

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning JUN 1, 2021 and ending MAY 31, 2022



B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization CONSUMER REPORTS, INC.		D Employer identification number 13-1776434
	Doing business as		E Telephone number 914-378-2000
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 388,937,468.
	101 TRUMAN AVENUE		
City or town, state or province, country, and ZIP or foreign postal code YONKERS, NY 10703-1044		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: MARTA L. TELLADO SAME AS C ABOVE		H(b) Are all subordinates included? Yes No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		If "No," attach a list. See instructions	
J Website: WWW.CONSUMERREPORTS.ORG		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association 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. SEE SCHEDULE O.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	664
	6 Total number of volunteers (estimate if necessary)	6	20
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	11,854,398.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	3,417,919.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	36,061,646.	40,666,041.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	225,861,453.	222,345,779.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,748,098.	24,879,484.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	881,364.	874,399.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	275,552,561.	288,765,703.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	145,100.	255,250.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	99,383,462.	105,418,695.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 12,051,691.	189,046.	180,732.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	139,354,640.	144,615,764.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	239,072,248.	250,470,441.
19 Revenue less expenses. Subtract line 18 from line 12	36,480,313.	38,295,262.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	503,278,353.	489,278,180.
	22 Net assets or fund balances. Subtract line 21 from line 20	214,157,470.	198,795,994.
		289,120,883.	290,482,186.

Part II Signature Block

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

Sign Here	Signature of officer 	Date	3/22/2023
	ERIC WAYNE, SR. VP AND CFO Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name FELICIA R. TUCKER	Preparer's signature 	Date 03/23/23
	Firm's name ▶ KPMG LLP Firm's address ▶ 1305 WALT WHITMAN ROAD MELVILLE, NY 11747	Check if self-employed <input type="checkbox"/>	PTIN P00505155
		Firm's EIN ▶ 13-5565207	Phone no. 631-425-6000

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 [X]

1 Briefly describe the organization's mission: WE ARE AN INDEPENDENT, NONPROFIT ORGANIZATION THAT WORKS SIDE BY SIDE WITH CONSUMERS FOR TRUTH, TRANSPARENCY, AND FAIRNESS IN THE MARKETPLACE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] 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 [X] 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 \$ 199,760,506. including grants of \$) (Revenue \$ 222,345,779.) CONSUMER INFORMATION, PRODUCT INFORMATION. SEE SCHEDULE O FOR ADDITIONAL INFORMATION.

4b (Code:) (Expenses \$ 16,188,827. including grants of \$ 255,250.) (Revenue \$) EDUCATION PROGRAMS, HEALTH INFORMATION AND SAFETY. SEE SCHEDULE O FOR ADDITIONAL INFORMATION.

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

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

4e Total program service expenses 215,949,333.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational 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 ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, foreign accounts, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
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. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records MR. MICHAEL MARTIN, CPA - 914 378-2000 101 TRUMAN AVENUE, YONKERS, NY 10703-1044

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARTA L. TELLADO PRESIDENT & CEO	45.00 0.00	X		X				819,666.	0.	31,964.
(2) LEONORA WIENER SR. VP & COO	45.00 0.00			X				532,620.	0.	42,186.
(3) ERIC WAYNE SR. VP & CFO	45.00 0.00			X				444,196.	0.	70,860.
(4) JASON FOX VP, CHIEF DIGITAL OFFICER	45.00 0.00				X			433,784.	0.	68,010.
(5) GWENDOLYN BOUNDS VP, CHIEF CONTENT OFFICER	45.00 0.00					X		445,630.	0.	31,779.
(6) MICHAEL HUBNER VP, GENERAL COUNSEL	45.00 0.00				X			446,814.	0.	30,206.
(7) LIAM MCCORMACK VP, RESEARCH, TESTING & INSIGHTS	45.00 0.00				X			418,351.	0.	57,480.
(8) LAUREN STANICH VP, CHIEF MARKETING OFFICER	45.00 0.00				X			406,920.	0.	66,327.
(9) ESTHER HAN VP, NEW PRODUCTS & SERVICES	45.00 0.00					X		373,731.	0.	57,011.
(10) SHAR TAYLOR VP, CHIEF SOCIAL IMPACT OFFICER	45.00 0.00				X			354,802.	0.	41,136.
(11) PETER DIRENZO CHIEF TECHNOLOGY OFFICER	45.00 0.00					X		321,444.	0.	67,881.
(12) HEATH GRAYSON CHIEF PRIVACY OFFICER & DEPUTY GC	45.00 0.00					X		318,669.	0.	64,420.
(13) RAFAEL PEREZ VP, CHIEF DIVERSITY OFFICER	45.00 0.00				X			318,021.	0.	62,700.
(14) CORINNE OSBORN SR DIR LABOR & EMPL RELS	45.00 0.00					X		303,033.	0.	66,103.
(15) JOAQUIN ALVARADO CHAIR	2.00 0.00	X						0.	0.	0.
(16) NIKITRA BAILEY DIRECTOR AS OF 10/20/21	2.00 0.00	X						0.	0.	0.
(17) MILLIE CHU BAIRD DIRECTOR AS OF 10/20/21	2.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) DEBORAH A. COWAN TREASURER	2.00 0.00	X						0.	0.	0.
(19) KATHLEEN ENGEL DIRECTOR	2.00 0.00	X						0.	0.	0.
(20) STEPHEN P. HOOVER DIRECTOR	2.00 0.00	X						0.	0.	0.
(21) JOANNE HOVIS DIRECTOR	2.00 0.00	X						0.	0.	0.
(22) JAMESON KELLEHER DIRECTOR	2.00 0.00	X						0.	0.	0.
(23) ANNETTE LOVOI DIRECTOR	2.00 0.00	X						0.	0.	0.
(24) WILLIE E. MAY DIRECTOR	2.00 0.00	X						0.	0.	0.
(25) EDMUND MIERZWINSKI DIRECTOR THRU 10/20/21	2.00 0.00	X						0.	0.	0.
(26) RUSSELL G. NOLES DIRECTOR	2.00 0.00	X						0.	0.	0.
1b Subtotal								5,937,681.	0.	758,063.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								5,937,681.	0.	758,063.

