal year beginning 06/01, 2013, and ending 05/31, 20 14

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**2013**Department of the Treasury  
Internal Revenue Service

Name of exempt organization

CONSUMERS UNION OF UNITED STATES INC.

Employer identification number

13-1776434

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here ▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	<u>269263647.</u>
2a	Form 990-EZ check here ▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	
3a	Form 1120-POL check here ▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22) . . . . .	3b	
4a	Form 990-PF check here ▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5). . . . .	4b	
5a	Form 8868 check here ▶ <input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) . . . . .	5b	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**☒ I authorize KPMG LLP

ERO firm name

to enter my PIN

10703

as my signature

Enter five numbers, but  
do not enter all zeros

on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Eric Wayne

Date ▶

4/6/2015**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

13407310154

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Mary-Elizabeth Antonio

Date ▶

4/3/2015**ERO Must Retain This Form - See Instructions****Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2013)

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013****Open to Public  
Inspection****A** For the 2013 calendar year, or tax year beginning

06/01, 2013, and ending

05/31, 2014

**B** Check if applicable:

☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization

CONSUMERS UNION OF UNITED STATES INC.

Doing Business As CONSUMER REPORTS

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

101 TRUMAN AVENUE

City or town, state or province, country, and ZIP or foreign postal code

YONKERS, NY 10703-1057

**F** Name and address of principal officer:

MARTA L. TELLADO

101 TRUMAN AVENUE YONKERS, NY 10703-1057

**D** Employer identification number

13-1776434

**E** Telephone number

(914) 378-2000

**G** Gross receipts \$ 277,489,350.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.CONSUMERREPORTS.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1936 **M** State of legal domicile: NY**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: TO WORK FOR A FAIR, JUST AND SAFE MARKETPLACE FOR ALL CONSUMERS AND TO EMPOWER CONSUMERS TO PROTECT THEMSELVES.	
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	3 17.
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	4 17.
	<b>5</b>	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5 736.
	<b>6</b>	Total number of volunteers (estimate if necessary)	6 17.
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	7a 2,342,294.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	7b 785,061.	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year 25,458,990. Current Year 30,449,815.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	233,148,459. 236,178,000.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-981,487. 913,536.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,665,763. 1,722,296.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	259,291,725. 269,263,647.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	530,269. 616,708.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0 0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	92,084,495. 91,254,010.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	112,969. 54,846.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 9,262,289.	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	162,827,676. 166,822,338.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	255,555,409. 258,747,902.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	3,736,316. 10,515,745.	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year 381,407,574. End of Year 419,900,241.
	<b>21</b>	Total liabilities (Part X, line 26)	261,569,862. 253,271,426.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20.	119,837,712. 166,628,815.

**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 \_\_\_\_\_ Date \_\_\_\_\_  
Type or print name and title \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name *Mary-Evelyn Antonetti* Preparer's signature *Mary-Evelyn Antonetti* Date 4/3/2015 Check ☐ if self-employed PTIN P00431862  
Firm's name ▶ KPMG LLP Firm's EIN ▶ 13-5565207  
Firm's address ▶ 345 PARK AVENUE NEW YORK, NY 10154-0102 Phone no. 212-758-9700

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

**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:

TO WORK FOR A FAIR, JUST AND SAFE MARKETPLACE FOR ALL CONSUMERS AND  
 TO EMPOWER CONSUMERS TO PROTECT THEMSELVES. SEE SCHEDULE O FOR  
 ADDITIONAL INFORMATION.

**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 \$ 216,350,799. including grants of \$ 517,008. ) (Revenue \$ 236,178,000. )  
 CONSUMER INFORMATION, PRODUCT INFORMATION, EDUCATION AND GRANTS.  
 SEE SCHEDULE O FOR ADDITIONAL INFORMATION.

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

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

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses 216,350,799.



**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<b>21</b> X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	<b>22</b>	X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	<b>23</b> X	
<b>24 a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. . . . .</i>	<b>24a</b> X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	X
<b>25 a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I. . . . .</i>	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II. . . . .	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III. . . . .</i>	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>	<b>28b</b>	X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I. . . . .</i>	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	<b>33</b> X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	<b>34</b> X	
<b>35 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35a</b> X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2. . . . .</i>	<b>35b</b> X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI. . . . .</i>	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	<b>38</b> X	

Form **990** (2013)

**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 ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <span style="float: right;">1a 373</span>		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <span style="float: right;">1b 0</span>		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <span style="float: right;">2a 736</span>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
<b>b</b>	If "Yes," enter the name of the foreign country: <u>CANADA</u> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year <span style="float: right;">7d</span>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 <span style="float: right;">10a</span>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <span style="float: right;">10b</span>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders <span style="float: right;">11a</span>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float: right;">11b</span>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <span style="float: right;">12b</span>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <span style="float: right;">13b</span>		
<b>c</b>	Enter the amount of reserves on hand <span style="float: right;">13c</span>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O <span style="float: right;">14b</span>		

**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 in 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**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1a</b> 17		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1b</b> 17		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . <b>2</b>		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . . <b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . <b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . <b>5</b>		X
<b>6</b> Did the organization have members or stockholders? . . . . . <b>6</b>		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . . <b>7a</b>	X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . . <b>7b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . . <b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . . <b>8b</b>	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . <b>9</b>		X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . . <b>10a</b>	X	
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . . <b>10b</b>	X	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . . <b>11a</b>	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . <b>12a</b>	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . <b>12b</b>	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . . <b>12c</b>	X	
<b>13</b> Did the organization have a written whistleblower policy? . . . . . <b>13</b>	X	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . . <b>14</b>	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . . <b>15a</b>	X	
<b>b</b> Other officers or key employees of the organization . . . . . <b>15b</b>	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . <b>16a</b>		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . <b>16b</b>		

**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 (or 1024 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.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization: ► MR MICHAEL MARTIN, CPA 101 TRUMAN AVENUE YONKERS, NY 10703-1057 914-378-2000



**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. ☐**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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ 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 (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) DIANE ARCHER VICE CHAIR	2.00	X						0	0	0
(2) MARCIA ARONOFF DIRECTOR	2.00	X						0	0	0
(3) ROBERT E BAENSCH DIRECTOR	2.00	X						0	0	0
(4) DEBORAH COWAN TREASURER	2.00	X						0	0	0
(5) WALTER BRISTOL CHAIR	2.00	X						0	0	0
(6) ANTHONY B. ITON DIRECTOR	2.00	X						0	0	0
(7) CAROL IZUMI DIRECTOR	2.00	X						0	0	0
(8) ANNETTE LOVOI DIRECTOR	2.00	X						0	0	0
(9) CRAIG NEWMARK DIRECTOR	2.00	X						0	0	0
(10) HEATHER C. MCGHEE DIRECTOR	2.00	X						0	0	0
(11) ED MIERZWINSKI DIRECTOR	2.00 1.00	X						0	0	0
(12) WILLARD P. OGBURN DIRECTOR	2.00	X						0	0	0
(13) MARTIN SCHNEIDER DIRECTOR	2.00 1.00	X						0	0	0
(14) MICAH SIFRY DIRECTOR	2.00	X						0	0	0



**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) THOMAS C VOICE SECRETARY	2.00	X						0	0	0
(16) THOMAS WATHEN DIRECTOR	2.00	X						0	0	0
(17) BETSY SCOLNIK DIRECTOR (AS OF 10/18/13)	2.00	X						0	0	0
(18) BARBARA FRIEDMAN DIRECTOR (UNTIL 10/18/13)	2.00 1.00	X						0	0	0
(19) STEVE HILL DIRECTOR (UNTIL 5/31/14)	2.00	X						0	0	0
(20) JAMES A GUEST PRESIDENT AND CEO	40.00 2.00			X				594,495.	0	64,026.
(21) RICHARD GANNON CHIEF OPERATING OFFICER	40.00 2.00			X				427,479.	0	72,009.
(22) ERIC WAYNE VP, CHIEF FINANCIAL OFFICER	40.00 2.00			X				253,286.	0	56,534.
(23) RAHUL BELANI VP, CHIEF INFORMATION OFFICER	40.00				X			375,575.	0	65,299.
(24) LIAM MCCORMACK VP, TECHNICAL DIRECTOR	40.00				X			344,379.	0	53,440.
(25) MICHAEL D'ALESSANDRO VP AND CHIEF OF STAFF	40.00				X			288,751.	0	62,997.
<b>1b Sub-total</b> .....								0	0	0
<b>c Total from continuation sheets to Part VII, Section A</b> .....								5,899,473.	0	838,934.
<b>d Total (add lines 1b and 1c)</b> .....								5,899,473.	0	838,934.

