

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.

A For the 2018 calendar year, or tax year beginning 06/01, 2018, and ending 05/31, 2019

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CONSUMER REPORTS, INC. Doing Business As			D Employer identification number 13-1776434	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone number (914) 378-2000	
	101 TRUMAN AVENUE				
	City or town, state or province, country, and ZIP or foreign postal code YONKERS, NY 10703-1044			G Gross receipts \$ 265,418,986.	
F Name and address of principal officer: MARTA L. TELLADO 101 TRUMAN AVENUE, YONKERS, NY 10703-1057			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			If "No," attach a list. (see instructions)		
J Website: ▶ WWW.CONSUMERREPORTS.ORG			H(e) Group exemption number ▶		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1936	M State of legal domicile: NY	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE ARE AN INDEPENDENT, NONPROFIT ORGANIZATION THAT WORKS SIDE BY SIDE WITH CONSUMERS TO CREATE A FAIRER, SAFER, AND HEALTHIER WORLD.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	15.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	15.
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	690.
	6	Total number of volunteers (estimate if necessary)	20.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7,115,389.
7b	Net unrelated business taxable income from Form 990-T, line 34	2,117,392.	
Revenue			COPIE FOR PUBLIC INSPECTION
	8	Contributions and grants (Part VIII, line 1h)	28,650,376. 35,065,192.
	9	Program service revenue (Part VIII, line 2g)	205,372,594. 210,164,958.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,444,352. 8,369,180.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	982,717. 947,250.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	248,450,039. 254,546,580.	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	220,703. 160,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	102,919,040. 97,906,755.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	432,058. 356,065.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 12,017,267.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	149,442,325. 146,905,756.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	253,014,126. 245,328,576.
19	Revenue less expenses. Subtract line 18 from line 12	-4,564,087. 9,218,004.	
Net Assets or Fund Balances			Beginning of Current Year End of Year
	20	Total assets (Part X, line 16)	417,239,171. 387,779,531.
	21	Total liabilities (Part X, line 26)	248,933,023. 219,831,245.
22	Net assets or fund balances. Subtract line 21 from line 20	168,306,148. 167,948,286.	

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		<u>4/13/2020</u>
	Signature of officer ERIC WAYNE Type or print name and title	Date SR. VP AND CFO

Paid Preparer Use Only	Print/Type preparer's name CHRISTINA ROSSETTI	Preparer's signature 	Date 04/13/2020	Check <input type="checkbox"/> if self-employed	PTIN P01491094
	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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

WE ARE AN INDEPENDENT, NONPROFIT ORGANIZATION THAT WORKS SIDE BY SIDE WITH CONSUMERS TO CREATE A FAIRER, SAFER, AND HEALTHIER WORLD.

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 \$ 195,407,405. including grants of \$) (Revenue \$ 210,164,958.)

CONSUMER INFORMATION, PRODUCT INFORMATION. SEE SCHEDULE O FOR ADDITIONAL INFORMATION.

4b (Code:) (Expenses \$ 15,427,519. including grants of \$) (Revenue \$)

EDUCATION AND ADVOCACY PROGRAMS FOR HEALTH AND SAFETY. SEE SCHEDULE O FOR ADDITIONAL INFORMATION.

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

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

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

4e Total program service expenses ▶ 210,834,924.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions about organizational activities and reporting requirements.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with 3 columns: Question, Yes, No. Rows include questions 2a through 16 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 1
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe 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, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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) ANNETTE LOVOI CHAIR	2.00 0.	X					0.	0.	0.	
(2) THOMAS C. VOICE VICE CHAIR	2.00 0.	X					0.	0.	0.	
(3) JOAQUIN ALVARADO SECRETARY	2.00 0.	X					0.	0.	0.	
(4) MARTIN SCHNEIDER TREASURER THRU 3/19/19	2.00 0.	X					0.	0.	0.	
(5) DEBORAH A. COWAN TREASURER AS OF 5/17/19	2.00 0.	X					0.	0.	0.	
(6) MARCIA S. ARONOFF DIRECTOR	2.00 0.	X					0.	0.	0.	
(7) ROBERT E. BAENSCH DIRECTOR THRU 10/10/18	2.00 0.	X					0.	0.	0.	
(8) BARAK BERKOWITZ DIRECTOR AS OF 10/10/18	2.00 0.	X					0.	0.	0.	
(9) KATHLEEN ENGEL DIRECTOR AS OF 10/10/18	2.00 0.	X					0.	0.	0.	
(10) JOANNE HOVIS DIRECTOR AS OF 10/10/18	2.00 0.	X					0.	0.	0.	
(11) EDMUND MIERZWINSKI DIRECTOR	2.00 0.	X					0.	0.	0.	
(12) WILLARD P. OGBURN DIRECTOR	2.00 0.	X					0.	0.	0.	
(13) A. YESIM ORHUN DIRECTOR	2.00 0.	X					0.	0.	0.	
(14) BETSY D. SCOLNIK DIRECTOR	2.00 0.	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) ANDREW SHARPLESS ----- DIRECTOR THRU 5/28/19	2.00 0.	X						0.	0.	0.
(16) MICAH L. SIFRY ----- DIRECTOR	2.00 0.	X						0.	0.	0.
(17) CALVIN SIMS ----- DIRECTOR	2.00 0.	X						0.	0.	0.
(18) LATANYA SWEENEY ----- DIRECTOR THRU 6/7/18	2.00 0.	X						0.	0.	0.
(19) ELLEN TAUS ----- DIRECTOR	2.00 0.	X						0.	0.	0.
(20) THOMAS A. WATHEN ----- DIRECTOR THRU 10/10/18	2.00 0.	X						0.	0.	0.
(21) MARTA L. TELLADO ----- PRESIDENT & CEO	45.00 .20			X				651,475.	0.	49,066.
(22) ERIC WAYNE ----- VP & CFO	45.00 .20			X				362,597.	0.	61,697.
(23) LEONORA WIENER ----- SR. VP & COO	45.00 .20			X				468,890.	0.	55,500.
(24) LISA CRIBARI ----- VP, CHIEF HUMAN RESOURCES OFCR	45.00 0.				X			331,027.	0.	49,532.
(25) BRENT DIAMOND ----- VP, CON DATA MKT OP THRU 1/4/19	45.00 0.				X			373,472.	0.	64,778.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								5,852,708.	0.	707,982.
d Total (add lines 1b and 1c)								5,852,708.	0.	707,982.

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 ► 365

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 108

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) JASON FOX ----- VP, CHIEF DIGITAL OFFICER	45.00 0.				X			400,280.	0.	67,948.
(27) MICHAEL HUBNER ----- VP, GEN COUNSEL AS OF 6/4/18	45.00 0.				X			232,264.	0.	1,590.
(28) LIAM MCCORMACK ----- VP, RES, TESTING & INSIGHTS	45.00 0.				X			390,850.	0.	60,298.
(29) KIMBERLY STEHLE ----- VP, CHIEF MKT OFCR THRU 5/3/19	45.00 0.				X			381,299.	0.	39,892.
(30) SHAR TAYLOR ----- VP, CHF SOC IMPACT OFCR 7/9/18	45.00 0.				X			299,480.	0.	36,427.
(31) MARK CONNELLY ----- SR. DIR, PROD TEST THRU 9/7/18	45.00 0.					X		425,588.	0.	40,112.
(32) GWENDOLYN BOUNDS ----- VP, CHIEF CONTENT OFFICER	45.00 0.					X		390,640.	0.	38,772.
(33) ESTHER HAN ----- VP, CHIEF INTELLIGENCE OFCR	45.00 0.					X		350,528.	0.	39,076.
(34) MATTHEW ANCHIN ----- VP, CHIEF COMMUNICATIONS OFCR	45.00 0.					X		350,056.	0.	46,567.
(35) HEATH GRAYSON ----- DEPUTY GENERAL COUNSEL	45.00 .20					X		317,909.	0.	56,727.
(36) AL RIZZOTTI ----- FORMER DIR, FACILITIES MGMT	0. 0.						X	126,353.	0.	0.
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 **▶** 365