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 376

	Yes	No
3 Did the organization list any former officer, director, 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
GOOGLE, INC., 1600 AMPHITHEATRE PARKWAY, MOUNTAIN VIEW, CA 94043	SEARCH ENGINE MARKETING	12,277,141.
QUAD GRAPHICS N61 W23044 HARRY'S WAY, SUSSEX, WI 53089	PRINTING	5,374,412.
DIAMOND COMMUNICATIONS 1209 31ST AVENUE, COUNCIL BLUFFS, IA 51501	FULFILLMENT SERVICES	5,148,649.
TELERX MARKETING INC. 723 DRESHER RD, HORSHAM, PA 19044	MARKETING	4,684,925.
MODCO MEDIA, 102 MADISON AVE FL 10, NEW YORK, NY 10016-7540	BRANDING	3,179,055.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 85

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for WILLARD P. OGBURN, BETSY D. SCOLNIK, MICAH L. SIFRY, CALVIN SIMS, TAREN STINEBRICKNER-KAUFFMAN, ELLEN TAUS, and ASTRID VERMEER.

Total to Part VII, Section A, line 1c

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	237,185.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	40,428,856.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 92,283.				
	h Total. Add lines 1a-1f			40,666,041.			
Program Service Revenue	2 a ONLINE SUBSCRIP. SALES	Business Code					
		519130	127,882,114.	116,027,716.	11,854,398.		
	b SUBSCRIP., NEWSSTAND	511120	90,569,500.	90,569,500.			
	c DATA INTELLIGENCE	519190	3,567,305.	3,567,305.			
	d TESTING REVENUE	541380	326,860.	326,860.			
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			222,345,779.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,704,192.			1,704,192.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		876,166.			876,166.	
	6 a Gross rents	6a	(i) Real	94,876.			
			(ii) Personal				
	b Less: rental expenses ...	6b	96,643.				
	c Rental income or (loss)	6c	-1,767.				
	d Net rental income or (loss)			-1,767.		-1,767.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	23,250,414.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	100,075,122.				
	c Gain or (loss)	7c	23,175,292.				
d Net gain or (loss)			23,175,292.		23,175,292.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			288,765,703.	210,491,381.	11,854,398.	25,753,883.	

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 ...	255,250.	255,250.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,312,890.	1,896,614.	2,040,893.	375,383.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	77,049,396.	66,119,456.	8,981,196.	1,948,744.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,204,308.	6,297,573.	745,002.	161,733.
9 Other employee benefits	11,087,909.	9,587,367.	1,230,641.	269,901.
10 Payroll taxes	5,764,192.	4,946,505.	671,898.	145,789.
11 Fees for services (nonemployees):				
a Management				
b Legal	502,579.		484,603.	17,976.
c Accounting	629,225.		629,225.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	180,732.			180,732.
f Investment management fees	450,560.		450,560.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	10,719,496.	9,171,642.	1,533,143.	14,711.
12 Advertising and promotion	33,268,473.	32,545,732.	196,176.	526,565.
13 Office expenses	789,600.	658,963.	124,694.	5,943.
14 Information technology	6,761,026.	5,566,734.	1,172,252.	22,040.
15 Royalties				
16 Occupancy	2,731,088.	2,333,010.	380,997.	17,081.
17 Travel	196,440.	176,803.	9,812.	9,825.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	129,497.	102,601.	21,540.	5,356.
20 Interest	1,072,276.		1,072,276.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,417,704.	14,894,609.	496,382.	26,713.
23 Insurance	1,314,775.		1,314,775.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a POSTAGE AND SHIPPING	28,368,104.	24,377,242.	3,258.	3,987,604.
b PRINTING & PUBLICATION	14,987,583.	12,530,646.		2,456,937.
c ORDER PROCESSING	11,768,116.	10,067,560.	7,332.	1,693,224.
d PRODUCT TESTING	3,432,762.	3,432,762.		
e All other expenses _____	12,076,460.	10,988,264.	902,762.	185,434.
25 Total functional expenses. Add lines 1 through 24e	250,470,441.	215,949,333.	22,469,417.	12,051,691.
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)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	863,098.	1	793,304.
	2 Savings and temporary cash investments	52,751,890.	2	43,323,936.
	3 Pledges and grants receivable, net	2,094,250.	3	1,148,509.
	4 Accounts receivable, net	7,590,147.	4	6,167,781.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,487,724.	8	3,212,129.
	9 Prepaid expenses and deferred charges	7,246,658.	9	8,336,966.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 240,375,119.		
	b Less: accumulated depreciation	10b 185,875,655.		
	11 Investments - publicly traded securities	57,362,658.	10c	54,499,464.
	12 Investments - other securities. See Part IV, line 11	364,539,274.	11	364,659,799.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	8,342,654.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	503,278,353.	15	7,136,292.	
		16	489,278,180.	
Liabilities	17 Accounts payable and accrued expenses	26,390,816.	17	25,312,924.
	18 Grants payable		18	
	19 Deferred revenue	113,292,584.	19	109,661,018.
	20 Tax-exempt bond liabilities	33,858,000.	20	32,275,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	40,616,070.	25	31,547,052.
	26 Total liabilities. Add lines 17 through 25	214,157,470.	26	198,795,994.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	280,429,820.	27	278,803,465.
	28 Net assets with donor restrictions	8,691,063.	28	11,678,721.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	289,120,883.	32	290,482,186.
	33 Total liabilities and net assets/fund balances	503,278,353.	33	489,278,180.

Form 990 (2021)

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	288,765,703.
2	Total expenses (must equal Part IX, column (A), line 25)	2	250,470,441.
3	Revenue less expenses. Subtract line 2 from line 1	3	38,295,262.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	289,120,883.
5	Net unrealized gains (losses) on investments	5	-42,193,389.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	5,259,430.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	290,482,186.

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

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

Form 990 (2021)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

2021

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).)
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 X 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 on 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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	28,653,917.	35,065,192.	31,958,978.	36,061,646.	40,666,041.	172,405,774.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	28,653,917.	35,065,192.	31,958,978.	36,061,646.	40,666,041.	172,405,774.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						8,008,303.
6 Public support. Subtract line 5 from line 4.						164,397,471.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	28,653,917.	35,065,192.	31,958,978.	36,061,646.	40,666,041.	172,405,774.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,080,905.	2,575,454.	2,426,959.	2,100,633.	2,675,234.	11,859,185.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	1,833,300.	2,117,392.	3,287,901.	4,771,700.	3,309,612.	15,319,905.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						199,584,864.
12 Gross receipts from related activities, etc. (see instructions)					12	1,032,273,292.

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	82.37 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	84.94 %

16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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>		
1		
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?		
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>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>	Yes	No
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
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>		
2a		
2b		
3a		
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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

Part VI

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

PART I, LINE 7

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

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

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

ORGANIZATION HAS FILLED OUT PART II.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

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), 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), 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).