**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 ► 276

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>4</b> 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	
<b>5</b> 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 ► 121

**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 ) LINDA TEPEDINO VP, HUMAN RESOURCES	40.00				X			298,838.	0	50,825.
( 27 ) CHRISTOPHER MEYER VP, EXTERNAL AFFAIRS	40.00				X			282,621.	0	59,119.
( 28 ) CHRISTIAN NIMSKY VP&GM, DIGITAL INTERACTIVE	40.00				X			416,065.	0	53,475.
( 29 ) BRENT DIAMOND VP&GM, MAGAZINE AND NEWSLETTER	40.00				X			349,135.	0	54,282.
( 30 ) EILEEN HERSHENOV VP, GENERAL COUNSEL	40.00 2.00					X		334,007.	0	70,165.
( 31 ) PAIGE AMIDON LITMAN VP, HEALTH	40.00					X		275,575.	0	57,177.
( 32 ) KIMBERLY KLEMAN EDITOR IN CHIEF, CR MAGAZINE	40.00					X		348,112.	0	46,980.
( 33 ) MICHAEL PALAZZO SENIOR ART DIR UNTIL 10/24/13	40.00					X		279,015.	0	19,070.
( 34 ) DIANE SALVATORE SR DIR, CONTENT STRATEGY & DEV	40.00					X		255,817.	0	19,655.
( 35 ) LAURENCE BUNIN COO UNTIL 05/31/2013	40.00						X	776,323.	0	33,881.
1b Sub-total										
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 **276**

- 3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	5,117,094.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	25,332,721.			
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$		147,796.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		30,449,815.			
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2a</b>	SUBSCRIPTION, NEWSSTAND & OTHER	511120	134,555,538.	134,555,538.		
	<b>b</b>	ONLINE SUBSCRIPTION SALES	519100	101,294,206.	98,951,912.	2,342,294.	
	<b>c</b>	TESTING REVENUE	541380	328,256.	328,256.		
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue . . . . .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		236,178,000.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		450,215.			450,215.
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . .		0			
	<b>5</b>	Royalties . . . . .		1,722,296.			1,722,296.
			(i) Real (ii) Personal				
	<b>6a</b>	Gross rents . . . . .					
	<b>b</b>	Less: rental expenses . . . . .					
	<b>c</b>	Rental income or (loss) . . . . .					
	<b>d</b>	Net rental income or (loss) . . . . .		0			
			(i) Securities (ii) Other				
	<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .		8,689,024.			
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .		8,225,703.			
	<b>c</b>	Gain or (loss) . . . . .		463,321.			
	<b>d</b>	Net gain or (loss) . . . . .		463,321.			463,321.
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>				
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b>				
	<b>c</b>	Net income or (loss) from fundraising events . . . . .		0			
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>				
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b>				
	<b>c</b>	Net income or (loss) from gaming activities . . . . .		0			
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>				
<b>b</b>	Less: cost of goods sold . . . . .	<b>b</b>					
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		0				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		0				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		269,263,647.	233,835,706.	2,342,294.	2,635,832.	

**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 ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	566,708.	566,708.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .	0			
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . .	50,000.	50,000.		
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	5,223,082.	3,396,212.	1,826,870.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages . . . . .	62,516,896.	49,434,557.	11,405,264.	1,677,075.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	8,340,250.	6,651,099.	1,456,528.	232,623.
<b>9</b> Other employee benefits . . . . .	10,444,998.	8,355,239.	1,798,401.	291,358.
<b>10</b> Payroll taxes . . . . .	4,728,784.	3,759,492.	838,647.	130,645.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	838,104.	115,762.	705,676.	16,666.
<b>c</b> Accounting . . . . .	462,610.	22,682.	439,928.	
<b>d</b> Lobbying . . . . .	0			
<b>e</b> Professional fundraising services. See Part IV, line 17.	54,846.			54,846.
<b>f</b> Investment management fees . . . . .	402,063.		402,063.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	13,805,827.	12,039,478.	1,757,797.	8,552.
<b>12</b> Advertising and promotion . . . . .	38,953,110.	38,338,393.	29,279.	585,438.
<b>13</b> Office expenses . . . . .	1,427,137.	601,549.	819,192.	6,396.
<b>14</b> Information technology . . . . .	1,660,292.	910,720.	749,572.	
<b>15</b> Royalties . . . . .	101,271.	101,271.		
<b>16</b> Occupancy . . . . .	3,184,505.	1,005,133.	2,179,372.	
<b>17</b> Travel . . . . .	1,735,916.	1,426,805.	288,407.	20,704.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	489,829.	293,415.	187,701.	8,713.
<b>20</b> Interest . . . . .	1,386,877.		1,386,877.	
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	10,618,335.	7,085,302.	3,524,717.	8,316.
<b>23</b> Insurance . . . . .	974,901.		974,901.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> POSTAGE AND SHIPPING . . . . .	36,675,803.	33,548,754.	90,112.	3,036,937.
<b>b</b> PRINTING AND PUBLICATION . . . . .	25,103,043.	23,302,293.	49,579.	1,751,171.
<b>c</b> ORDER PROCESSING . . . . .	18,568,284.	16,613,596.	636,057.	1,318,631.
<b>d</b> PRODUCT TESTING . . . . .	3,945,249.	3,945,249.		
<b>e</b> All other expenses . . . . .	6,489,182.	4,787,090.	1,587,874.	114,218.
<b>25</b> Total functional expenses. Add lines 1 through 24e	258,747,902.	216,350,799.	33,134,814.	9,262,289.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0			



**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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	469,679.	<b>1</b>	566,561.
	<b>2</b> Savings and temporary cash investments	20,802,192.	<b>2</b>	23,061,888.
	<b>3</b> Pledges and grants receivable, net	4,236,644.	<b>3</b>	5,166,697.
	<b>4</b> Accounts receivable, net	5,972,407.	<b>4</b>	5,788,980.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use	4,094,081.	<b>8</b>	4,350,764.
	<b>9</b> Prepaid expenses and deferred charges	30,208,621.	<b>9</b>	25,967,406.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 145,032,255.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 87,381,217.		
		59,382,894.	<b>10c</b>	57,651,038.
	<b>11</b> Investments - publicly traded securities	252,884,718.	<b>11</b>	293,632,945.
	<b>12</b> Investments - other securities. See Part IV, line 11	0	<b>12</b>	0
	<b>13</b> Investments - program-related. See Part IV, line 11	0	<b>13</b>	0
	<b>14</b> Intangible assets	0	<b>14</b>	0
<b>15</b> Other assets. See Part IV, line 11	3,356,338.	<b>15</b>	3,713,962.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	381,407,574.	<b>16</b>	419,900,241.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	19,398,347.	<b>17</b>	21,844,152.
	<b>18</b> Grants payable	0	<b>18</b>	0
	<b>19</b> Deferred revenue	149,635,221.	<b>19</b>	150,470,153.
	<b>20</b> Tax-exempt bond liabilities	45,000,000.	<b>20</b>	43,800,000.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0	<b>24</b>	0
	<b>25</b> 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	47,536,294.	<b>25</b>	37,157,121.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	261,569,862.	<b>26</b>	253,271,426.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	112,775,094.	<b>27</b>	156,826,388.
	<b>28</b> Temporarily restricted net assets	7,062,618.	<b>28</b>	9,802,427.
	<b>29</b> Permanently restricted net assets	0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	119,837,712.	<b>33</b>	166,628,815.
	<b>34</b> Total liabilities and net assets/fund balances	381,407,574.	<b>34</b>	419,900,241.