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d	137,138.					
	e Government grants (contributions) . .	1e	1,113.					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	34,926,941.					
	g Noncash contributions included in lines 1a-1f: \$		307,150.					
	h Total. Add lines 1a-1f ▶			35,065,192.				
Program Service Revenue	2a SUBSCRIPTION, NEWSSTAND & OTHER	Business Code	511120	100,825,978.	100,825,978.			
	b ONLINE SUBSCRIPTION SALES		519130	109,020,005.	101,904,616.	7,115,389.		
	c TESTING REVENUE		541380	318,975.	318,975.			
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f ▶			210,164,958.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			1,438,130.			1,438,130.	
	4 Income from investment of tax-exempt bond proceeds . ▶			0.				
	5 Royalties ▶			947,250.			947,250.	
	6a Gross rents	(i) Real	190,074.					
		(ii) Personal						
	b Less: rental expenses		190,074.					
	c Rental income or (loss)							
	d Net rental income or (loss) ▶			0.				
	7a Gross amount from sales of assets other than inventory	(i) Securities	17,613,382.					
		(ii) Other						
	b Less: cost or other basis and sales expenses		10,682,332.					
	c Gain or (loss)		6,931,050.					
	d Net gain or (loss) ▶			6,931,050.			6,931,050.	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a			0.				
	b Less: direct expenses b			0.				
c Net income or (loss) from fundraising events ▶			0.					
9a Gross income from gaming activities. See Part IV, line 19 a			0.					
b Less: direct expenses b			0.					
c Net income or (loss) from gaming activities ▶			0.					
10a Gross sales of inventory, less returns and allowances a			0.					
b Less: cost of goods sold b			0.					
c Net income or (loss) from sales of inventory ▶			0.					
Miscellaneous Revenue		Business Code						
11a _____								
b _____								
c _____								
d All other revenue								
e Total. Add lines 11a-11d ▶			0.					
12 Total revenue. See instructions. ▶			254,546,580.	203,049,569.	7,115,389.	9,316,430.		

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	130,000.	130,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	30,000.	30,000.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	4,836,284.	2,488,114.	1,983,876.	364,294.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	68,200,570.	57,389,300.	8,694,129.	2,117,141.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,578,572.	6,476,936.	882,717.	218,919.
9 Other employee benefits	11,898,498.	10,051,427.	1,484,121.	362,950.
10 Payroll taxes	5,392,831.	4,537,950.	687,472.	167,409.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	1,043,664.	534,037.	497,816.	11,811.
c Accounting	648,281.	3,321.	644,960.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	356,065.			356,065.
f Investment management fees	344,975.		344,975.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	10,835,130.	9,208,586.	1,594,595.	31,949.
12 Advertising and promotion	32,662,358.	32,036,714.	27,374.	598,270.
13 Office expenses	1,485,427.	1,307,877.	165,741.	11,809.
14 Information technology.	6,056,963.	5,087,512.	950,207.	19,244.
15 Royalties.	0.			
16 Occupancy	3,120,337.	2,828,479.	272,793.	19,065.
17 Travel	1,452,282.	1,194,851.	191,668.	65,763.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	333,384.	207,982.	120,549.	4,853.
20 Interest	1,358,283.		1,358,283.	
21 Payments to affiliates.	0.			
22 Depreciation, depletion, and amortization	15,095,306.	14,469,958.	583,074.	42,274.
23 Insurance	993,674.		993,674.	
24 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.)				
a POSTAGE AND SHIPPING	28,831,184.	25,216,286.	2,229.	3,612,669.
b PRINTING AND PUBLICATION	18,664,613.	16,350,874.	7,090.	2,306,649.
c ORDER PROCESSING	13,296,872.	11,730,045.	13,015.	1,553,812.
d PRODUCT TESTING	3,585,741.	3,585,741.		
e All other expenses _____	7,097,282.	5,968,934.	976,027.	152,321.
25 Total functional expenses. Add lines 1 through 24e	245,328,576.	210,834,924.	22,476,385.	12,017,267.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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 X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	526,055.	1	578,090.
	2 Savings and temporary cash investments	9,690,554.	2	15,594,519.
	3 Pledges and grants receivable, net	629,589.	3	510,007.
	4 Accounts receivable, net	6,893,565.	4	6,664,650.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 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.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	3,601,547.	8	3,890,552.
	9 Prepaid expenses and deferred charges	9,801,212.	9	7,762,015.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 203,819,103.		
	b Less: accumulated depreciation	10b 141,360,677.	64,339,611.	10c 62,458,426.
	11 Investments - publicly traded securities	302,696,049.	11	288,167,402.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	19,060,989.	15	2,153,870.
16 Total assets. Add lines 1 through 15 (must equal line 34)	417,239,171.	16	387,779,531.	
Liabilities	17 Accounts payable and accrued expenses	25,133,133.	17	22,471,949.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	124,009,056.	19	116,119,441.
	20 Tax-exempt bond liabilities	38,500,000.	20	36,874,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 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.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	61,290,834.	25	44,365,855.
	26 Total liabilities. Add lines 17 through 25	248,933,023.	26	219,831,245.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> X and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	164,711,030.	27	159,796,691.
	28 Temporarily restricted net assets	3,595,118.	28	8,151,595.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	168,306,148.	33	167,948,286.
	34 Total liabilities and net assets/fund balances	417,239,171.	34	387,779,531.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	254,546,580.
2	Total expenses (must equal Part IX, column (A), line 25)	2	245,328,576.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,218,004.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	168,306,148.
5	Net unrealized gains (losses) on investments	5	-6,495,260.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-3,080,606.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	167,948,286.

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
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

CONSUMER REPORTS, INC.

Employer identification number

13-1776434

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2018

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

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2018 (88.09%); 15 Public support percentage from 2017 Schedule A, Part II, line 14 (90.55%); 16a 33 1/3% support test - 2018 (checked); 16b 33 1/3% support test - 2017; 17a 10%-facts-and-circumstances test - 2018; 17b 10%-facts-and-circumstances test - 2017; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2017 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2017 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2018. 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.

19b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a	
b A family member of a person described in (a) above?	11 b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11 c	

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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

SCHEDULE A, PART I, LINE 7

ACCORDING TO THE BUSINESS MASTER FILE, CONSUMER REPORTS, INC. IS EXEMPT WITH THE IRS UNDER SECTION 509(A)(2). HOWEVER, TO SUPPORT THE USE OF SPECIAL 2% RULE FOR REPORTING CONTRIBUTIONS ON SCHEDULE B, THE ORGANIZATION HAS FILLED OUT PART II.

Schedule of Contributors

2018

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

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Employer identification number
13-1776434

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 6,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CONSUMER REPORTS, INC.

Employer identification number

13-1776434

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

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

Employer identification number
13-1776434

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

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

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

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

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

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

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

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

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

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

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

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990 or 990-EZ) 2018

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <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.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Blank lines for supplemental information.

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B

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

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

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

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

LINE 1E - PUBLICATIONS, OR PUBLISHED OR BROADCAST STATEMENTS: LOBBYING MESSAGES REGARDING LEGISLATION THAT APPEAR IN CONSUMER REPORTS AND ITS OTHER PUBLICATIONS.

LINE 1G - DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS, OR LEGISLATIVE BODY: LETTERS; FACE-TO-FACE COMMUNICATIONS, EMAILS; TELEPHONE CALLS WITH STATE AND FEDERAL LEGISLATORS, INCLUDING PREPARATION; TRAVEL TIME, LEGISLATIVE TESTIMONY.

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

Part IV Supplemental Information *(continued)*

PUBLICLY.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

CONSUMER REPORTS, INC.

Employer identification number

13-1776434

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

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of easements, total number, acreage, and monitoring expenses.

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

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

Table with 3 columns: Line number, Description, and Amount. Includes rows for reporting requirements for art and historical treasures.

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

Schedule D (Form 990) 2018

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
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

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

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

- a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

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

Table with 3 columns: (i) unrelated organizations, (ii) related organizations, b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?. Rows include: 3a(i), 3a(ii), 3b.

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

Part VI Land, Buildings, and Equipment.