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	<hr/> <hr/> <hr/>	\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,148,509.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ► **Complete if the organization is described below.** ► **Attach to Form 990 or Form 990-EZ.**
 ► **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

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

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

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

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

Name of organization <p style="text-align: center;">CONSUMER REPORTS, INC.</p>	Employer identification number <p style="text-align: center;">13-1776434</p>
---	---

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ► \$ _____
- 3 Volunteer hours for political campaign activities _____

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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes 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) 2018	(b) 2019	(c) 2020	(d) 2021	(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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?	X		6,000.
d Mailings to members, legislators, or the public?	X		115,329.
e Publications, or published or broadcast statements?	X		164,421.
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		179,702.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		3,344.
i Other activities?		X	
j Total. Add lines 1c through 1i			468,796.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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).

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

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."

1 Dues, assessments and similar amounts from members	1
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	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures. See instructions	5

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.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

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

Part IV Supplemental Information (continued)

STAFF AND MANAGEMENT ARE INCLUDED IN THOSE ACTIVITIES AND TOTALS.

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

RADIO AND SOCIAL MEDIA REGARDING STATE OR FEDERAL LEGISLATION.

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

EMAILS TO STATE OR FEDERAL LEGISLATORS AND STAFF REGARDING LEGISLATION;

EMAIL ACTION ALERTS REGARDING STATE OR FEDERAL LEGISLATION TO OUR

MEMBERS OR ACTIVISTS.

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

MESSAGES REGARDING LEGISLATION THAT APPEAR IN CONSUMER REPORTS AND ITS

OTHER PUBLICATIONS.

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

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

CALLS WITH STATE OR FEDERAL LEGISLATORS, INCLUDING TRAVEL TIME.

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

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

STAFF SUPPORTS OR OPPOSES STATE OR FEDERAL LEGISLATION PUBLICLY.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

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: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Reporting requirements.

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.

Form with sections 1a-1b and 2. 1a: Reporting on revenue and assets for public exhibition. 1b: Reporting on revenue and assets for public exhibition. 2: Reporting on revenue and assets for financial gain.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- 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.

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		11,935,255.		11,935,255.
b Buildings		72,171,739.	52,168,896.	20,002,843.
c Leasehold improvements		795,261.	681,105.	114,156.
d Equipment		27,661,000.	24,595,621.	3,065,379.
e Other		127,811,864.	108,430,033.	19,381,831.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				54,499,464.

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. (Col. (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. (Col. (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	11,175,086.
(3) CHARITABLE GIFT ANNUITY	8,528,415.
(4) 457(B) LIABILITY	4,687,148.
(5) LIABILITY DERIVATIVE INSTRUMENT	2,742,024.
(6) ASC 712 LIABILITY	1,631,160.
(7) LIFETIME SUBSCRIBER LIABILITY	1,194,000.
(8) OTHER DEFERRED	890,219.
(9) OPERATING LEASE LIABILITY	699,000.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	31,547,052.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	251,565,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-42,193,389.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	5,260,439.	
e	Add lines 2a through 2d		2e	-36,932,950.
3	Subtract line 2e from line 1		3	288,497,950.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	363,461.	
b	Other (Describe in Part XIII.)	4b	-95,708.	
c	Add lines 4a and 4b		4c	267,753.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	288,765,703.

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

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

1	Total expenses and losses per audited financial statements		1	250,204,000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	250,204,000.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	363,461.	
b	Other (Describe in Part XIII.)	4b	-97,020.	
c	Add lines 4a and 4b		4c	266,441.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	250,470,441.

Part XIII Supplemental Information.

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

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, 2022 AND 2021, PROVISIONS FOR

INCOME TAXES WERE \$1,181,000 AND \$1,362,000, 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, 2019, 2020 AND 2021

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

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PENSION RELATED CHARGES	3,267,740.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	-306,244.
UNREALIZED GAIN ON INTEREST RATE SWAP	2,298,943.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	5,260,439.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES	-96,643.
OTHER ROUNDING	935.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-95,708.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES	-96,643.
OTHER ROUNDING	-377.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	-97,020.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization CONSUMER REPORTS, INC.	Employer identification number 13-1776434
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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
EUROPE	0	0	PROGRAM SERVICES	PUBLICATION INFO.	973,459.
NORTH AMERICA	0	0	PROGRAM SERVICES	PUBLICATION INFO.	1,066,284.
3 a Subtotal	0	0			2,039,743.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			2,039,743.

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)

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

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 3, COLUMN (F)

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

(F).

**SCHEDULE G
(Form 990)**

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.

2021

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

Part I 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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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			
GIFT STRATEGIES LLC - 1539 FALL RIVER AVE, SUITE 3, FREEWILL CO - PO BOX 501051, INDIANAPOLIS, IN 46250	PLANNED GIVING AND BEQUEST PROGRAM DEVELOPMENT AND		X	0.	39,250.	-39,250.
PARISE MARKETING GROUP, INC. - 2487 ROUTE 55, SUITE E, EIDOLON COMMUNICATIONS - 15 MAIDEN LN, STE 1401, NEW TOM GAFFNY CONSULTING - 71 CLIFF ROAD, WELLESLEY, MA	PLANNED GIVING SOFTWARE SUBSCRIPTION		X	0.	37,125.	-37,125.
NEAL P. MYERBERG - 179 SHORE ROAD, OLD GREENWICH, CT	STRATEGIC AND CREATIVE CONSULTING ON DIRECT MAIL		X	0.	50,682.	-50,682.
ADELE LINARDUCCI DESIGN - 6 LAUREL HILL ROAD, RIDGEFIELD,	STRATEGIC AND CREATIVE CONSULTING ON DIRECT MAIL		X	0.	22,000.	-22,000.
			X	0.	7,250.	-7,250.
			X	0.	7,350.	-7,350.
			X	0.	17,075.	-17,075.
Total					180,732.	-180,732.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM
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 ► _____

- 15a** 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 explanations 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 IV **Supplemental Information** *(continued)*

[Lined area for supplemental information]

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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

2021

Open to Public
Inspection

Name of the organization **CONSUMER REPORTS, INC.** 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
DUKE UNIVERSITY 324 BLACKWELL ST DURHAM, NC 22701	56-0532129	501(C)(3)	80,000.	0.			ARCHIVES PROJECT
THE NEW SCHOOL 66 WEST 12TH STREET NEW YORK, NY 10011	13-3297197	501(C)(3)	50,000.	0.			PRIVACY INTITIVE RESEARCH
UNIVERSITY OF WASHINGTON PAUL ALLEN CENTER, ROOM 101, BOX 3 SEATTLE, WA 98195	91-6001537	511(A)(2)(B)	50,000.	0.			PRIVACY INTITIVE RESEARCH
NEW YORK UNIVERSITY 10 ASTOR PLACE, ROOM 732-A NEW YORK, NY 10003	13-5562308	501(C)(3)	50,000.	0.			PRIVACY INTITIVE RESEARCH
TECHNOLOGY ALLIANCE GROUP NW WASHINGTON - 104 W MAGNOLIA ST #2513 - BELLINGHAM, WA 98225	85-2170683	501(C)(3)	6,000.	0.			BROADBAND COMMUNITY SUPPORT
DELTA INTERFAITH 106 INGRAM STREET LAKE PROVIDENCE, LA 71254	84-3565409	501(C)(3)	6,000.	0.			BROADBAND COMMUNITY SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 5.
- 3 Enter total number of other organizations listed in the line 1 table ▶ 1.