Form **990** (2013)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	269,263,647.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	258,747,902.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	10,515,745.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	119,837,712.
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	25,811,015.
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	0
<b>7</b>	Investment expenses . . . . .	<b>7</b>	0
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	10,464,343.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .	<b>10</b>	166,628,815.

**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 in 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 in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2013)

SCHEDULE A  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2013

Open to Public  
Inspection

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

CONSUMERS UNION OF UNITED STATES 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 11, 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.)
- 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 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I    b ☐ Type II    c ☐ Type III-Functionally integrated    d ☐ Type III-Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .
- (ii) A family member of a person described in (i) above? . . . . .
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	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) 2013

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3. . . . .						
<b>5</b> 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). . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33 1/3% support test - 2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test - 2013.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> 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 9 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17,433,629.	20,068,201.	22,294,281.	25,458,990.	30,449,815.	115,704,916.
<b>2</b> 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 . . . . .	220,602,270.	228,010,433.	230,362,907.	233,148,459.	233,835,706.	1,145,959,775.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>6 Total.</b> Add lines 1 through 5 . . . . .	238,035,899.	248,078,634.	252,657,188.	258,607,449.	264,285,521.	1,261,664,691.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .	39,737.		55,411.	20,000.	24,030.	139,178.
<b>b</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 . . . . .						0
<b>c</b> Add lines 7a and 7b. . . . .	39,737.		55,411.	20,000.	24,030.	139,178.
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						1,261,525,513.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6. . . . .	238,035,899.	248,078,634.	252,657,188.	258,607,449.	264,285,521.	1,261,664,691.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	4,602,500.	4,280,928.	3,389,184.	178,572.	2,172,511.	14,623,695.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
<b>c</b> Add lines 10a and 10b . . . . .	4,602,500.	4,280,928.	3,389,184.	178,572.	2,172,511.	14,623,695.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .	125,396.	465,115.	403,739.	465,359.	785,061.	2,244,670.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) <u>ATCH 1.</u> . . . . .	-1,187,597.	1,000,000.	554,999.	18,891.		386,293.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	241,576,198.	253,824,677.	257,005,110.	259,270,271.	267,243,093.	1,278,919,349.
<b>14 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	98.64 %
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 . . . . .	<b>16</b>	98.27 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	1.14 %
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 . . . . .	<b>18</b>	1.51 %

- 19a 33 1/3% support tests - 2013.** 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 - 2012.** 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** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

N/A

ATTACHMENT 1

## SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2009	2010	2011	2012	2013	TOTAL
OTHER REVENUE	-1,187,597.	1,000,000.	554,999.	18,891.		386,293.
TOTALS	<u>-1,187,597.</u>	<u>1,000,000.</u>	<u>554,999.</u>	<u>18,891.</u>		<u>386,293.</u>

# Schedule of Contributors

OMB No. 1545-0047

2013

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

CONSUMERS UNION OF UNITED STATES 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

## Special Rules

☒ For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**Name of organization** CONSUMERS UNION OF UNITED STATES 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		\$ 3,276,865.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 700,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,210,922.	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.)



Name of organization CONSUMERS UNION OF UNITED STATES 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
---	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$ -----	-----

Name of organization CONSUMERS UNION OF UNITED STATES INC.

Employer identification number

13-1776434

**Part III** **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** 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
	-----		-----
	-----		-----
	-----		-----
-----	-----	-----	-----
	-----	-----	-----
	-----	-----	-----
	(e) Transfer of gift		
-----	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	-----		-----
	-----		-----
	-----		-----
-----	-----	-----	-----
	-----	-----	-----
	-----	-----	-----
	(e) Transfer of gift		
-----	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	-----		-----
	-----		-----
	-----		-----
-----	-----	-----	-----
	-----	-----	-----
	-----	-----	-----
	(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

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**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.**  
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**If the organization answered "Yes," to 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then**

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

Name of organization	Employer identification number
CONSUMERS UNION OF UNITED STATES INC.	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.
- 2 Political expenditures . . . . . ▶ \$
- 3 Volunteer hours . . . . .

**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) 2013

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	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 instructions for lines 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2013



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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?	X		1,220.
<b>d</b> Mailings to members, legislators, or the public?	X		76,326.
<b>e</b> Publications, or published or broadcast statements?	X		231,641.
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		548,517.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		70,252.
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			927,956.
<b>2 a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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).

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

**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 ON SOCIAL MEDIA.

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 1F - GRANTS TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES: GRANTS TO  
NON-PROFIT ORGANIZATIONS ON THE GROUND IN STATES WHERE WE ARE WORKING.

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 AND TRAVEL TIME, LEGISLATIVE TESTIMONY.

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

**Part IV** Supplemental Information *(continued)*

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LECTURES, OR ANY SIMILAR MEANS: SPEECHES, RALLIES, CONFERENCES WHERE CU  
STAFF SUPPORTS OR OPPOSES STATE AND FEDERAL LEGISLATION PUBLICLY.

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

2013

Open to Public  
Inspection

Name of the organization

CONSUMERS UNION OF UNITED STATES 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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2013

**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 are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition **d** ☐ Loan or exchange programs  
**b** ☐ Scholarly research **e** ☐ Other \_\_\_\_\_  
**c** ☐ Preservation for future generations

**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? . . . . . ☐ **Yes** ☐ **No**

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to 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? . . . . . ☐ **Yes** ☐ **No**

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>c</b> Beginning balance . . . . .	<b>1c</b>
<b>d</b> Additions during the year . . . . .	<b>1d</b>
<b>e</b> Distributions during the year . . . . .	<b>1e</b>
<b>f</b> Ending balance . . . . .	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☐ **Yes** ☐ **No**

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. . . . . ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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** Temporarily restricted endowment ▶ \_\_\_\_\_ %

The percentages in 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:

	Yes	No
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b>	
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	

**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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		11,935,255.		11,935,255.
<b>b</b> Buildings . . . . .		66,486,773.	34,448,519.	32,038,254.
<b>c</b> Leasehold improvements . . . . .		231,590.	162,841.	68,749.
<b>d</b> Equipment . . . . .		15,132,753.	11,389,921.	3,742,832.
<b>e</b> Other . . . . .		51,245,884.	41,379,936.	9,865,948.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				57,651,038.

Schedule D (Form 990) 2013



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to 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) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to 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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to 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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ►	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to 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	57,815.	
(2) CHARITABLE GIFT ANNUITY	8,445,852.	
(3) OTHER LIABILITY	699,578.	
(4) DEFERRED RENT	90,942.	
(5) PENSION LIABILITY	19,495,138.	
(6) LIABILITY DERIVATIVE INSTRUMEN	5,717,793.	
(7) LIFETIME SUBSCRIBER LIABILITY	1,430,000.	
(8) CRUT LIABILITY	1,220,003.	
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		37,157,121.

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 FIN 48 (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" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	305,205,000.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	25,811,015.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	10,524,390.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	36,335,405.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	268,869,595.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	394,112.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-60.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	394,052.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	269,263,647.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	258,413,000.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	57,403.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	57,403.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	258,355,597.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	394,112.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-1,807.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	392,305.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	258,747,902.