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

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

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PENSION LIABILITY	24,886,000.
(3) CHARITABLE GIFT ANNUITY	9,714,929.
(4) LIABILITY DERVIATIVE INSTRUMENT	5,029,385.
(5) ASC 712 LIABILITY	2,084,590.
(6) LIFETIME SUBSCRIBER LIABILITY	1,420,000.
(7) CRUT LIABILITY	907,656.
(8) OTHER DEFERRED	323,295.
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	44,365,855.

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 XIII Supplemental Information (continued)

RECONCILIATION OF REVENUE

SCHEDULE D, PART XI, LINE 2D

UNREALIZED LOSS ON INTEREST RATE SWAP	\$ (913,000)
PENSION RELATED CHARGES	\$ (2,299,000)
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	\$ 132,888

	\$ (3,079,112)

SCHEDULE D, PART XI, LINE 4B

CUAF CONTRIBUTION TO CONSUMER REPORTS	\$ 137,138
RENTAL EXPENSES	\$ (190,074)
OTHER ROUNDING	\$ 683

	\$ (52,253)

RECONCILIATION OF EXPENSES

SCHEDULE D, PART XII, LINE 2D

CONSUMERS UNION ACTION FUND EXPENSES	\$ 5,865
--------------------------------------	----------

SCHEDULE D, PART XII, LINE 4B

RENTAL EXPENSES	\$ (190,074)
OTHER ROUNDING	\$ 54

	\$ (190,020)

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

FIN 48 UNCERTAINTY IN TAXES

UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, CONSUMER REPORTS [CR] IS EXEMPT FROM TAXES ON INCOME, EXCEPT FOR UNRELATED BUSINESS INCOME. FOR THE YEARS ENDED MAY 31, 2019 AND 2018, PROVISIONS FOR INCOME TAXES WERE \$639,000 AND \$889,000, RESPECTIVELY. IN ACCORDANCE WITH ASC TOPIC 740, INCOME TAXES, CR EVALUATED ITS TAX POSITIONS AND DETERMINED THAT ALL ARE MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION. ACCORDINGLY, CR BELIEVES THAT THERE ARE NO UNRECOGNIZED BENEFITS OR APPLICABLE INTEREST AND PENALTIES THAT SHOULD BE RECORDED. CR'S TAX RETURNS FOR THE FISCAL YEARS ENDED MAY 31, 2016, 2017 AND 2018 ARE SUBJECT TO EXAMINATION BY FEDERAL, STATE AND LOCAL AUTHORITIES.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
CONSUMER REPORTS, INC.

Employer identification number
13-1776434

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EUROPE	0.	0.	PROGRAM SERVICES	PUBLICATION INFO.	964,952.
(2) NORTH AMERICA	0.	0.	PROGRAM SERVICES	PUBLICATION INFO.	557,472.
(3) EUROPE	0.	0.	GRANTMAKING		30,000.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					1,552,424.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					1,552,424.

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

Schedule F (Form 990) 2018

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ ICELAND/ GREENLAND	SUMMIT SUPPORT	30,000.	WIRE TRANS.			
(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

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

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

Part IV Foreign Forms

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

Part V Supplemental Information

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

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

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

PART II - GRANTS AND OTHER ASSISTANCE TO ORGANIZATIONS OUTSIDE OF THE US
GRANTEES ARE REQUIRED TO SUBMIT PROGRAM AND FINANCIAL REPORTS AT THE
CONCLUSION OF THE PROJECT, INCLUDING A LIST OF GRANT-RELATED
EXPENDITURES, AND A SUMMARY OF DELIVERABLES AND PROJECT RESULTS. THE
TIMING OF THE REPORTS IS DETERMINED ACCORDING TO A SCHEDULE CONTAINED IN
AN EXECUTED SUB-GRANT AGREEMENT BETWEEN CR AND THE GRANTEE.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

CONSUMER REPORTS, INC.

Employer identification number

13-1776434

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total					356,065.	-356,065.

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, 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,

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

PART I, LINE 2B - HIGHEST PAID FUNDRAISER ACTIVITIES

FUNDRAISER: GIFT STRATEGIES LLC

ACTIVITY: PLANNED GIVING AND BEQUEST PROGRAM DEVELOPMENT AND LEADERSHIP

CONSULTING

FUNDRAISER: MAL WARWICK & ASSOCIATES INC

ACTIVITY: STRATEGIC CONSULTING AND PROJECT MANAGEMENT FOR ONLINE

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

FUNDRAISING

FUNDRAISER: RUDER FIN INC.

ACTIVITY: MONITOR SOCIAL NETWORKS FOR DEVELOPMENT ACTIVITY

FUNDRAISER: ASKWITH&CO

ACTIVITY: CONSULTING SERVICES IN DEVELOPING A CROWDFUNDING CAMPAIGN

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

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

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

FUNDRAISER: TOM GAFFNY CONSULTING

ACTIVITY: STRATEGIC AND CREATIVE CONSULTING ON DIRECT MAIL FUNDRAISING

FUNDRAISER: IMPACT COMMUNICATIONS INC

ACTIVITY: DONOR STEWARDSHIP STRATEGY CONSULTING

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
		YES	NO			
GIFT STRATEGIES LLC 1539 FALL RIVER AVE, SUITE 3 SEEKONK MA 02771	SEE PART IV		X		176,462.	-176,462.
MAL WARWICK & ASSOCIATES 2550 NINTH STREET, SUITE 103 BERKELEY CA 94710	SEE PART IV		X		124,708.	-124,708.
RUDER FINN INC 425 EAST 53RD STREET NEW YORK NY 10022	SEE PART IV		X		31,500.	-31,500.
ASKWITH&CO 6119 FOUNTAIN AVENUE LOS ANGELES CA 90028	SEE PART IV		X		10,508.	-10,508.
TOM GAFFNY CONSULTING 71 CLIFF ROAD WELLESLEY MA 02481	SEE PART IV		X		6,758.	-6,758.

CONSUMER REPORTS, INC.

13-1776434

ATTACHMENT 1 (CONT'D)

IMPACT COMMUNICATIONS, IN
735 8TH STREET SE FLOOR 2
WASHINGTON
DC 20003

SEE
PART IV

X

6,129.

-6,129.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CONSUMER REPORTS, INC.

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

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

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

13-1776434

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.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CONSUMER FEDERATION OF AMERICA 1620 I STREET, NW - SUITE 200	52-0880625	501 (C) (3)	80,000.				STATE AND LOCAL GRANT SUPPORT
(2) CONSUMER FEDERATION OF AMERICA 1620 I STREET, NW - SUITE 200	52-0880625	501 (C) (3)	25,000.				SUPPORT FOR STATE & LOCAL MEETINGS
(3) US PIRG EDUCATION FUND 600 PENNSYLVANIA AVE, SE, 4TH FL	52-1384240	501 (C) (3)	25,000.				SUPPORT FOR ADVOCACY CNSMR PROTEC
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2018)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

CRITERIA FOR SELECTING PROJECTS FOR FUNDING

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

WARNE SMALL GRANTS PROGRAM INCLUDES THE FOLLOWING:

- THE PROJECTS SHOULD BE CONSISTENT WITH CR'S MISSION TO PROVIDE INFORMATION AND ADVICE TO CONSUMERS ON GOODS, SERVICES, HEALTH AND PERSONAL FINANCE; AND TO INITIATE AND COOPERATE WITH INDIVIDUAL AND GROUP EFFORTS TO MAINTAIN AND ENHANCE THE QUALITY OF LIFE FOR CONSUMERS.
- THE PROJECTS 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.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

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

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

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

TO PRE-SELECTED ORGANIZATIONS.

MONITORING GRANT FUNDS

GRANTEES ARE REQUIRED TO SUBMIT PROGRAM AND FINANCIAL REPORTS AT THE CONCLUSION OF THE PROJECT, INCLUDING A LIST OF GRANT-RELATED EXPENDITURES, AND A SUMMARY OF DELIVERABLES AND PROJECT RESULTS. THE TIMING OF THE REPORTS IS DETERMINED ACCORDING TO A SCHEDULE CONTAINED IN AN EXECUTED SUB-GRANT AGREEMENT BETWEEN CR AND THE GRANTEE.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CONSUMER REPORTS, INC.