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

Schedule I (Form 990) 2021

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

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

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

CRITERIA FOR SELECTING PROJECTS FOR FUNDING

THE CRITERIA FOR SELECTING PROJECTS FOR FUNDING INCLUDES THE FOLLOWING:

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

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

FINANCE; AND TO INITIATE AND COOPERATE WITH INDIVIDUAL AND GROUP

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

-THE PROJECTS ARE HIGH IMPACT PROJECTS THAT PROVIDE A SIGNIFICANT

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

HAVE TANGIBLE GOALS AND OBJECTIVES.

Part IV Supplemental Information

-IF POSSIBLE, THE PROJECTS ARE REPLICABLE, AND PROVIDE A MODEL FOR ORGANIZING AND ADVOCACY ON OTHER CONSUMER AND PUBLIC INTEREST ISSUES, OR IN OTHER LOCATIONS.

-THE PROJECTS MUST MAKE SENSE IN THE CONTEXT OF THE NEEDS AND SUSTAINABILITY OPPORTUNITIES OF THE OVERALL CONSUMER MOVEMENT.

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

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
CONSUMER REPORTS, INC.

Employer identification number
13-1776434

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021

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 and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARTA L. TELLADO PRESIDENT & CEO	(i)	722,865.	68,550.	28,251.	29,000.	2,964.	851,630.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LEONORA WIENER SR. VP & COO	(i)	482,163.	25,413.	25,044.	29,000.	13,186.	574,806.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ERIC WAYNE SR. VP & CFO	(i)	398,747.	30,000.	15,449.	29,000.	41,860.	515,056.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JASON FOX VP, CHIEF DIGITAL OFFICER	(i)	398,034.	20,000.	15,750.	28,900.	39,110.	501,794.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) GWENDOLYN BOUNDS VP, CHIEF CONTENT OFFICER	(i)	404,985.	25,000.	15,645.	28,900.	2,879.	477,409.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MICHAEL HUBNER VP, GENERAL COUNSEL	(i)	415,297.	15,000.	16,517.	29,000.	1,206.	477,020.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LIAM MCCORMACK VP, RESEARCH, TESTING & INSIGHTS	(i)	386,830.	17,000.	14,521.	29,000.	28,480.	475,831.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) LAUREN STANICH VP, CHIEF MARKETING OFFICER	(i)	381,325.	20,000.	5,595.	28,191.	38,136.	473,247.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ESTHER HAN VP, NEW PRODUCTS & SERVICES	(i)	336,945.	17,000.	19,786.	28,158.	28,853.	430,742.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) SHAR TAYLOR VP, CHIEF SOCIAL IMPACT OFFICER	(i)	332,480.	15,000.	7,322.	25,750.	15,386.	395,938.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) PETER DIRENZO CHIEF TECHNOLOGY OFFICER	(i)	304,801.	10,500.	6,143.	29,000.	38,881.	389,325.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) HEATH GRAYSON CHIEF PRIVACY OFFICER & DEPUTY GC	(i)	304,156.	8,000.	6,513.	29,000.	35,420.	383,089.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) RAFAEL PEREZ VP, CHIEF DIVERSITY OFFICER	(i)	300,319.	15,000.	2,702.	28,156.	34,544.	380,721.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) CORINNE OSBORN SR DIR LABOR & EMPL RELS	(i)	286,970.	10,000.	6,063.	28,786.	37,317.	369,136.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 7:

MARTA TELLADO, LEONORA WEINER, ERIC WAYNE, JASON FOX, GWENDOLYN BOUNDS,

MICHAEL HUBNER, LIAM MCCORMACK, LAUREN STANICH, ESTHER HAN, SHAR TAYLOR,

PETER DIRENZO, HEATH GRAYSON, RAFEAL PEREZ, AND CORINNE OSBORN RECEIVED

DISCRETIONARY BONUS COMPENSATION IN CALENDAR YEAR 2021. THIS AMOUNT IS

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

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.**

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
CYIDA MULTI-MOD CIV. FAC. REV. BONDS A S 2005	52-1294255	986083BN2	12/22/05	47,300,000.	REFINANCE & RENOS OR HQ FACILITY		X		X		X
B											
C											
D											

Part II Proceeds										
	A		B		C		D			
1 Amount of bonds retired	14,900,000.									
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	2007									
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X									
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X								
16 Has the final allocation of proceeds been made?	X									
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

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

Schedule K (Form 990) 2021

Part III Private Business Use

	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?								
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 government00 %		%		%		%
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 government00 %		%		%		%
6 Total of lines 4 and 500 %		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?	X							
c No rebate due?		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							

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b Name of provider	MORGAN STANLEY							
c Term of hedge	30.5000000							
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?		X						

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

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	19	92,283.	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 V, Donee Acknowledgement **29**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

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 19 REPRESENTS THE NUMBER OF GIFT ITEMS OR CONTRIBUTORS THAT
DONATED OF PUBLICLY TRADED SECURITIES RECEIVED BY CONSUMER REPORTS,
INC. IN FISCAL YEAR 2022. EACH GIFT ITEM OR CONTRIBUTOR HAS EITHER ONE
OR MULTIPLE SHARES OF PUBLICLY TRADED SECURITIES THAT WERE DONATED TO
THE ORGANIZATION. THESE SECURITIES ARE SOLD FOR CASH PROMPTLY AFTER CR
TAKES POSSESSION.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

CONSUMER REPORTS, INC.

Employer identification number

13-1776434

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WE ARE AN INDEPENDENT, NONPROFIT ORGANIZATION THAT WORKS SIDE BY SIDE
WITH CONSUMERS FOR TRUTH, TRANSPARENCY, AND FAIRNESS IN THE
MARKETPLACE.