**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

**Part XIII** Supplemental Information (continued)

## RECONCILIATION OF REVENUE

SCHEDULE D, PART XI, LINE 2D

CONSUMERS UNION ACTION FUND, INC. ....	\$	59,127
UNREALIZED GAIN ON INTEREST RATE SWAP .....	\$	702,101
PENSION RELATED CHANGES .....	\$	9,642,425
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT .....	\$	120,737
-----		
TOTAL .....	\$	10,524,390
=====		
PART XI, LINE 4B - OTHER ROUNDING.....	\$	(60)
=====		

## RECONCILIATION OF EXPENSES

SCHEDULE D, PART XII, LINE 2B

EXPENSES OR RELATED ENTITY -

CONSUMERS UNION ACTION FUND, INC. ....	\$	57,171
EXPENSES OF RELATED ENTITY -		
TRUMAN AVENUE FOUNDATION, INC .....	\$	232
-----		
TOTAL .....	\$	57,403
=====		
PART XII, LINE 4B - OTHER ROUNDING .....	\$	(1,807)
=====		

**Part XIII** Supplemental Information (continued)

FIN 48 UNCERTAINTY IN TAXES

PART X, LINE 2

UNDER THE PROVISION OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, CONSUMERS UNION OF UNITED STATES, INC. [CU] IS EXEMPT FROM TAXES ON INCOME, EXCEPT FOR UNRELATED BUSINESS INCOME. FOR THE YEARS ENDED MAY 31, 2014 AND 2013, PROVISIONS FOR INCOME TAXES WERE \$340,000 AND \$133,000, RESPECTIVELY.

IN ACCORDANCE WITH ASC 740, INCOME TAXES, CU EVALUATED ITS TAX POSITION AND DETERMINED THAT ALL ARE MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION. ACCORDINGLY, CU BELIEVES THAT THERE ARE NO UNRECOGNIZED BENEFITS OR APPLICABLE INTEREST AND PENALTIES THAT SHOULD BE RECORDED. CU'S TAX RETURNS FOR THE FISCAL YEARS ENDED MAY 31, 2011, 2012 AND 2013 ARE SUBJECT TO EXAMINATION BY FEDERAL, STATE AND LOCAL AUTHORITIES.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

CONSUMERS UNION OF UNITED STATES INC.

**Statement of Activities Outside the United States**

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

► Attach to Form 990. ► See separate instructions.

► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
(1) EUROPE			GRANTMAKING	PUBLICATION AND INFORM	50,000.
(2) EUROPE			PROGRAM SERVICES	PUBLICATION INFORMATIO	1,234,300.
(3) NORTH AMERICA			PROGRAM SERVICES	PUBLICATION INFORMATIO	1,226,637.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .					2,510,937.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					2,510,937.

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

Schedule F (Form 990) 2013



**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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ ICELAND/ GREENLAND	GENERAL SUPP	50,000.	WIRE			ACCRUAL
(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. 1.

3 Enter total number of other organizations or entities. 1.

(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 non-cash assistance	(g) Description of non-cash 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 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).* . . . . . ☐ 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 file Form 5713, International Boycott Report (see Instructions for Form 5713).* . . . . . ☐ Yes ☒ No

Schedule F (Form 990) 2013

**Part V** **Supplemental Information**

Complete this part to 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).

SCHEDULE F, PART 1, LINE 2

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 CU AND THE GRANTEE.

PART I, LINE 3, COLUMN (F) AND PART II, LINE 1

THE ACCRUAL METHOD OF ACCOUNTING WAS USED IN PART I, LINE 3, COLUMN (F)  
AND PART II, LINE 1.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

CONSUMERS UNION OF UNITED STATES INC.

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Employer identification number

13-1776434

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to 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.

- |   |  |
|---|--|
| <b>a</b> <input checked="" type="checkbox"/> Mail solicitations               | <b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants                |
| <b>c</b> <input checked="" type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events                       |
| <b>d</b> <input checked="" type="checkbox"/> In-person solicitations          |  |

**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 ten 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 DONOR SERVICES GROUP	TELE MARKETING		X	88,269.	54,846.	33,423.
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....				88,269.	54,846.	33,423.

**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" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts . . . . .				
	2 Less: Contributions . . . . .				
	3 Gross income (line 1 minus line 2). . . . .				
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .				
	7 Food and beverages . . . . .				
	8 Entertainment . . . . .				
	9 Other direct expenses . . . . .				
	10 Direct expense summary. Add lines 4 through 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" to 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 operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10 a 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 operate 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 operated in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 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 complete this part to provide any additional information (see instructions).

SCHEDULE I  
(Form 990)

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

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

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

CONSUMERS UNION OF UNITED STATES INC.

Employer identification number

13-1776434

OMB No. 1545-0047

2013

Open to Public  
Inspection

Part I General Information on Grants and Assistance

- 1 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
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ☒ Yes ☐ No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1) CONSUMER FEDERATION OF AMERICA 1620 I STREET, NW - SUITE 200	16-1774332	501(C)(3)	80,000.				STATE AND LOCAL GRANT SUPPORT
(2) CONSUMER FEDERATION OF AMERICA 1620 I STREET, NW - SUITE 200	16-1774332	501(C)(3)	25,000.				SUPPORT STATE AND LOCAL MEETINGS
(3) USPIRG EDUCATION FUND 218 D STREET SE, 1ST FLOOR	52-1384240	501(C)(3)	35,000.				GENERAL SUPPORT FOR SUPPORT
(4) CALIFORNIA PAN-ETHNIC HEALTH NETWORK 654 THIRTEENTH STREET OAKLAND, CA 94612	52-0880625	501(C)(3)	204,706.				SUPPORT HEALTH COALITION HEALTHCARE
(5) HEALTH ACCESS FOUNDATION 414 13TH STREET OAKLAND, CA 94612	13-1945149	501(C)(3)	159,302.				SUPPORT FOR HEALTHCARE
(6) NATIONAL PHYSICIAN ALLIANCE 888 16TH STREET WASHINGTON, DC 20006	27-0137846	501(C)(3)	10,000.				SUPPORT FOR PUBLIC HEALTHCARE
(7) KENTUCKY EQUAL JUSTICE CENTER 201 W SHORT STREET LEXINGTON, KY 40507	61-0909545	501(C)(3)	25,000.				GENERAL OPERATING SUPPORT
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 6.
- 3 Enter total number of other organizations listed in the line 1 table 6.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2013)

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PAGE 42

**Part III** Grants and Other Assistance to Individuals in the United States. 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. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 1

THE CRITERIA FOR SELECTING PROJECTS FOR FUNDING THROUGH THE COLSTON E.

WARNE SMALL GRANTS PROGRAM INCLUDING THE FOLLOWING: - THE PROJECTS

SHOULD BE CONSISTENT WITH CU'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 SHOULD BE

HIGH IMPACT PROJECTS THAT PROVIDE A SIGNIFICANT RETURN FOR THE AMOUNT OF

MONEY INVESTED. THEY SHOULD BE RESULT-ORIENTED, AND HAVE TANGIBLE GOALS

AND OBJECTIVES. - THE ORGANIZATION SPONSORING THE PROJECT SHOULD HAVE A

**Part III** Grants and Other Assistance to Individuals in the United States. 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. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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 SHOULD BE 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 SHOULD OBTAIN MATCHING FUNDS AND /OR LEVERAGE IN-KIND RESOURCES FROM OTHER SOURCES. - THE PROJECTS SHOULD MAKE SENSE IN THE CONTEXT OF THE NEEDS AND OPPORTUNITIES OF THE OVERALL CONSUMER MOVEMENT. THEY SHOULD CONTRIBUTE TO CAPACITY-BUILDING OF

**Part III** Grants and Other Assistance to Individuals in the United States. 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. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

ORGANIZATIONS, AND HELP SUSTAIN THE CONSUMER MOVEMENT. - CU'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 GRANTEEES AND INVITE THEM TO APPLY.