Compensation Information

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

13-1776434

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARTA I. TELLADO PRESIDENT & CEO	(i) 632,563. (ii) 0. (iii) 18,912.	0.	0.	45,886.	3,180.	700,541.	
2 ERIC WAYNE VP & CFO	(i) 331,499. (ii) 0. (iii) 16,098.	15,000.	0.	32,159.	29,538.	424,294.	
3 LEONORA WIENER SR. VP & COO	(i) 440,049. (ii) 0. (iii) 13,841.	15,000.	0.	44,049.	11,451.	524,390.	
4 LISA CRIBARI VP, CHIEF HUMAN RESOURCES OFCR.	(i) 303,074. (ii) 0. (iii) 12,953.	15,000.	0.	30,832.	18,700.	380,559.	
5 BRENT DIAMOND VP, CON DATA MKT OP THRU 1/4/19	(i) 340,770. (ii) 0. (iii) 32,702.	0.	0.	35,189.	29,589.	438,250.	
6 JASON FOX VP, CHIEF DIGITAL OFFICER	(i) 381,573. (ii) 0. (iii) 3,707.	15,000.	0.	38,301.	29,647.	468,228.	
7 MICHAEL HUBNER VP, GEN COUNSEL AS OF 6/4/18	(i) 230,769. (ii) 0. (iii) 1,495.	0.	0.	0.	1,590.	233,854.	
8 LIAM MCCORMACK VP, RES, TESTING & INSIGHTS	(i) 371,633. (ii) 0. (iii) 9,217.	10,000.	0.	37,268.	23,030.	451,148.	
9 KIMBERLY STEHLE VP, CHIEF MKT OFCR THRU 5/3/19	(i) 363,485. (ii) 0. (iii) 2,814.	15,000.	0.	35,592.	4,300.	421,191.	
10 SHAR TAYLOR VP, CHF SOC IMPACT OFCR 7/9/18	(i) 290,048. (ii) 0. (iii) 1,932.	7,500.	0.	25,444.	10,983.	335,907.	
11 MARK CONNELLY SR. DIR, PROD TEST THRU 9/7/18	(i) 176,646. (ii) 0. (iii) 246,942.	2,000.	0.	18,223.	21,889.	465,700.	
12 GWENDOLYN BOUNDS VP, CHIEF CONTENT OFFICER	(i) 364,182. (ii) 0. (iii) 11,458.	15,000.	0.	35,592.	3,180.	429,412.	
13 ESTHER HAN VP, CHIEF INTELLIGENCE OFCR	(i) 312,875. (ii) 0. (iii) 12,653.	25,000.	0.	16,492.	22,584.	389,604.	
14 MATTHEW ANCHIN VP, CHIEF COMMUNICATIONS OFCR	(i) 333,081. (ii) 0. (iii) 4,975.	12,000.	0.	27,586.	18,981.	396,623.	
15 HEATH GRAYSON DEPUTY GENERAL COUNSEL	(i) 303,707. (ii) 0. (iii) 9,202.	5,000.	0.	27,392.	29,335.	374,636.	
16 AL RIZZOTTI FORMER DIR, FACILITIES MGMT	(i) 0. (ii) 0. (iii) 126,353.	0.	0.	0.	0.	126,353.	

Part III Supplemental Information

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

PART I, LINE 4A - SEVERANCE PAYMENTS

AL RIZZOTTI - \$126,353

PART I, LINE 7

COLUMN B (II)

BONUS & INCENTIVE CONTRACTUAL DISCRETIONARY

COMPENSATION BONUS (MERIT)

ERIC WAYNE	\$15,000		\$15,000
LEONORA WIENER	\$15,000		\$15,000
LISA CRIBARI	\$15,000		\$15,000
JASON FOX	\$15,000		\$15,000
LIAM MCCORMACK	\$10,000		\$10,000
KIMBERLY STEHLE	\$15,000		\$15,000
SHAR TAYLOR	\$7,500		\$7,500
MARK CONNELLY	\$2,000		\$2,000
GWENDOLYN BOUNDS	\$15,000		\$15,000
ESTHER HAN	\$25,000	\$20,000	\$5,000
MATTHEW ANCHIN	\$12,000		\$12,000
HEATH GRAYSON	\$5,000		\$5,000

Part III Supplemental Information

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

PART II, COLUMN (B) (III) - OTHER REPORTABLE COMPENSATION

MARK CONNELLY RECEIVED A PAYOUT IN THE AMOUNT OF \$242,891 FOR ACCRUED AND

UNUSED VACATION PRIMARILY EARNED UNDER A PREVIOUS VACATION POLICY OF

CONSUMER REPORTS, INC.

SCHEDULE K (Form 990)
Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
 Internal Revenue Service

Name of the organization

CONSUMER REPORTS, INC.

Employer identification number
 13-1776434

Part I Bond Issues

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

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		10,250,000.						
2 Amount of bonds legally defeased								
3 Total proceeds of issue		47,300,000.						
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds		560,305.						
8 Credit enhancement from proceeds		1,066,734.						
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		9,980,132.						
11 Other spent proceeds		35,692,829.						
12 Other unspent proceeds								
13 Year of substantial completion								
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X							
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule K (Form 990) 2018

Part III Private Business Use CITY OF YONKERS INDUSTRIAL DEVELOPMENT AGENCY

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X						
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government0681	%				%	
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		3.3690	%				%	
6 Total of lines 4 and 5		3.4371	%				%	
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of			%				%	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

Table with 4 columns (A, B, C, D) and rows for questions 4a through 7 regarding arbitrage and GIC procedures.

Part V Procedures To Undertake Corrective Action

Table with 4 columns (A, B, C, D) for corrective action procedures.

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

Multiple horizontal lines for providing supplemental information.

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

PART II, LINE 11 - OTHER SPENT PROCEEDS

\$35,045,813 OF BOND PROCEEDS WERE USED TO REFUND BONDS ISSUED IN 1989, 1991, AND 1995.

ISSUER FEE, TITLE INSURANCE, STATE BOND ISSUANCE CHARGE, SURVEY AND

RECORDING FEES: \$647,016

PART III, LINE 9 - ESTABLISHMENT OF WRITTEN PROCEDURES

ON MAY 31, 2015, CR IMPLEMENTED A PROCESS TO MONITOR PRIVATE BUSINESS USE OF THE FACILITY. IN ADDITION, CR CONDUCTED A REVIEW OF THE PAST 5 YEARS OF THE FACILITY USE AND DETERMINED THAT NO PRIVATE USE OF THE FACILITY HAD OCCURRED THAT WAS NOT IN COMPLIANCE WITH THE NEW POLICY.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization CONSUMER REPORTS, INC.	Employer identification number 13-1776434
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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	12.	307,150.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other.				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy.				
22 Historical artifacts.				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶(_____)				
26 Other ▶(_____)				
27 Other ▶(_____)				
28 Other ▶(_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

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

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Schedule M (Form 990) 2018

JSA

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

SCHEDULE M, PART I, COLUMN (B)

THE NUMBER 12 REPRESENTS THE NUMBER OF GIFT ITEMS OR CONTRIBUTORS THAT
DONATED OF PUBLICLY TRADED SECURITIES RECEIVED BY CONSUMER REPORTS, INC.
IN 2018. EACH GIFT ITEM OR CONTRIBUTOR HAS EITHER ONE OR MULTIPLE SHARES
OF PUBLICLY TRADED SECURITIES THAT WERE DONATED TO THE ORGANIZATION.
THESE SECURITES ARE SOLD FOR CASH PROMPTLY AFTER CR TAKES POSSESSION.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2018

▶ Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

CONSUMER REPORTS, INC.

Employer identification number

13-1776434

FORM 990, PART III, LINE 4A

CONSUMERS INFORMATION:

CONSUMER REPORTS PUBLISHES AND DISSEMINATES INFORMATION AND ADVICE TO CONSUMERS REGARDING TOPICS SUCH AS CONSUMER GOODS, SERVICES, HEALTH AND PERSONAL FINANCE IN ORDER TO EFFECT ITS EDUCATIONAL PURPOSE. THE NUMBER OF PAID SUBSCRIBERS FOR EACH AS OF 5/31/19 INCLUDE CONSUMER REPORTS MAGAZINE 3,425,085; CONSUMER REPORTS ON HEALTH 585,419; AND CR ONLINE 2,828,651. CONSUMER REPORTS DOES NOT ACCEPT OUTSIDE ADVERTISING IN ANY OF ITS PUBLICATIONS. IN ADDITION, CONSUMER REPORTS DISSEMINATES CONSUMER INFORMATION THROUGH OTHER PRINT, RADIO, TELEVISION, ELECTRONIC PUBLISHING AND INTERACTIVE MEDIA.