FORM 990, PART III, LINE 4A

CONSUMER 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 5/31/22 INCLUDE CONSUMER REPORTS
MAGAZINE 2,831,781; CONSUMER REPORTS ON HEALTH 517,945; AND CR ONLINE
2,880,444. 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 5/31/22,
CONSUMER REPORTS CONDUCTED TESTS AND EVALUATIONS ON MORE THAN 2,100

MODELS OF VARIOUS CONSUMER PRODUCTS, MAKING USE OF ABOUT 60

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization CONSUMER REPORTS, INC.	Employer identification number 13-1776434
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LABORATORIES AND ITS AUTO TRACK. THE INFORMATION GATHERED AS RESULT OF THESE TESTS IS DISSEMINATED TO THE GENERAL PUBLIC AS DESCRIBED ABOVE.

FORM 990, PART III, LINE 4B

EDUCATION AND ADVOCACY PROGRAMS:

CONSUMER REPORTS IS DEDICATED TO IMPROVING THE LIVES OF CONSUMERS AND CREATING A FAIR AND JUST MARKETPLACE FOR ALL OF US. WE ARE AN INDEPENDENT, NONPROFIT ORGANIZATION WITH 6 MILLION MEMBERS ACROSS THE U.S. CR SEEKS TO INFORM AND EMPOWER CONSUMERS TO ESTABLISH A NEW ERA OF CONSUMER RIGHTS. IN THE 86 YEARS SINCE CR WAS FOUNDED, WE HAVE BUILT A LEGACY OF TRUST AMONG CONSUMERS BY CONDUCTING EXPERT RIGOROUS SCIENCE-BASED TESTING OF PRODUCTS AND SERVICES, INCENTIVIZING CORPORATIONS TO PRIORITIZE SAFETY AND TRANSPARENCY, AND WORKING WITH POLICYMAKERS TO ENSHRINE THE RIGHTS AND INTERESTS OF CONSUMERS IN LAWS AND REGULATIONS. WE PROVIDE TRUSTED INFORMATION THROUGH TESTING, RATINGS, AND REVIEWS; SURVEYS, REPORTS AND ANALYSES; AND INVESTIGATIVE AND SERVICE JOURNALISM - ALL OF WHICH IS DISSEMINATED THROUGH MULTIPLE DIGITAL AND PRINT PLATFORMS THAT REACH MORE THAN 15 MILLION PEOPLE EACH MONTH. THE PUBLIC CAN ACCESS SUBSTANTIAL FREE CONSUMER EDUCATION INFORMATION AS A PUBLIC SERVICE THROUGH CONSUMERREPORTS.ORG, CR SOCIAL MEDIA CHANNELS, WEBINARS, PARTNERSHIPS WITH 170 ENGLISH AND SPANISH LOCAL TV STATIONS, AND MEDIA COVERAGE. THESE COMBINED EFFORTS LEVERAGE CONSUMER DEMAND TO SHAPE A PRO-CONSUMER MARKETPLACE, AND WE ENGAGE DIRECTLY WITH INDUSTRY TO SET STANDARDS AND PROMOTE SAFETY, DIGITAL RIGHTS, FINANCIAL FAIRNESS AND SUSTAINABILITY PRINCIPLES IN THE DESIGN AND DELIVERY OF PRODUCTS AND SERVICES. CONSUMER REPORTS' LONGSTANDING COMMITMENT TO EDUCATING CONSUMERS AND ADVOCATING FOR LAWS, POLICIES AND PRACTICES THAT BENEFIT CONSUMERS IS EXEMPLIFIED BY OUR FY 21 (JUNE 1,

Name of the organization CONSUMER REPORTS, INC.	Employer identification number 13-1776434
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2021 THROUGH MAY 31, 2022) ACCOMPLISHMENTS, SOME OF WHICH INCLUDE:

SAFETY:

- PRESIDENT SIGNS LANDMARK LAW TO BAN DANGEROUS INFANT SLEEP PRODUCTS

PRESIDENT BIDEN SIGNED AN INFANT SAFETY LAW CHAMPIONED BY CONSUMER REPORTS, DOCTORS, SAFETY EXPERTS, AND GRIEVING FAMILIES. THE LAW IS CALLED THE SAFE SLEEP FOR BABIES ACT. IT BANS TWO DANGEROUS INFANT SLEEP PRODUCTS: INCLINED SLEEPERS AND CRIB BUMPER PADS, BOTH OF WHICH ARE UNSAFE FOR INFANT SLEEP AND HAVE BEEN LINKED WITH CLOSE TO 200 REPORTED CHILD DEATHS. THE LAW WAS PROMPTED IN LARGE PART BY A CR INVESTIGATION THAT REVEALED DOZENS OF DEATHS TIED TO PRODUCTS SUCH AS THE FISHER-PRICE ROCK 'N PLAY SLEEPER, WHICH WERE NOT COVERED BY FEDERAL SAFETY STANDARDS.

- MAJOR FAST-FOOD CHAINS ANNOUNCE STEPS TO REMOVE PFAS CHEMICALS FROM FOOD PACKAGING, FOLLOWING CR INVESTIGATION

THREE NATIONAL FAST-FOOD RESTAURANT CHAINS-BURGER KING, CHICK-FIL-A, AND NATHAN'S FAMOUS PUBLICLY ANNOUNCED THEY WOULD LIMIT DANGEROUS PFAS CHEMICALS IN THEIR FOOD PACKAGING, ONCE THEY LEARNED OF CR'S INVESTIGATION THAT REVEALED PFAS IN WRAPPERS, CUPS, BOWLS, AND OTHER CONTAINERS FROM RESTAURANTS AND GROCERY STORES.

ELEVEN STATES HAVE ENACTED LAWS THAT BAN THE INTENTIONAL USE OF PFAS IN FOOD PACKAGING, AND CR IS URGING CONGRESS TO APPROVE A NATIONAL BAN.

Name of the organization CONSUMER REPORTS, INC.	Employer identification number 13-1776434
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IN RECENT DECADES, PFAS EXPOSURE HAS BEEN LINKED TO A GROWING LIST OF PROBLEMS, INCLUDING IMMUNE SYSTEM SUPPRESSION, LOWER BIRTH WEIGHT, AND INCREASED RISK FOR SOME CANCERS. CR'S WORK ON THIS CLASS OF CHEMICALS WON A FAST COMPANY 2022 WORLD CHANGING IDEAS AWARD FOR OUR YEAR-LONG SERIES WITH THE GUARDIAN TO EXPOSE THE WIDESPREAD CONTAMINATION OF PFAS IN TAP WATER.