ALMOST ALL GRANTS ARE AWARDED TO PRE-SELECTED ORGANIZATIONS.



**Part III** Grants and Other Assistance to Individuals in the United States. 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. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART II

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 CU AND THE GRANTEE.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

- **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**  
 ► **Attach to Form 990.** ► **See separate instructions.**  
 ► **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

CONSUMERS UNION OF UNITED STATES INC.

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 in 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 checked="" 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 checked="" 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 (e.g., 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 in line 1a?

**3** Indicate which, if any, of the following the filing 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 in 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) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in 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" to line 5a or 5b, describe in Part III.

**6** For persons listed in 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" to line 6a or 6b, describe in Part III.

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

**8** Were any amounts reported in 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

Page **2****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 in 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 are not 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 reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JAMES A GUEST PRESIDENT AND CEO	(i) 577,190.	0	17,305.	43,000.	21,026.	658,521.	0
	(ii) 0	0	0	0	0	0	0
2 LAURENCE BUNIN COO UNTIL 05/31/2013	(i) 214,557.	56,913.	504,853.	26,487.	7,394.	810,204.	0
	(ii) 0	0	0	0	0	0	0
3 RICHARD GANNON CHIEF OPERATING OFFICER	(i) 406,106.	11,000.	10,373.	39,233.	32,776.	499,488.	0
	(ii) 0	0	0	0	0	0	0
4 RAHUL BELANI VP, CHIEF INFORMATION OFFICER	(i) 353,443.	8,002.	14,130.	35,023.	30,276.	440,874.	0
	(ii) 0	0	0	0	0	0	0
5 LIAM MCCORMACK VP, TECHNICAL DIRECTOR	(i) 335,216.	7,812.	1,351.	33,150.	20,290.	397,819.	0
	(ii) 0	0	0	0	0	0	0
6 EILEEN HERSHENOV VP, GENERAL COUNSEL	(i) 317,416.	7,702.	8,889.	32,390.	37,775.	404,172.	0
	(ii) 0	0	0	0	0	0	0
7 PAIGE AMIDON LITMAN VP, HEALTH	(i) 264,246.	2,640.	8,689.	26,901.	30,276.	332,752.	0
	(ii) 0	0	0	0	0	0	0
8 MICHAEL D'ALESSANDRO VP AND CHIEF OF STAFF	(i) 272,843.	8,000.	7,908.	27,829.	35,168.	351,748.	0
	(ii) 0	0	0	0	0	0	0
9 LINDA TEPEDINO VP, HUMAN RESOURCES	(i) 281,103.	8,000.	9,735.	28,035.	22,790.	349,663.	0
	(ii) 0	0	0	0	0	0	0
10 CHRISTOPHER MEYER VP, EXTERNAL AFFAIRS	(i) 267,592.	9,000.	6,029.	27,023.	32,096.	341,740.	0
	(ii) 0	0	0	0	0	0	0
11 ERIC WAYNE VP, CHIEF FINANCIAL OFFICER	(i) 233,588.	14,033.	5,665.	23,758.	32,776.	309,820.	0
	(ii) 0	0	0	0	0	0	0
12 CHRISTIAN NIMSKY VP&GM, DIGITAL INTERACTIVE	(i) 309,033.	28,000.	79,032.	23,199.	30,276.	469,540.	0
	(ii) 0	0	0	0	0	0	0
13 BRENT DIAMOND VP&GM, MAGAZINE AND NEWSLETTER	(i) 327,712.	17,000.	4,423.	21,613.	32,669.	403,417.	0
	(ii) 0	0	0	0	0	0	0
14 KIMBERLY KLEMAN EDITOR IN CHIEF, CR MAGAZINE	(i) 169,869.	0	178,243.	17,113.	29,867.	395,092.	0
	(ii) 0	0	0	0	0	0	0
15 MICHAEL PALAZZO SENIOR ART DIR UNTIL 10/24/13	(i) 105,502.	2,601.	170,912.	0	19,070.	298,085.	0
	(ii) 0	0	0	0	0	0	0
16 DIANE SALVATORE SR DIR, CONTENT STRATEGY & DEV	(i) 231,195.	22,350.	2,272.	8,926.	10,729.	275,472.	0
	(ii) 0	0	0	0	0	0	0

Schedule J (Form 990) 2013

Part III Supplemental Information

Complete this part to 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.

SEVERANCE PAYMENTS AND UNQUALIFIED PLAN BENEFITS

SEVERANCE PAYMENTS:

LAURENCE BUNIN - \$499,334

KIMBERLY KLEMAN - \$161,283

MICHAEL PALAZZO - \$130,050

PARTICIPATION IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN - DEFERRED

COMPENSATION

JAMES GUEST - \$17,500

RICHARD GANON - \$13,733

LAURENCE BUNIN - \$5,813

LIAM MCCORMACK - \$7,650

MICHAEL D'ALESSANDRO - \$2,329

LINDA TEPEDINO - \$2,535

CHRISTOPHER MEYER - \$1,523

RAHUL BELANI - \$9,523

EILEEN HERSHENOV - \$6,890

PAGE AMIDON LITMAN - \$1,401

Part III Supplemental Information

Complete this part to 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 1A

PERSONAL TRAVEL AND HOUSING BENEFITS WERE PROVIDED TO THE VP & GENERAL  
MANAGER OF DIGITAL INTERACTIVE PRODUCTS, AND VP, CHIEF INFORMATION  
OFFICER. THESE AMOUNTS WERE TREATED AS TAXABLE COMPENSATION AND DISCLOSED  
ON SCHEDULE J, PART II, COLUMN B(III).

PART I, LINE 7

SCHED. J

COLUMN B (II)

BONUS & INCENTIVE CONTRACTUAL DISCRETIONARY

COMPENSATION BONUS (MERIT)

RICHARD GANNON	\$11,000		\$11,000
ERIC WAYNE	\$14,033		\$14,033
LAURENCE BUNIN	\$56,913	\$56,913	
CHRISTIAN NIMSKY	\$28,000	\$25,000	\$ 3,000
LIAM MCCORMACK	\$ 7,812		\$ 7,812
MICHAEL D'ALESSANDRO	\$ 8,000		\$ 8,000
LINDA TEPEDINO	\$ 8,000		\$ 8,000

Part III Supplemental Information

Complete this part to 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.

CHRISTOPHER MEYER	\$ 9,000	\$ 9,000
BRENT DIAMOND	\$17,000	\$17,000
RAHUL BELANI	\$ 8,002	\$ 8,002
EILEEN HERSHENOV	\$ 7,702	\$ 7,702
MICHAEL PALAZZO	\$ 2,601	\$ 2,601
PAGE AMIDON LITMAN	\$ 2,640	\$ 2,640
DIANE SALVATORE	\$22,350	\$15,000
		\$ 7,350

**SCHEDULE K  
(Form 990)**

 Department of the Treasury  
Internal Revenue Service

Name of the organization

CONSUMERS UNION OF UNITED STATES INC.

**Supplemental Information on Tax-Exempt Bonds**  
 ► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990. ► See separate instructions.

 ► Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

 Open to Public  
Inspection

 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
<b>A</b>	CITY OF YONKERS INDUSTRIAL DEVELOPMENT AGENCY	13-1776434	986083BN2	12/22/2005	47,300,000.	MULTI-MODAL CIVIL FACILITY REVENUE		X		X		X
<b>B</b>												
<b>C</b>												
<b>D</b>												

**Part II Proceeds**

	A	B	C	D
1	Amount of bonds retired	3,500,000.		
2	Amount of bonds legally defeased			
3	Total proceeds of issue	43,800,000.		
4	Gross proceeds in reserve funds			
5	Capitalized interest from proceeds			
6	Proceeds in refunding escrows			
7	Issuance costs from proceeds	1,207,321.		
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	35,045,813.		
12	Other unspent proceeds			
13	Year of substantial completion	2006		

	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X				
15	Were the bonds issued as part of 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				

**Part III Private Business Use**

	A	B	C	D
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	No	Yes
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		No

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

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Schedule K (Form 990) 2013

PAGE 52



Part III Private Business Use (Continued)

CITY OF YONKERS INDUSTRIAL DEVELOPMENT AGENCY

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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? . . . . .								
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 . . . . .		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . .		%		%		%		%
6 Total of lines 4 and 5 . . . . .		%		%		%		%
7 Does the bond issue meet the private security or payment test? . . . . .		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .		%		%		%		%
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? . . . . .								
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
3 Is the bond issue a variable rate issue? . . . . .	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .	X							
b Name of provider . . . . .	MORGAN STANLEY							
c Term of hedge. . . . .	30.500							
d Was the hedge superintegrated? . . . . .		X						
e Was the hedge terminated? . . . . .		X						



CONSUMERS UNION OF UNITED STATES INC.

13-1776434

**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.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

CONSUMERS UNION OF UNITED STATES INC.

**Noncash Contributions**

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2013**

**Open To Public  
Inspection**

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	14 .	147,796 .	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
30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not 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 non-standard contributions? . . . . .	X	
32 a 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 did not 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) (2013)

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PAGE 56

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**Part II** **Supplemental Information.** Complete this part to 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.

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

Department of the Treasury  
Internal Revenue Service

**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.**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

CONSUMERS UNION OF UNITED STATES INC.

Employer identification number

13-1776434

FORM 990, PART III, LINE 4

CONSUMERS INFORMATION:

CONSUMERS UNION OF US INC. PUBLISHES AND DISSEMINATES INFORMATION AND  
ADVICE TO CONSUMERS REGARDING TOPICS SUCH AS CONSUMER GOODS, SERVICES,  
HEALTH AND PERSONAL FINANCE. THE NUMBER OF PAID SUBSCRIBERS FOR EACH AS  
OF 5/31/14 INCLUDE CONSUMER REPORTS MAGAZINE 3,969,186; CONSUMER REPORTS  
ON HEALTH 618,290; CR ONLINE 3,208,355; CONSUMER REPORTS MONEY ADVISER  
142,617; AUTO PREMIUM 129,747; AND SHOP SMART 325,522. CONSUMERS UNION OF  
US INC. DOES NOT ACCEPT OUTSIDE ADVERTISING IN ANY OF ITS PUBLICATIONS.  
IN ADDITION, CONSUMERS UNION OF US INC. DISSEMINATES CONSUMER INFORMATION  
THROUGH OTHER PRINT, RADIO, TELEVISION, ELECTRONIC PUBLISHING AND  
INTERACTIVE MEDIA.

PRODUCT INFORMATION:

CONSUMERS UNION OF US INC. 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 ADVISE CONSUMERS ON THE EXTENT TO WHICH THEY ARE  
CONVENIENT, SAFE, AND ECONOMICAL. DURING THE FISCAL YEAR ENDED 5/31/14,  
CONSUMERS UNION OF US INC. CONDUCTED TESTS AND EVALUATIONS ON MORE THAN  
3400 MODELS OF VARIOUS CONSUMER PRODUCTS, MAKING USE OF ABOUT 50  
LABORATORIES AND ITS AUTO TRACK. THE INFORMATION GATHERED AS RESULT OF  
THESE TESTS IS DISSEMINATED TO THE GENERAL PUBLIC AS DESCRIBED ABOVE.

Name of the organization CONSUMERS UNION OF UNITED STATES INC.	Employer identification number 13-1776434
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## EDUCATION PROGRAMS:

CONSUMERS UNION IS TRANSITIONING TOWARD A MORE FOCUSED EFFORT TO EDUCATE CONSUMERS IN THE CRITICAL AREAS OF HEALTH AND SAFETY. NEW INITIATIVES INCLUDE PROGRAMS INTENDED TO PROVIDE BETTER COMPARATIVE, EVIDENCE-BASED MEDICAL INFORMATION AS WELL AS PROGRAMS DESIGNED TO ALERT CONSUMERS TO THE RISKS ASSOCIATED WITH DANGEROUS PRODUCTS. IN ADDITION, CONSUMERS UNION PROVIDES SUBSTANTIAL FREE CONSUMER EDUCATION INFORMATION AS A PUBLIC SERVICE THROUGH OUR EDUCATIONAL WEBSITES AND THROUGH AN EXPANDING USE OF SOCIAL NETWORKING SITES AND BLOGS. CONSUMERS UNION EDUCATIONAL WEBSITES INCLUDE: THE CONSUMERS UNION ADVOCACY WEB SITE (CONSUMERSUNION.ORG), CONSUMER REPORTS BEST BUY DRUGS (CRBESTBUYDRUGS.ORG), CONSUMER HEALTH CHOICES (CONSUMERHEALTHCHOICES.ORG), HEALTH LAW HELPER (HEALTHLAWHELPER.ORG) SPANISH LANGUAGE CONSUMER EDUCATION MATERIALS, AT ESPANOL.CONSUMERREPORTS.ORG & ASEGURATUSALUD.ORG. CONSUMER REPORTS GREENER CHOICES (GREENERCHOICES.ORG), AND ECO-LABELS, AN ONLINE GUIDE TO ENVIRONMENTAL LABELS (ECO-LABELS.ORG). SPECIFIC ACCOMPLISHMENTS INCLUDE:

## HEALTH INFORMATION:

CONSUMERS UNION'S HEALTH RATINGS CENTER AND HEALTH IMPACT PROGRAMS (WWW.CONSUMERREPORTS.ORG/CRO/HEALTH/INDEX.HTM) CONTINUE TO EXPAND CONSUMER REPORTS' RATINGS OF HOSPITALS, PRIMARY-CARE DOCTORS, HEART SURGERY GROUPS, HEALTH INSURANCE PLANS, DRUGS, TREATMENTS, AND PREVENTIVE SERVICES TO PROVIDE THE BEST COMPARATIVE DATA ON HEALTH CARE WITH A FOCUS



Name of the organization	Employer identification number
CONSUMERS UNION OF UNITED STATES INC.	13-1776434

ON SAFETY, QUALITY, AND VALUE. THE RATINGS CENTER HAS WORKED WITH REGIONAL HEALTH IMPROVEMENT COLLABORATIVES TO DEVELOP AND DISSEMINATE DATA WITH THE INTENT OF PROVIDING CONSUMERS WITH IMPORTANT INFORMATION AND USING THE MEASURES TO IMPROVE THE QUALITY OF CARE. THE RATINGS CENTER RECENTLY JOINED THE ABIM FOUNDATION AND LEADING SPECIALTY MEDICAL SOCIETIES IN THE "CHOOSING WISELY" CAMPAIGN, WHICH AIMS TO EDUCATE PHYSICIANS AND CONSUMERS ABOUT TESTS AND TREATMENTS THAT ARE COMMONLY OVERUSED. IT IS ALSO COLLABORATING WITH THE AMERICAN COLLEGE OF PHYSICIANS IN A CAMPAIGN CALLED HIGH VALUE CARE, WHICH COMMUNICATES ABOUT HIGH-VALUE, COST-CONSCIOUS HEALTH CHOICES. BOTH CHOOSING WISELY AND HIGH VALUE CARE RESOURCES ARE DISSEMINATED THROUGH CR'S HEALTH IMPACT PARTNER NETWORK. THROUGH ITS "BEST BUY DRUGS" PROGRAM, CONSUMER REPORTS RECENTLY PUBLISHED SEVERAL UPDATED REPORTS ON PRESCRIPTION DRUGS, INCLUDING ONE ON DRUGS TO TREAT PSORIASIS, ANOTHER ON HEART FAILURE DRUGS, AND A CONSUMER REPORTS MAGAZINE COVER STORY ON PAIN MEDICATIONS, IN ADDITION TO ARTICLES ON DRUG SAFETY AND "OFF-LABEL" USE. THE HEALTH IMPACT PROGRAM IS DEVELOPING NEW PARTNERSHIPS IN AN EFFORT TO REACH A WIDER RANGE OF CONSUMER AUDIENCES-FOR EXAMPLE, VIA PARTNERSHIPS WITH COMMUNITY PHARMACISTS AND ANOTHER WITH REGIONAL EMPLOYER COALITIONS. ALL BEST BUY DRUGS AND CHOOSING WISELY REPORTS ARE TRANSLATED INTO SPANISH.