PRODUCT INFORMATION:

CONSUMER REPORTS CONDUCTS INDEPENDENT AND IMPARTIAL TESTS AND ANALYSES ON A WIDE RANGE OF CONSUMER PRODUCTS AND SERVICES, SUCH AS ELECTRONICS, APPLIANCES, HOUSEHOLD PRODUCTS, INSURANCE, RECREATIONAL GOODS, AND CARS. THE TESTS AND SURVEYS EVALUATE HOW THE PRODUCTS AND SERVICES PERFORM AND EDUCATE CONSUMERS ON THE EXTENT TO WHICH THEY ARE CONVENIENT, SAFE, AND ECONOMICAL. DURING THE FISCAL YEAR ENDED 5/31/19, CONSUMER REPORTS CONDUCTED TESTS AND EVALUATIONS ON MORE THAN 2,600 MODELS OF VARIOUS CONSUMER PRODUCTS, MAKING USE OF ABOUT 60 LABORATORIES AND ITS AUTO TRACK. THE INFORMATION GATHERED AS A RESULT OF THESE TESTS IS DISSEMINATED TO THE GENERAL PUBLIC AS DESCRIBED ABOVE.

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

EDUCATION AND ADVOCACY PROGRAMS:

CONSUMER REPORTS IS DEDICATED TO IMPROVING THE LIVES OF CONSUMERS AND PROMOTING A FAIR, SAFE AND TRANSPARENT WORLD. WE ARE AN INDEPENDENT NONPROFIT ORGANIZATION THAT SEEKS TO EDUCATE CONSUMERS IN ORDER TO DRIVE A NEW ERA OF CONSUMER POWER AND PROTECTION. FOR MORE THAN 80 YEARS, WE HAVE BUILT A LEGACY OF TRUST AMONG CONSUMERS BY CONDUCTING RIGOROUS SCIENCE-BASED TESTING OF PRODUCTS, CHAMPIONING THE RIGHTS OF CONSUMERS IN THE HALLS OF GOVERNMENT, MOVING CORPORATE ACTORS TO PROVIDE CONSUMERS WITH GREATER TRANSPARENCY AND SAFETY, AND HELPING CONSUMERS TO NAVIGATE AN INCREASINGLY COMPLEX MARKETPLACE. WE PROVIDE OUR MILLIONS OF MEMBERS WITH INFORMATION THROUGH TESTING, RATINGS, AND REVIEW, AND WE HAVE MULTIPLE PLATFORMS FOR THE PUBLIC TO GET OUR INFORMATION AND ADVICE, INCLUDING VARIOUS ONLINE AND PRINT OUTLETS AND THE TELEVISION/VIDEO-ON-DEMAND PROGRAM "CONSUMER 101". ADDITIONALLY, CONSUMER REPORTS PROVIDES SUBSTANTIAL FREE CONSUMER EDUCATION INFORMATION AS A PUBLIC SERVICE THROUGH ONLINE ADVICE, ADVOCACY EFFORTS, SOCIAL MEDIA CAMPAIGNS, AND OTHER EFFORTS. THESE COMBINED EFFORTS LEVERAGE CONSUMER DEMAND TO PUSH THE MARKETPLACE TO PROVIDE SAFE, RELIABLE, AND HIGH-PERFORMING PRODUCTS. CONSUMER REPORTS' LONGSTANDING COMMITMENT TO EDUCATING CONSUMERS AND ADVOCATING FOR LAWS, POLICIES AND PRACTICES THAT BENEFIT CONSUMERS IS EXEMPLIFIED BY OUR FY19 (JUNE 1, 2018 THROUGH MAY 31, 2019) ACCOMPLISHMENTS, SOME OF WHICH INCLUDE:

PRODUCT SAFETY

Name of the organization CONSUMER REPORTS, INC.	Employer identification number 13-1776434
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CR INVESTIGATION LEADS TO RECALL OF MILLIONS OF INFANT INCLINED

SLEEPERS -

A CONSUMER REPORTS INVESTIGATION INTO THE SAFETY OF INFANT INCLINED SLEEPERS FOUND THAT THEY WERE TIED TO DOZENS OF INFANT DEATHS. TODAY THE OFFICIAL COUNT STANDS AT 73 DEATHS, ACCORDING TO THE CONSUMER PRODUCT SAFETY COMMISSION. CR'S INVESTIGATION PROMPTED A RECALL OF MORE THAN 5 MILLION PRODUCTS, INCLUDING FISHER-PRICE ROCK 'N PLAY SLEEPERS AND THE KIDS II ROCKING SLEEPERS. CR ALERTED CONSUMERS TO THE DANGERS ASSOCIATED WITH THE INCLINED SLEEP PRODUCTS, AND URGED ANYONE WITH A PRODUCT OR ACCESSORY TO STOP USING IT IMMEDIATELY. INFANT INCLINED SLEEPERS ARE DESIGNED TO HAVE BABIES SLEEP AT AN INCLINE BETWEEN 10 DEGREES AND 30 DEGREES. THE AMERICAN ACADEMY OF PEDIATRICS SAYS ALL SUCH PRODUCTS INCREASE THE LIKELIHOOD OF AIRWAY COMPRESSION AND SUFFOCATION. MEMBERS OF CONGRESS, SAFETY ADVOCATES, DOCTORS AND OTHER STAKEHOLDERS CREDITED CR FOR ITS WORK TO GET THESE PRODUCTS REMOVED FROM THE MARKETPLACE.

CR WORKS TO RAISE THE STANDARDS FOR FURNITURE SAFETY AND PREVENT TIP-OVER DEATHS -

THE CONSUMER PRODUCT SAFETY COMMISSION SAYS ONE CHILD IS KILLED EVERY TWO WEEKS WHEN A PIECE OF FURNITURE, TV, OR APPLIANCE TIPS OVER ONTO THEM. CR HAS FOUND THAT DRESSER TIP-OVERS ARE PARTICULARLY DEADLY; THEY ARE ASSOCIATED WITH AT LEAST 206 DEATHS SINCE 2000, AND MOST OF THE VICTIMS WERE CHILDREN UNDER 6. CONSUMER REPORTS' TESTING OF DRESSERS FOUND IT IS FEASIBLE FOR MANUFACTURERS TO MAKE SAFER, MORE STABLE DRESSERS ACROSS A RANGE OF PRICE POINTS. CR ADVISES PEOPLE TO SECURE DRESSERS TO THE WALLS

Name of the organization CONSUMER REPORTS, INC.	Employer identification number 13-1776434
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TO AVOID TIP-OVERS, BUT POINTS OUT THAT IT IS NOT ALWAYS POSSIBLE FOR THOSE WHO RENT, OR WHO ARE NOT HANDY WITH TOOLS. CR SAYS THE FURNITURE INDUSTRY HAS A RESPONSIBILITY TO MAKE SAFER AND MORE STABLE PRODUCTS, AND THAT SAFETY SHOULD NOT DEPEND ON A PERSON'S SKILL AT ANCHORING A DRESSER TO THE WALL. IN FY19 CR WORKED WITH NEW YORK STATE LEGISLATORS IN ALBANY TO PASS "HARPER'S LAW," NAMED FOR 3-YEAR-OLD HARPER FRIED, WHO DIED FROM A TIP-OVER INCIDENT. THE BILL REQUIRES NEW YORK RETAILERS TO SELL ONLY DRESSERS AND OTHER CLOTHING STORAGE UNITS THAT MEET MINIMUM STABILITY STANDARDS, IF SUCH STANDARDS EXIST FOR THE TYPE OF FURNITURE BEING SOLD. FOR OTHER CLOTHING STORAGE UNITS, RETAILERS NEED TO ENSURE THE PRODUCTS COME WITH WALL-ANCHORING KITS. THE NY GOVERNOR SIGNED THE BILL IN FY20. CR IS ALSO WORKING ON FURNITURE SAFETY STANDARDS AT THE NATIONAL LEVEL. IN FY19 A U.S. HOUSE COMMITTEE PASSED THE STURDY ACT, A CR-BACKED BILL TO REQUIRE SAFETY STANDARDS FOR DRESSERS AND OTHER CLOTHING STORAGE UNITS TO REDUCE THE RISKS OF TIP-OVERS. THE FULL HOUSE PASSED THE BILL IN FY20, AND CR IS URGING THE SENATE TO TAKE UP THE MEASURE.