- ADVOCATING FOR SAFER CARS AND ROADS

CR INTRODUCED NEW RATINGS AND EVALUATIONS TO INCENTIVIZE AUTOMAKERS TO IMPROVE THEIR IN-CAR SYSTEMS FOR DRIVER ASSISTANCE AND DRIVER MONITORING. FOR THE FIRST TIME, CR IS AWARDING RATING POINTS TO VEHICLES WITH AUTOMATION SYSTEMS THAT ENCOURAGE SAFE DRIVING, AND WE WILL PENALIZE THOSE LACKING SAFEGUARDS STARTING WITH THE 2024 MODEL YEAR.

CR PRODUCED AN IN-DEPTH RESEARCH REPORT CALLED "UNDERSTANDING THE CURRENT STATE OF VEHICLE AUTOMATION" FOR INDUSTRY AND GOVERNMENT OFFICIALS. WE CREATED THE REPORT AFTER THE NATIONAL HIGHWAY TRANSPORTATION SAFETY ADMINISTRATION ORDERED AUTOMAKERS TO REPORT CRASHES INVOLVING VEHICLES THAT COME EQUIPPED WITH A CERTAIN LEVEL OF ADVANCED DRIVER ASSISTANCE. OUR REPORT PROVIDES KEY DATA AND GUIDANCE ABOUT ACTIVE DRIVER-ASSISTANCE SYSTEMS, INCLUDING A VEHICLE LIST THAT SPECIFIES THE AVAILABILITY OF SYSTEMS BY MANUFACTURERS, MAKES, AND MODELS FOR THE CURRENT YEAR.

CONGRESS PASSED A BIPARTISAN INFRASTRUCTURE LAW THAT CONTAINS AUTO SAFETY REFORMS ENDORSED BY CR. THE LAW REQUIRES ALL NEW CARS TO COME

Name of the organization CONSUMER REPORTS, INC.	Employer identification number 13-1776434
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STANDARD WITH EFFECTIVE, PASSIVE TECHNOLOGY TO PREVENT DRUNK AND
 IMPAIRED DRIVING, WHICH THE INSURANCE INSTITUTE FOR HIGHWAY SAFETY
 ESTIMATES COULD SAVE MORE THAN 9,000 LIVES PER YEAR-PREVENTING FULLY
 ONE-QUARTER OF ALL ROAD FATALITIES. THE LAW ALSO INCLUDES PROVISIONS
 TO IMPROVE AUTO SAFETY RECALLS AND SAFETY REPORTING BY MANUFACTURERS,
 AND REQUIRES CARS TO COME STANDARD WITH AUTOMATIC SHUTOFF SYSTEMS TO
 PREVENT CARBON MONOXIDE POISONING.

FORM 990, PART III, LINE 4B (CONTINUED)

- CR TESTING LEADS TO FOOD RECALL

FOR THE FIRST TIME, CR'S TESTING PROMPTED A RECALL OF DANGEROUS FOOD.
 WE DETECTED A POTENTIALLY DEADLY CONTAMINANT IN ONE OF OUR SAMPLES OF
 KROGER-BRANDED GROUND BEEF SOLD AT A FRED MEYER SUPERMARKET IN SEATTLE.
 WE IMMEDIATELY ALERTED THE U.S. DEPARTMENT OF AGRICULTURE'S FOOD SAFETY
 AND INSPECTION SERVICE. THE AGENCY PROMPTLY INVESTIGATED THE PLANT
 WHERE THE MEAT WAS PROCESSED, RESULTING IN A RECALL BY THE DISTRIBUTOR
 OF 28,000 POUNDS OF GROUND BEEF SHIPPED FROM THE PLANT TO OTHER
 NATIONAL STORES IN ADDITION TO KROGER'S, LIKE WALMART AND ALBERTSONS.
 CONSUMERS CAN NOW GET TEXT MESSAGES ABOUT FOOD RECALLS AND FOODBORNE
 ILLNESSES BY SIGNING UP FOR A FREE SERVICE CALLED FOOD SAFETY ALERT.

SUSTAINABILITY:

- ADVANCING CLEAN CAR RULES TO REDUCE EMISSIONS, SAVE CONSUMERS MONEY

THE FEDERAL GOVERNMENT APPROVED RULES TO LOWER THE EMISSIONS AND
 IMPROVE THE FUEL ECONOMY OF NEW CARS AND LIGHT-DUTY TRUCKS FOR MODEL

Name of the organization CONSUMER REPORTS, INC.	Employer identification number 13-1776434
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YEARS 2023 TO 2026.

CR'S ADVOCATES TESTIFIED BEFORE THE ENVIRONMENTAL PROTECTION AGENCY AND THE DEPARTMENT OF TRANSPORTATION TO EXPLAIN HOW STRINGENT RULES WOULD HAVE A POSITIVE IMPACT ON PUBLIC HEALTH AND THE ENVIRONMENT, WHILE HELPING CAR BUYERS SAVE THOUSANDS OF DOLLARS OVER THE LIFE OF VEHICLES THAT CAN GO FURTHER ON A GALLON OF GAS OR NO GAS AT ALL.

CR ALSO ORGANIZED DOZENS OF CONSUMERS TO SPEAK AT THESE HEARINGS. WHILE SOME OF THE GOVERNMENT'S INITIAL PROPOSALS WERE DEEMED TO BE RELATIVELY WEAK BY CR AND OTHER GROUPS, THE REGULATORS ULTIMATELY CHOSE TO PUT STRONGER STANDARDS IN PLACE, AND MANY OF CR'S RECOMMENDATIONS WERE INCLUDED IN THE FINAL RULES.

AT THE STATE LEVEL, CR WORKED WITH OFFICIALS AND GRASSROOTS ORGANIZATIONS IN NEVADA TO ADVANCE CLEAN CAR RULES TO CURB TRANSPORTATION POLLUTION AND PROVIDE NEVADANS WITH MORE CHOICES FOR ELECTRIC AND PLUG-IN HYBRID VEHICLES. CR SURVEYED NEVADA CONSUMERS AND FOUND WIDESPREAD SUPPORT FOR THESE INITIATIVES, WHICH WE SHARED IN TESTIMONY AND FILINGS. NEVADA BECAME THE NATION'S 16TH CLEAN CAR STATE IN OCTOBER 2021 WHEN A COMMISSION APPROVED THE CR-ENDORSED PROGRAM.