CONSUMERS UNION AFFORDABLE HEALTH CARE ACT GUIDE, WRITTEN BY THE HEALTH REFORM TEAM, HAS PLAYED A UNIQUE ROLE IN EDUCATING CONSUMERS REGARDING WHAT THEY NEED TO KNOW ABOUT THE NEW HEALTH LAW, THE AFFORDABLE CARE ACT. SINCE THE LAW'S PASSAGE WE HAVE PRODUCED FOUR SEPARATE GUIDES TO THE

Name of the organization CONSUMERS UNION OF UNITED STATES INC.	Employer identification number 13-1776434
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CHANGES MADE BY THE LAW, EXPLAINING THEM IN A CONSUMER-FRIENDLY, EASY-TO-UNDERSTAND MANNER. TO DATE WE'VE DISTRIBUTED MORE THAN 1.5 MILLION HARD COPIES OF THE VARIOUS PUBLICATIONS AND SHARED THE INFORMATION ONLINE AT [YOURHEALTHSECURITY.ORG/THE\\_NEW\\_LAW](http://YOURHEALTHSECURITY.ORG/THE_NEW_LAW). THE GUIDES ARE ALSO AVAILABLE IN SPANISH. WE PRODUCED A GUIDE TO UNDERSTANDING THE HEALTH PREMIUM TAX CREDITS IN THE AFFORDABLE CARE ACT AND DISTRIBUTED 15,000 COPIES IN ENGLISH AND SPANISH, AS WELL AS PRODUCED THE CONTENT IN AN INTERACTIVE ONLINE TOOL ([HEALTHTAXCREDITTOOL.ORG](http://HEALTHTAXCREDITTOOL.ORG)). OUR HEALTH LAW HELPER TOOL ([HEALTHLAWHELPER.ORG](http://HEALTHLAWHELPER.ORG)) HAS REACHED MORE THAN HALF A MILLION VISITORS AND PROVIDES PERSONALIZED GUIDANCE ON HEALTH INSURANCE AND THE NEW LAW.

#### SAFETY:

OUR FOOD SAFETY AND SUSTAINABILITY CENTER CONTINUES ITS WORK TO EDUCATE CONSUMERS ABOUT FOOD SAFETY ISSUES AS WELL AS MARKETPLACE PRACTICES THAT MISLEAD CONSUMERS. THAT WORK INCLUDES A THREE-MONTH CAMPAIGN TO ELIMINATE THE MISLEADING AND UNVERIFIED "NATURAL" LABEL, AND TO SPREAD AWARENESS ABOUT SUSTAINABLE PRODUCTION PRACTICES LIKE FAIR TRADE, ANIMAL WELFARE, AND ORGANIC, LOOKING AT WHICH CLAIMS IN THOSE AREAS TRULY MEET CONSUMER EXPECTATIONS AND WHICH DON'T. UNLIKE THE NATURAL LABEL, CREDIBLE LABELS ARE UNDERWRITTEN BY MEANINGFUL AGRICULTURAL PRACTICES AND ARE VERIFIED. THE CAMPAIGN WILL BE CAPPED BY A PUBLIC EVENT HIGHLIGHTING PROBLEMS WITH THE "NATURAL" LABEL ON FOOD AND OTHER PRODUCTS. EXPERT PANELS WILL DISCUSS THE ISSUES, AND WE ARE INVITING KEY STAKEHOLDERS AMONG THE CONSUMERS, NONPROFITS, FOUNDATIONS, MEDIA, CHEFS, AND FOOD COMPANIES THAT

Name of the organization	Employer identification number
CONSUMERS UNION OF UNITED STATES INC.	13-1776434

SHARE A COMMON INTEREST IN SETTING A HIGH BAR FOR THE MARKETPLACE.

CONSOLIDATED FINANCIAL STATEMENTS

PART IV, LINE 12

CONSUMERS UNION OF UNITED STATES, INC. IS AUDITED IN COMBINATION WITH ITS  
RELATED ORGANIZATIONS: CONSUMERS UNION ACTION FUND, INC. [EIN:  
20-4780406] AND TRUMAN AVENUE FOUNDATION, INC. [EIN: 20-5665599],  
ALTHOUGH SEPARATE AUDITED FINANCIAL STATEMENTS ARE NOT ISSUED FOR  
CONSUMERS UNION OF UNITED STATES, INC., A CONSOLIDATED AUDITED FINANCIAL  
STATEMENT WAS ISSUED FOR THE FISCAL YEAR ENDED MAY 31, 2014, WHICH WAS  
PREPARED IN ACCORDANCE WITH GAAP.

FORM 990 REVIEW PROCESS

PART VI, LINE 11

THE 990 IS PREPARED UTILIZING THE ASSISTANCE OF OUR INDEPENDENT FINANCIAL  
AUDITOR, 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 CU FINANCE DEPARTMENT WITH COORDINATION WITH KPMG, IT IS  
REVIEWED BY 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

CONSUMERS UNION'S BOARD OF DIRECTORS AND STAFF MEMBERS ARE REQUIRED TO  
FILL OUT AND SIGN A DISCLOSURE OF INTEREST STATEMENT AND ATTESTATION OF

Name of the organization CONSUMERS UNION OF UNITED STATES INC.	Employer identification number 13-1776434
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COMPLIANCE EACH YEAR. BOARD MEMBERS' FORMS ARE REVIEWED BY A COMMITTEE OF THE BOARD; STAFF MEMBERS' FORMS ARE REVIEWED BY AN OUTSIDE INDEPENDENT REVIEWER, AND, IF CONFLICTS CANNOT BE RESOLVED, BY A STAFF CONFLICT OF INTEREST COMMITTEE.

#### PROCESS FOR DETERMINING EXECUTIVE COMPENSATION

FORM 990, PART VI, LINE 15

CU'S EXECUTIVE COMPENSATION PROGRAM IS DESIGNED TO ATTRACT, ENGAGE, AND RETAIN HIGHLY TALENTED AND DEDICATED INDIVIDUALS WHO POSSESS THE PREREQUISITE SKILLS AND DEMONSTRATED PERFORMANCE NECESSARY TO FULFILL ITS MISSION. THE PROGRAM IS STRUCTURED TO PROVIDE TOTAL COMPENSATION DIRECT AND INDIRECT THAT SUPPORTS THE ACHIEVEMENT OF CU'S STRATEGIC AND OPERATING GOALS AND IS REASONABLY COMPETITIVE TO WHAT IS OFFERED BY COMPARABLE ORGANIZATIONS. CU ESTABLISHED AND MAINTAINS AN EXECUTIVE COMPENSATION PROGRAM THAT QUALIFIES FOR A REBUTTABLE PRESUMPTION OF REASONABLENESS AND PERIODICALLY REVIEWS ITS EXECUTIVE COMPENSATION TO ENSURE ONGOING ALIGNMENT WITH ITS STRATEGIC DIRECTION AND FINANCIAL LIMITS. TO ENSURE ITS EXECUTIVE COMPENSATION IS CONSISTENT WITH THIS COMPENSATION PHILOSOPHY, CU:

- CLEARLY IDENTIFIES A SURVEY PEER GROUP AND PROTOCOL FOR BENCHMARKING AND DETERMINING THE REASONABLENESS OF TOTAL COMPENSATION IN RELATION TO MARKET NORMS FOR SIMILAR EXECUTIVE POSITIONS;
- ENGAGES AN INDEPENDENT AND QUALIFIED COMPENSATION CONSULTANT TO PERIODICALLY COMPILE AND ANALYZE COMPETITIVE MARKET COMPENSATION FOR SIMILAR EXECUTIVES IN ORGANIZATIONS COMPARABLE TO CU;
- PROVIDES REASONABLY COMPETITIVE TOTAL COMPENSATION CONSISTENT WITH MARKET NORMS AND PERFORMANCE RESULTS IN ANY GIVEN YEAR; AND
- PERIODICALLY EVALUATES

Name of the organization CONSUMERS UNION OF UNITED STATES INC.	Employer identification number 13-1776434
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AND REALIGNS PERFORMANCE MEASURES TO CONFORM TO CHANGING STRATEGIC GOALS AND OTHER BUSINESS NEEDS. ENSURES THAT THE EXECUTIVE COMPENSATION PROGRAM IS CONSISTENT WITH CU'S MISSION AND TAX-EXEMPT STATUS AND THAT COMPENSATION IS BOTH COMPETITIVE AND REASONABLE IS A SHARED RESPONSIBILITY OF THE BOARD OF DIRECTORS ("THE BOARD"), ITS COMPENSATION AND HUMAN RESOURCES COMMITTEE ("THE COMMITTEE"), AND CU'S PRESIDENT. THE COMMITTEE IS MADE UP OF INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS WHO DO NOT HAVE ANY CONFLICT OF INTEREST WITH REGARD TO EXECUTIVE COMPENSATION. THE BASIS FOR THE DECISIONS MADE BY THE COMMITTEE ARE DOCUMENTED IN THE MINUTES OF EACH COMMITTEE MEETING.

#### PUBLIC AVAILABILITY OF FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS

FORM 990, PART VI, LINE 19

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

#### MEMBERS, STOCKHOLDERS

FORM 990, PART VI, LINE 7A

CONSUMERS UNION IS A NEW YORK STATE NOT-FOR-PROFIT MEMBERSHIP CORPORATION. THE MEMBERS ARE ANY INDIVIDUAL WITH A PAID ANNUAL SUBSCRIPTION TO CONSUMER REPORTS OR CONSUMERREPORTS.ORG., WHO DOES ONE OF THE FOLLOWING: (1) GIVES NOTICE OF ACCEPTANCE OF MEMBERSHIP; (2) SENDS IN A NOMINATION FOR THE BOARD OF DIRECTORS; OR (3) RETURNS TO CU, THE BALLOT TRANSMITTED IN CONNECTION WITH THE ANNUAL ELECTION OF DIRECTORS. POWERS OF MEMBERS: 1. MEMBERS CAN ELECT THE BOARD OF DIRECTORS; 2. THE ANNUAL

Name of the organization

CONSUMERS UNION OF UNITED STATES INC.

Employer identification number

13-1776434

REPORT OF CONSUMER REPORTS MUST BE PRESENTED TO MEMBERS; 3. THE MEMBERS  
MUST MEET AT LEAST ANNUALLY; 4. BY-LAWS OF THE ORGANIZATION MAY BE  
ADOPTED, AMENDED, OR REPEALED BY MEMBERS; 5. MEMBERS MAY DEMAND TO  
CALL A SPECIAL MEETING IF AT LEAST 10% OF THE MEMBERS CALL FOR A MEETING  
WITHIN TWO TO THREE MONTHS IN THE FUTURE.

OTHER CHANGES IN NET ASSETS OR FUND BALANCE

PART XI, LINE 9

UNREALIZED GAIN INTEREST RATE SWAP	702,101
PENSION RELATED CHANGES	9,642,425
CHANGE IN VALUE SPLIT INTEREST AGREEMENT	120,737
ROUNDING	(920)

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

10,464,343

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

AL, AK, AZ, AR, CA, CO, CT,

DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI,

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

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

ATTACHMENT 2990, 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 MARKET	9,590,417.

Name of the organization

CONSUMERS UNION OF UNITED STATES INC.

Employer identification number

13-1776434

ATTACHMENT 2 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
COMMUNICATION DATA SERVICES 1901 BELL AVENUE DES MOINES, IA 50315	FULFILLMENT SERVICES	7,076,154.
BROWN PRINTING 2300 BROWN AVENUE WASECA, MN 56093	PRINTING	4,270,124.
ACXIOM CORPORATION 601 E THIRD STREET LITTLE ROCK, AR 72201	INFORMATION TECHNOLO	2,764,717.
QUAD GRAPHICS N61 W23044 HARRY'S WAY SUSSEX, WI 53089	PRINTING	2,598,459.



Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.						
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)	CONSUMER MEDIA, LLC 101 TRUMAN AVE YONKERS, NY 10703 26-3886493	EDUCATION	DE	340.	8,555.	CU
(2)						
(3)						
(4)						
(5)						
(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.								
	(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
(1)	CONSUMERS UNION ACTION FUND 101 TRUMAN AVENUE YONKERS, NY 10703 20-4780406	LOBBYING	DE	501 (C) ( 4 )	N/A	CU	X	
(2)	THE TRUMAN AVENUE FOUNDATION INC 101 TRUMAN AVENUE YONKERS, NY 10703 20-5665599	R/E HOLDING	DE	501 (C) ( 3 )	11 - I	CU	X	
(3)								
(4)								
(5)								
(6)								
(7)								

**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
(1) -----							Yes No		Yes No	
(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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?
(1) CHARITABLE REMAINDER TRUST (5) -----	ANNUITY	NY	N/A	TRUST				Yes No
(2) -----								X
(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.

- 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) . . . . .		1a	X
c	Gift, grant, or capital contribution from related organization(s) . . . . .		1b	X
d	Loans or loan guarantees to or for related organization(s) . . . . .		1c	X
e	Loans or loan guarantees by related organization(s) . . . . .		1d	X
f	Dividends from related organization(s) . . . . .		1e	X
g	Sale of assets to related organization(s) . . . . .			
h	Purchase of assets from related organization(s) . . . . .		1f	X
i	Exchange of assets with related organization(s) . . . . .		1g	X
j	Lease of facilities, equipment, or other assets to related organization(s) . . . . .		1h	X
k	Lease of facilities, equipment, or other assets from related organization(s) . . . . .		1i	X
l	Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		1j	X
m	Performance of services or membership or fundraising solicitations by related organization(s) . . . . .			
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		1k	X
o	Sharing of paid employees with related organization(s) . . . . .		1l	X
p	Reimbursement paid to related organization(s) for expenses . . . . .		1m	X
q	Reimbursement paid by related organization(s) for expenses . . . . .		1n	X
r	Other transfer of cash or property to related organization(s) . . . . .		1o	X
s	Other transfer of cash or property from related organization(s) . . . . .			
t	Other transfer of cash or property to related organization(s) . . . . .		1p	X
u	Other transfer of cash or property from related organization(s) . . . . .		1q	X
v	Other transfer of cash or property to related organization(s) . . . . .			
w	Other transfer of cash or property from related organization(s) . . . . .		1r	X
x	Other transfer of cash or property to related organization(s) . . . . .		1s	X
y	Other transfer of cash or property from related organization(s) . . . . .			
z	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.			

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 section 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**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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