SELF-DRIVING CARS LEGISLATION STALLS IN CONGRESS -

CONSUMER REPORTS SAYS SELF-DRIVING CARS HAVE GREAT POTENTIAL TO DRAMATICALLY REDUCE THE NUMBER OF DEATHS ON THE ROAD, AS WELL AS IMPROVE MOBILITY FOR PEOPLE WHO CANNOT DRIVE TRADITIONAL VEHICLES. HOWEVER, SELF-DRIVING CARS WILL ONLY SUCCEED IF PEOPLE ARE CONFIDENT THAT THESE VEHICLES ARE SAFE, WITH MEANINGFUL STANDARDS TO HOLD MANUFACTURERS ACCOUNTABLE. AUTOMAKERS AND OTHER COMPANIES HAVE URGED CONGRESS TO PASS A BILL CALLED THE AV START ACT. THIS BILL WOULD SET POLICIES FOR THE

Name of the organization CONSUMER REPORTS, INC.	Employer identification number 13-1776434
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DEVELOPMENT AND SALE OF SELF-DRIVING CARS, AND ACCELERATE THE DEPLOYMENT OF THESE CARS ON U.S. ROADS. CR SAYS THE AV START ACT IS DEEPLY FLAWED AND INCOMPLETE, BECAUSE IT DOES NOT PROVIDE THE NECESSARY STANDARDS TO ENSURE SELF-DRIVING CARS ARE DEMONSTRATED TO BE SAFE. CR URGED LAWMAKERS TO OVERHAUL THE BILL, OR REJECT IT. IN DECEMBER 2018 SENATORS WHO SUPPORT THE AV START ACT TRIED TO ATTACH IT TO GOVERNMENT SPENDING LEGISLATION AND PASS IT JUST BEFORE CONGRESS ADJOURNED. BUT SENATORS WHO OPPOSE THE AV START ACT PREVAILED, AND THE BILL FAILED TO ADVANCE. WHILE CR WAS PLEASED THAT THE BILL DID NOT BECOME LAW, THE BILL'S SUPPORTERS CONTINUE TO SEEK WAYS TO ADVANCE IT IN FY20, AND CR WILL CONTINUE TO SPEAK OUT FOR CONSUMER SAFETY.

CR FINDS HEAVY METALS IN BABY FOOD, ADVISES PARENTS ON ALTERNATIVES - IN AUGUST 2018 CONSUMER REPORTS PUBLISHED TESTS THAT REVEALED TROUBLING LEVELS OF HEAVY METALS, SUCH AS ARSENIC, LEAD, AND CADMIUM, IN MANY POPULAR BABY AND TODDLER FOODS. OVER TIME, EXPOSURE TO HEAVY METALS CAN HARM THE HEALTH OF CHILDREN AND ADULTS. ONE OF THE BIGGEST CONCERNS IS COGNITIVE DEVELOPMENT IN VERY YOUNG CHILDREN. CR CALLED ON THE FOOD AND DRUG ADMINISTRATION TO SET LIMITS FOR HEAVY METALS IN FOOD, ADVISED COMPANIES ON WAYS TO ADDRESS THE PROBLEM, AND RECOMMENDED WAYS FOR PARENTS AND CAREGIVERS TO LIMIT CHILDREN'S EXPOSURE.

MCDONALD'S ANNOUNCES PLANS TO REDUCE ANTIBIOTIC USE IN BEEF - IN DECEMBER 2018 MCDONALD'S ANNOUNCED PLANS TO REDUCE THE USE OF ANTIBIOTICS IN ITS GLOBAL BEEF SUPPLY CHAIN. THE GOAL IS TO HELP COMBAT THE GROWING PUBLIC HEALTH PROBLEM OF ANTIBIOTIC RESISTANCE, WHICH

Name of the organization CONSUMER REPORTS, INC.	Employer identification number 13-1776434
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UNDERMINES THE ABILITY OF THESE LIFESAVING DRUGS TO FIGHT DISEASE IN HUMANS. INFECTIONS FROM ANTIBIOTIC-RESISTANT BACTERIA AFFECT AT LEAST 2 MILLION PEOPLE AND CAUSE AT LEAST 23,000 DEATHS A YEAR, ACCORDING TO THE CENTERS FOR DISEASE CONTROL AND PREVENTION. THE NEW POLICY CAME AFTER MCDONALD'S, ALONG WITH 21 OTHER FAST-FOOD BURGER CHAINS, RECEIVED A FAILING GRADE IN OCTOBER 2018 FROM CONSUMER REPORTS AND OTHER GROUPS FOR ITS APPROACH TOWARD ANTIBIOTIC USE IN THE BEEF IT SERVES. THESE GRADES WERE PART OF THE ANNUAL "CHAIN REACTION" REPORT ON THE ANTIBIOTICS POLICIES OF THE NATION'S BIGGEST RESTAURANT CHAINS. CR WILL BE WATCHING CAREFULLY AS MCDONALD'S DEVELOPS TARGETS FOR REDUCTION IN THE COMING YEAR.

DIGITAL PRIVACY AND DATA SECURITY

CALIFORNIA GOVERNOR SIGNS PRIVACY LAW -

IN JUNE 2018 THE CALIFORNIA GOVERNOR SIGNED A LAW TO MANDATE NEW PRIVACY PROTECTIONS FOR STATE RESIDENTS, INCLUDING THE RIGHT TO OPT OUT OF DATA COLLECTION AND DEMAND THAT COMPANIES DELETE DATA THAT HAS ALREADY BEEN COLLECTED. CONSUMER REPORTS' ADVOCATES WORKED WITH STATE LEGISLATORS, PRIVACY GROUPS, LOCAL CONSUMERS, AND OTHERS TO SHAPE AND IMPROVE THE LAW. WHEN SOME COMPANIES LOBBIED TO WEAKEN THE LAW BEFORE IT TAKES EFFECT IN 2020, CR TESTIFIED BEFORE THE LEGISLATURE IN FAVOR OF PRESERVING THE PROTECTIONS. LEGISLATORS AGREED WITH CR'S POSITION AND REJECTED THE INDUSTRY ATTEMPTS TO WATER DOWN THE LAW.

CR EXPOSES FACEBOOK PRIVACY PROBLEM -

Name of the organization CONSUMER REPORTS, INC.	Employer identification number 13-1776434
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IN MAY 2019 CONSUMER REPORTS PUBLISHED AN INVESTIGATION INTO FACEBOOK'S PRIVACY SETTINGS. CR FOUND THAT SOME FACEBOOK USERS DID NOT HAVE ACCESS TO AN IMPORTANT SETTING TO CONTROL WHETHER FACEBOOK COULD COLLECT FACIAL RECOGNITION DATA. THE SETTING WAS MISSING FOR SOME USERS, DESPITE THE FACT FACEBOOK HAD ANNOUNCED IT AND STARTED ROLLING IT OUT NEARLY 18 MONTHS EARLIER. CR REPORTED THE PROBLEM TO FACEBOOK AND FILED A COMPLAINT WITH THE FEDERAL TRADE COMMISSION, WHICH WAS ALREADY INVESTIGATING FACEBOOK FOR PRIVACY LAPSES. WHEN THE FTC ANNOUNCED A \$5 BILLION SETTLEMENT WITH FACEBOOK IN JULY 2019, THE AGENCY CITED CR'S COMPLAINT AS ONE OF THE EXAMPLES OF THE COMPANY'S FAILURE TO PROTECT USERS' PRIVACY. AFTER THE INVESTIGATION WAS PUBLISHED AND THE SETTLEMENT WAS ANNOUNCED, FACEBOOK SAID IT WAS ROLLING OUT THE SETTING TO ALL USERS.