- HELPING CONSUMERS NAVIGATE HIGH GAS PRICES AND CLEAN CAR OPTIONS

AS THE PRICE OF GASOLINE HIT RECORD HIGHS IN FY22, CR PROVIDED CONSUMERS WITH FREE INFORMATION ABOUT HOW TO CONSERVE FUEL AND FIND THE LOWEST PRICES. WE ADVISED CAR BUYERS ON HOW ELECTRIC VEHICLES OFFER CERTAIN ADVANTAGES OVER GAS-POWERED VEHICLES WHEN IT COMES TO FUEL

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COSTS, REPAIRS AND MAINTENANCE, AND WE REPORTED ON OTHER OPTIONS LIKE PLUG-IN HYBRIDS. PLUS, WE LAUNCHED A FREE ONLINE TOOL CALLED ELECTRIC VEHICLE INCENTIVE FINDER WHERE PEOPLE CAN SEE WHAT TAX INCENTIVES AND DISCOUNTS ARE AVAILABLE FOR PEOPLE WHO BUY ELECTRIC VEHICLES IN THEIR ZIP CODE.

- SHINING A SPOTLIGHT ON THE GROWING IMPACT OF AMAZON WAREHOUSES ON RESIDENTIAL NEIGHBORHOODS

CR AND THE GUARDIAN INVESTIGATED AMAZON AND THE IMPACT OF ITS GROWING NUMBER OF WAREHOUSES ON RESIDENTIAL NEIGHBORHOODS. PEOPLE WHO LIVE NEAR THE NEW WAREHOUSES TOLD REPORTERS THAT THEY FACE INCREASED AIR POLLUTION FROM TRUCKS AND VANS, MORE DANGEROUS STREETS FOR KIDS WALKING OR BIKING, CLOGGED TRAFFIC, AND NEAR-CONSTANT NOISE. WE FOUND THAT AMAZON OPENS MOST OF ITS WAREHOUSES IN NEIGHBORHOODS WITH A DISPROPORTIONATELY HIGH NUMBER OF PEOPLE OF COLOR AND LOW-INCOME RESIDENTS: 69 PERCENT OF AMAZON WAREHOUSES HAVE A GREATER SHARE OF PEOPLE OF COLOR LIVING WITHIN A MILE RADIUS THAN THE TYPICAL NEIGHBORHOOD IN THE SAME METRO AREA, AND 57 PERCENT OF AMAZON WAREHOUSES ARE IN NEIGHBORHOODS WITH A GREATER SHARE OF LOW-INCOME RESIDENTS THAN TYPICAL FOR THE SAME METRO AREA.

CR SHARED OUR FINDINGS WITH THE COMPANY AND OTHER STAKEHOLDERS. WE ARE URGING AMAZON TO MEASURE AND MITIGATE THE POLLUTION, TRAFFIC, AND OTHER IMPACTS, COMMIT TO ELECTRIFYING ITS HEAVY-DUTY FLEET OF VEHICLES, AND DIRECTLY ENGAGE WITH COMMUNITIES BEFORE MOVING INTO THEIR NEIGHBORHOODS.

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FINANCIAL FAIRNESS:

- EXPOSING PROBLEMS WITH CREDIT APPS

CR TOOK A CLOSE LOOK AT FIVE POPULAR APPS THAT PROVIDE CREDIT SCORE MONITORING-CREDIT KARMA, CREDIT SESAME, EXPERIAN CREDIT REPORT, TRANSUNION SCORE & REPORT, AND MYFICO. WE FOUND THAT THEY HAD SIGNIFICANT DRAWBACKS AND ONLY A FEW UPSIDES. ALL OF THE APPS COLLECTED AND SHARED MORE DATA ABOUT CONSUMERS THAN THEY NEED TO PERFORM THEIR CORE FUNCTIONS, OFTEN SO THEY CAN UPSELL OTHER PRODUCTS AND SERVICES. MOST OF THESE APPS DID NOT PROVIDE ACCESS TO THE TYPE OF CREDIT SCORES THAT CAN MEANINGFULLY HELP A CONSUMER. GIVEN THE HUGE IMPACT THAT CREDIT HAS ON A PERSON'S FINANCIAL POWER, CR CONTINUES TO CALL ON CREDIT BUREAUS TO PROVIDE FREE AND FULL ACCESS TO CREDIT REPORTS, AS WELL AS THE RELEVANT CREDIT SCORES THAT COMPANIES USE TO MAKE MAJOR DECISIONS ABOUT CONSUMERS.

- FIXING A BROKEN SYSTEM FOR STUDENT LOAN FORGIVENESS

AFTER THOUSANDS OF COMPLAINTS BY CONSUMERS AND GROUPS LIKE CR, THE U.S. DEPARTMENT OF EDUCATION FINALLY TOOK STEPS TO OVERHAUL ITS BROKEN PUBLIC SERVICE LOAN FORGIVENESS PROGRAM. CREATED BY CONGRESS IN 2007, THE PROGRAM PROMISED STUDENT LOAN FORGIVENESS FOR PEOPLE WHO DEVOTED A DECADE OF THEIR LIVES TO PUBLIC SERVICE. BUT 98 PERCENT OF THE APPLICANTS WERE REJECTED. THE SYSTEM WAS POORLY MANAGED BY LOAN SERVICERS. IT LEFT HUNDREDS OF THOUSANDS OF TEACHERS, MILITARY SERVICE MEMBERS, NURSES, AND OTHER PUBLIC SERVANTS

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WITH HUGE SURPRISE DEBTS. PRESSURE BY CR'S MEMBERS AND OTHERS LED TO
 CHANGES IN OCTOBER 2021, CLEARING A PATH FOR SOME 550,000 AFFECTED
 PEOPLE TO MOVE TOWARD THE DEBT CANCELLATION THAT WAS OFFERED TO THEM.

- UNCOVERING OVERPRICED AUTO LOANS

OVER THE LAST DECADE, THE MONTHLY COST OF AUTO LOANS HAS INCREASED MORE
 THAN 25 PERCENT, AND AUTO LOAN DEBT HELD BY AMERICANS HAS SURPASSED
 \$1.4 TRILLION. CR ANALYZED 858,000 AUTO LOANS FROM MAJOR LENDERS THAT
 WERE BUNDLED INTO BONDS SOLD TO INVESTORS. OUR INVESTIGATION FOUND THAT
 CONSUMERS WHO ARE FINANCIALLY SIMILAR AND HAVE COMPARABLE CREDIT SCORES
 CAN BE CHARGED WILDLY DIFFERENT INTEREST RATES. EVEN PEOPLE WITH HIGH
 CREDIT SCORES CAN BE CHARGED EXORBITANTLY, SUGGESTING THAT DEALERS AND
 LENDERS MAY BE SETTING INTEREST RATES NOT ONLY ON RISK BUT ALSO ON WHAT
 THEY THINK THEY CAN GET AWAY WITH.