FINANCIAL SECURITY AND TRANSPARENCY

CR LAUNCHES "WHAT THE FEE?!" CAMPAIGN; ADVANCES BILLS IN CONGRESS TO CURB HIDDEN FEES -

HIDDEN FEES COST CONSUMERS BILLIONS OF DOLLARS A YEAR. A RECENT NATIONALLY REPRESENTATIVE CR SURVEY FOUND 85 PERCENT OF RESPONDENTS HAD BEEN HIT WITH AN UNEXPECTED OR HIDDEN FEE IN THE PAST TWO YEARS.

IN JUNE 2018 CR LAUNCHED THE "WHAT THE FEE?!" CAMPAIGN TO SHINE A LIGHT ON THE PROBLEM, URGE COMPANIES TO BE MORE TRANSPARENT AND HONEST ABOUT FEES, EDUCATE CONSUMERS ON WAYS TO SPOT AND AVOID FEES, AND ADVOCATE FOR REFORMS. THOUSANDS OF CONSUMERS HAVE COME TO OUR WEBSITE WHATTHEFEE.COM TO SHARE THEIR STORIES AND GET FREE TIPS FOR FIGHTING FEES. A CR COVER STORY PUBLISHED IN MAY 2019 TAKES AN IN-DEPTH LOOK AT CONSUMER

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FRUSTRATIONS, ADVICE, AND THE MOST COMMON SOURCES OF HIDDEN FEES.

CONGRESS IS NOW CONSIDERING TWO BILLS CHAMPIONED BY CR: A BILL TO REQUIRE CABLE, PHONE AND INTERNET COMPANIES TO INCLUDE ALL FEES IN THE ADVERTISED PRICE, AND A BILL THAT PUTS SIMILAR REQUIREMENTS ON HOTELS. CR IS ALSO CALLING ON THE FTC TO INVESTIGATE AND STOP HOTELS THAT CHARGE HIDDEN RESORT FEES, WHILE WORKING WITH OFFICIALS IN MULTIPLE STATES THAT ARE TAKING LEGAL ACTION AGAINST HOTEL RESORT FEES.

TECH/TELECOMMUNICATIONS

CR HELPS ADVANCE BIPARTISAN BILLS IN CONGRESS TO CRACK DOWN ON ROBOCALLS -

IN MARCH 2019 CONSUMER REPORTS PUBLISHED THE COVER STORY "MAD ABOUT ROBOCALLS?" ABOUT THE GROWING PROBLEM OF UNWANTED ROBOCALLS THAT DISRUPT PEOPLE'S DAILY LIVES. TOO OFTEN, THESE ROBOCALLS ARE SCAM CALLS TRYING TO TRICK PEOPLE INTO SHARING VALUABLE PERSONAL INFORMATION OR DEFRAUD THEM OUT OF THEIR MONEY. THE CR STORY INCLUDES TIPS FOR CONSUMERS TO AVOID THESE PREDATORY CALLS, PLUS RECOMMENDATIONS FOR ACTIONS BY INDUSTRY AND GOVERNMENT. CR ADVOCATES WENT TO THE U.S. CAPITOL IN APRIL 2019 TO HOST A ROUNDTABLE DISCUSSION ON ROBOCALLS WITH LAWMAKERS, BUSINESSES, AND OUTRAGED CONSUMERS. AFTER YEARS OF ADVOCACY BY CR AND OTHER GROUPS, THE U.S. HOUSE AND SENATE OVERWHELMINGLY APPROVED SEPARATE BILLS TO CURB ROBOCALLS, INCLUDING TOUGHER PENALTIES AND REQUIREMENTS FOR PHONE COMPANIES TO PROVIDE FREE TOOLS TO SPOT AND BLOCK CALLS. CR IS NOW WORKING WITH MEMBERS OF CONGRESS WHO ARE DRAFTING A FINAL VERSION OF THE BILL.

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CR ADVOCATES FOR NET NEUTRALITY -

CONSUMER REPORTS IS A LONGTIME SUPPORTER OF NET NEUTRALITY, THE PRINCIPLE THAT INTERNET SERVICE PROVIDERS SHOULD ENABLE ACCESS TO ALL ONLINE CONTENT AND APPLICATIONS, AND WITHOUT FAVORING OR BLOCKING PARTICULAR WEBSITES OR PRODUCTS. CR WENT TO SACRAMENTO TO ADVOCATE FOR A CALIFORNIA STATE LAW TO PROVIDE NET NEUTRALITY PROTECTIONS, FOLLOWING THE FCC'S REPEAL OF NATIONAL RULES. THE CALIFORNIA GOVERNOR SIGNED THE LAW, BUT IT WAS IMMEDIATELY CHALLENGED BY THE U.S. JUSTICE DEPARTMENT. MEANWHILE, CR AND OTHER GROUPS HELPED ADVANCE A RESOLUTION IN CONGRESS TO REVERSE THE FCC'S NET NEUTRALITY REPEAL. THE U.S HOUSE APPROVED THE RESOLUTION, BUT SENATE LEADERS HAVE YET TO BRING IT UP FOR A VOTE.

CR SAYS T-MOBILE-SPRINT MERGER COULD HARM CONSUMERS -

CONSUMER REPORTS HAS URGED STATE AND FEDERAL OFFICIALS TO OPPOSE THE MERGER OF T-MOBILE AND SPRINT, TWO OF THE NATION'S LARGEST WIRELESS COMPANIES. CR SAYS THE DEAL COULD LEAD TO HIGHER PRICES, FEWER CONSUMER CHOICES, AND LESS COMPETITION IN THE WIRELESS MARKET. WHILE FEDERAL REGULATORS HAVE COME OUT IN SUPPORT OF THE PROPOSED MERGER, SEVERAL STATE ATTORNEYS GENERAL HAVE MOUNTED A LEGAL CHALLENGE. CONSUMER REPORTS STRONGLY SUPPORTS THIS LEGAL CHALLENGE.

ENERGY

CR FINDS FEDERAL ROLLBACK OF AUTO FUEL ECONOMY STANDARDS WOULD INCREASE CONSUMER COSTS -

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THE EPA AND DEPARTMENT OF TRANSPORTATION ARE MOVING FORWARD ON PLANS TO ROLL BACK THE FEDERAL STANDARDS FOR AUTOMOBILE FUEL ECONOMY AND EMISSIONS. CONSUMER REPORTS UNVEILED A SERIES OF STUDIES ABOUT HOW THIS MOVE WOULD AFFECT CONSUMERS. CR FOUND THAT 73 PERCENT OF AMERICANS AGREE THAT THE FEDERAL GOVERNMENT SHOULD BE SETTING HIGHER STANDARDS FOR VEHICLE EFFICIENCY. CR ANALYSIS SHOWED THAT THE CURRENT STANDARDS HELP CONSUMERS SAVE MONEY, BECAUSE IMPROVED MILEAGE IN NEW CARS MEANS FEWER TRIPS TO THE GAS PUMP, AND LOWER EMISSIONS HELP IMPROVE PUBLIC HEALTH. BY CONTRAST, THE FEDERAL PLANS TO ROLL BACK THE STANDARDS WOULD COST CONSUMERS THOUSANDS OF DOLLARS PER VEHICLE ON AVERAGE. POLICYMAKERS, NEWS MEDIA AND OTHERS HAVE CITED CR'S FINDINGS IN THE DEBATE OVER THE STANDARDS.

HEALTHCARE

CALIFORNIA APPROVES CR-ENDORSED LAW TO REQUIRE DOCTORS ON PROBATION TO NOTIFY PATIENTS -

IN SEPTEMBER 2018 THE CALIFORNIA GOVERNOR SIGNED A LANDMARK LAW TO REQUIRE DOCTORS ON PROBATION FOR CERTAIN SERIOUS OFFENSES TO NOTIFY THEIR PATIENTS. CONSUMER REPORTS FIRST HELPED BRING PUBLIC ATTENTION TO THIS ISSUE WHEN IT PETITIONED THE MEDICAL BOARD OF CALIFORNIA TO ADOPT A PATIENT NOTIFICATION REQUIREMENT IN 2015. WHEN THE BOARD DECLINED THE PETITION, CR WORKED WITH STATE LEGISLATORS TO ADVANCE A BILL. A 2016 CR NATIONAL SURVEY FOUND 82 PERCENT OF AMERICAN CONSUMERS FAVORED THE IDEA OF DOCTORS ON PROBATION HAVING TO TELL TO TELL THEIR PATIENTS, AND WHY. CR CITED DATA IN FY19 THAT SHOWED NEARLY 500 CALIFORNIA DOCTORS WERE ON

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PROBATION BUT ALLOWED TO CONTINUE PRACTICING. WITH THE PASSAGE OF THIS LAW, CALIFORNIA IS THE FIRST STATE IN THE NATION TO REQUIRE PATIENT NOTIFICATION.

MEMBERS, STOCKHOLDERS

FORM 990, PART VI, LINE 6 AND 7A

CONSUMER REPORTS IS A NEW YORK STATE NOT-FOR-PROFIT MEMBERSHIP CORPORATION.

THE MEMBERS FOR NEW YORK NOT-FOR-PROFIT LAW PURPOSES ARE ANY INDIVIDUAL WITH A PAID MEMBERSHIP TO THE CONSUMER REPORTS MEMBERSHIP PROGRAM. MEMBERS CAN ELECT THE BOARD OF DIRECTORS AT THE ANNUAL MEETING OF MEMBERS; ADOPT, AMEND OR REPEAL THE BY-LAWS OF THE CORPORATION; CALL A SPECIAL MEETING OF THE MEMBERS UNDER CERTAIN CIRCUMSTANCES; AND EXERCISE SUCH OTHER POWERS AS ARE PROVIDED BY LAW.

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11

THE 990 IS PREPARED UTILIZING THE ASSISTANCE OF AN INDEPENDENT ACCOUNTING FIRM, KPMG. THE RELATED SERVICES FROM KPMG ARE APPROVED BY THE AUDIT COMMITTEE AS PART OF THE AUDIT APPROVAL PROCESS. AFTER THE 990 IS PREPARED BY CR FINANCE DEPARTMENT WITH COORDINATION WITH KPMG, IT IS REVIEWED BY THE CONTROLLER AND CFO BEFORE IT IS REVIEWED AND APPROVED BY THE AUDIT COMMITTEE. A COPY OF THE 990 IS THEN PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO ITS FILING.

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CONFLICT OF INTEREST COMPLIANCE PROCESS

FORM 990, PART VI, LINE 12C

CONSUMER REPORTS' BOARD OF DIRECTORS AND STAFF MEMBERS ARE REQUIRED TO FILL OUT AND SIGN A DISCLOSURE OF INTEREST STATEMENT AND ATTESTATION OF COMPLIANCE EACH YEAR. BOARD MEMBERS' FORMS ARE REVIEWED BY A COMMITTEE OF THE BOARD; STAFF MEMBERS' FORMS ARE REVIEWED BY AN OUTSIDE INDEPENDENT REVIEWER. ANY CONFLICTS WILL BE ADDRESSED WITH THE APPLICABLE BOARD OR STAFF MEMBER, WITH UNRESOLVED CONFLICTS ADDRESSED BY THE APPROPRIATE CONFLICT OF INTEREST COMMITTEE.

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

PROCESS FOR DETERMINING EXECUTIVE COMPENSATION

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

THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE COMPENSATION PROVIDED TO CR'S PRESIDENT AND SENIOR EXECUTIVE STAFF TO ENSURE THAT THEY ARE CONSISTENT WITH CR'S MISSION, ARE DESIGNED TO ATTRACT AND RETAIN THE HIGH LEVELS OF LEADERSHIP TALENT NEEDED TO ACHIEVE CR'S OPERATING PLANS, AND ARE COMPLIANT WITH LAW. TO THAT END, THE GOVERNANCE COMMITTEE (1) RECOMMENDS TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS COMPENSATION PLANS AND PAY LEVELS FOR THE PRESIDENT, TAKING INTO ACCOUNT PEER GROUP PRACTICES AND ANY SPECIAL CONSIDERATIONS, AS WELL AS EMPLOYMENT AGREEMENTS; (2) REVIEWS THE COMPENSATION OF THE PRESIDENT AND SENIOR EXECUTIVE STAFF TO ENSURE COMPLIANCE WITH THE IRS

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

PUBLIC AVAILABILITY OF FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS
FORM 990, PART VI, LINE 19

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

NET ASSET CLASSIFICATION

FORM 990, PART X, LINES 27-29

THE FASB ISSUED ACCOUNTING STANDARDS UPDATE (ASU) 2016-14 NOT-FOR-PROFIT

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ENTITIES (TOPIC 958), PRESENTATION OF FINANCIAL STATEMENTS OF NOT-FOR-PROFIT ENTITIES, WHICH AMONG OTHER THINGS, CHANGES HOW NOT-FOR-PROFIT ENTITIES REPORT NET ASSET CLASSES. THE SIGNIFICANT REQUIREMENTS OF ASU 2016-14 INCLUDE REDUCTION IN THE NUMBER OF NET ASSET CLASSES FROM THREE TO TWO: WITH DONOR RESTRICTIONS (FORMERLY REPORTED AS TEMPORARILY RESTRICTED NET ASSETS) AND WITHOUT DONOR RESTRICTIONS (FORMERLY REPORTED AS UNRESTRICTED NET ASSETS). THE 2018 FORM 990, PART X WAS NOT UPDATED TO REFLECT THE CHANGE IN NET ASSET CLASS TERMINOLOGY; THEREFORE, CONSUMER REPORTS HAS REPORTED NET ASSETS WITHOUT DONOR RESTRICTION AS UNRESTRICTED NET ASSETS AND NET ASSETS WITH DONOR RESTRICTIONS AS TEMPORARILY RESTRICTED NET ASSETS.

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

PART XI, LINE 9

UNREALIZED LOSS INTEREST RATE SWAP	\$	(913,000)
PENSION RELATED CHANGES	\$	(2,299,000)
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	\$	132,888
ROUNDING	\$	(1,494)

TOTAL OTHER CHANGES IN NET ASSETS OR FUND BALANCES	\$	(3,080,606)

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

AL, AK, CA, CT,

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

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

RI, SC, TN, UT, VA, 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 MKTING	10,365,448.
EPAM SYSTEMS, INC 41 UNIVERSITY DR, SUITE 202 NEWTON, PA 18940	INFORMATION TECH.	6,523,559.
QUAD GRAPHICS N61 W23044 HARRY'S WAY SUSSEX, WI 53089	PRINTING	5,517,695.
DIAMOND COMMUNICATIONS 1209 31ST AVENUE COUNCIL BLUFFS, IA 51501	FULFILLMENT SERVICES	3,835,281.
TELERX MARKETING INC 723 DRESHER ROAD HORSHAM, PA 19044	MARKETING	3,512,601.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CONSUMER REPORTS, INC.

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

Open to Public
Inspection

Employer identification number

13-1776434

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)						
(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	CR	X	
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2018

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER TRUST (4)	ANNUITY	NY	N/A	TRUST					X
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b	Gift, grant, or capital contribution to related organization(s)		X
c	Gift, grant, or capital contribution from related organization(s)	X	
d	Loans or loan guarantees to or for related organization(s)		X
e	Loans or loan guarantees by related organization(s)		X
f	Dividends from related organization(s)		
g	Sale of assets to related organization(s)		X
h	Purchase of assets from related organization(s)		X
i	Exchange of assets with related organization(s)		X
j	Lease of facilities, equipment, or other assets to related organization(s)		X
k	Lease of facilities, equipment, or other assets from related organization(s)		X
l	Performance of services or membership or fundraising solicitations for related organization(s)		X
m	Performance of services or membership or fundraising solicitations by related organization(s)		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o	Sharing of paid employees with related organization(s)		X
p	Reimbursement paid to related organization(s) for expenses		X
q	Reimbursement paid by related organization(s) for expenses		X
r	Other transfer of cash or property to related organization(s)		X
s	Other transfer of cash or property from related organization(s)		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	CONSUMER UNION ACTION FUND	C	137,138.	FMV
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
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(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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