FORM 990, PART III, LINE 4B (CONTINUED)

DIGITAL RIGHTS:

- WORKING FOR BETTER BROADBAND FOR ALL CONSUMERS

CR WORKED WITH MEMBERS OF CONGRESS TO INCLUDE NEARLY \$60 BILLION IN
 FUNDS TO IMPROVE BROADBAND ACCESS AND AFFORDABILITY FOR CONSUMERS IN
 THE BIPARTISAN INFRASTRUCTURE LAW. WE SUCCEEDED IN GETTING A PROVISION
 IN THE LAW TO REQUIRE INTERNET SERVICE PROVIDERS TO PROVIDE A BROADBAND
 "NUTRITION" LABEL FOR CONSUMERS. THE FCC IS NOW DEVELOPING THIS LABEL,
 WHICH WILL TELL PEOPLE THE PRICE OF SERVICE, ADDITIONAL FEES, INTERNET
 SPEEDS, THE DATES WHEN DISCOUNTS WILL EXPIRE, AND OTHER IMPORTANT

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INFORMATION THAT MIGHT OTHERWISE BE HIDDEN IN THE FINE PRINT.

IN FY22 CR LAUNCHED A NATIONAL INITIATIVE TO COLLECT AND ANALYZE BROADBAND BILLS FROM CONSUMERS ACROSS THE COUNTRY. OUR FINDINGS FROM MORE THAN 20,000 BILLS WILL BE REPORTED IN FY23.

- CHAMPIONING STATE PRIVACY LAWS

CONNECTICUT PASSED A COMPREHENSIVE PRIVACY LAW, WHICH GRANTS CONSUMERS THE RIGHT TO ACCESS, DELETE, AND STOP THE SALE OF THEIR PERSONAL INFORMATION. CR WORKED CLOSELY WITH CONSUMERS AND STATE LAWMAKERS TO IMPROVE AND ADVANCE THE LAW. IT INCLUDES KEY PROVISIONS THAT ARE MISSING FROM SOME OTHER STATE PRIVACY LAWS, SUCH AS A REQUIREMENT FOR COMPANIES TO HONOR BROWSER PRIVACY SIGNALS, SO THAT PEOPLE CAN EASILY OPT OUT OF DATA SALES AT ALL COMPANIES IN A SINGLE STEP.

CALIFORNIA, WHICH IS HOME TO THE NATION'S STRONGEST DATA PRIVACY LAW, APPROVED TWO NEW LAWS ENDORSED BY CR. THESE REFORMS ARE AIMED AT DIRECT-TO-CONSUMER GENETIC TESTING COMPANIES LIKE ANCESTRY AND 23ANDME. THE LAWS WILL FORBID THE USE OF A PERSON'S GENETIC DATA WITHOUT THEIR CONSENT, AND REQUIRE THAT SUCH DATA IS STORED SECURELY.

- LAUNCHING A MAJOR CYBERSECURITY INITIATIVE

CYBERCRIMES COST PEOPLE IN THE U.S. MORE THAN \$6.9 BILLION IN 2021, ACCORDING TO THE FBI. PHISHING SCAMS, PERSONAL DATA BREACHES, AND RANSOMWARE ARE JUST A FEW EXAMPLES OF THE CYBER ATTACKS THAT THREATEN PEOPLE'S SECURITY, PRIVACY, AND MONEY. CYBER CRIMINALS CAN DISRUPT

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PHONE AND COMPUTER NETWORKS, CAUSE ELECTRICITY BLACKOUTS, AND TAKE

CONTROL OF INFORMATION SYSTEMS.

TO HELP CONSUMERS PROTECT THEMSELVES AND THEIR COMMUNITIES, CR LAUNCHED

A MAJOR CYBERSECURITY INITIATIVE IN FY22. WE ARE SCALING UP OUR PRODUCT

RESEARCH AND TESTING, INVESTIGATIVE JOURNALISM, AND ADVOCACY TO

IDENTIFY DANGERS AND ADVANCE SOLUTIONS. THIS EFFORT INCLUDES FREE APPS

TO HELP PEOPLE MANAGE THEIR PERSONAL CYBERSECURITY, MORE TESTING OF

PRODUCTS LIKE ANTIVIRUS SOFTWARE AND VIRTUAL PRIVATE NETWORKS, AND THE

DEVELOPMENT OF A NUTRITION LABEL FOR DIGITAL DEVICES THAT EXPLAINS

THEIR DATA COLLECTION AND SECURITY PRACTICES.

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERS, STOCKHOLDERS

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

THE MEMBERS FOR NEW YORK NOT-FOR-PROFIT LAW PURPOSES ARE ANY INDIVIDUAL

WITH A PAID MEMBERSHIP TO THE CONSUMER REPORTS MEMBERSHIP PROGRAM. MEMBERS

CAN ELECT THE BOARD OF DIRECTORS AT THE ANNUAL MEETING OF MEMBERS; ADOPT,

AMEND OR REPEAL THE BY-LAWS OF THE CORPORATION; CALL A SPECIAL MEETING OF

THE MEMBERS UNDER CERTAIN CIRCUMSTANCES; AND EXERCISE SUCH OTHER POWERS AS

ARE PROVIDED BY LAW.

FORM 990, PART VI, SECTION A, LINE 7A:

SEE EXPLANATION ON LINE 6 ABOVE.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 REVIEW PROCESS

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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.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST COMPLIANCE PROCESS

CONSUMER REPORTS' BOARD OF DIRECTORS AND STAFF MEMBERS ARE REQUIRED TO FILL

OUT AND SIGN A DISCLOSURE OF INTEREST STATEMENT AND ATTESTATION OF

COMPLIANCE EACH YEAR. BOARD MEMBERS' FORMS ARE REVIEWED BY A COMMITTEE OF

THE BOARD; STAFF MEMBERS' FORMS ARE REVIEWED BY AN OUTSIDE INDEPENDENT

REVIEWER. ANY CONFLICTS WILL BE ADDRESSED WITH THE APPLICABLE BOARD OR

STAFF MEMBER, WITH UNRESOLVED CONFLICTS ADDRESSED BY THE APPROPRIATE

CONFLICT OF INTEREST COMMITTEE.

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.

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

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE COMPENSATION

PROVIDED TO CR'S PRESIDENT AND SENIOR EXECUTIVE STAFF TO ENSURE THAT THEY

ARE CONSISTENT WITH CR'S MISSION, ARE DESIGNED TO ATTRACT AND RETAIN THE

HIGH LEVELS OF LEADERSHIP TALENT NEEDED TO ACHIEVE CR'S OPERATING PLANS,

AND ARE COMPLIANT WITH LAW. TO THAT END, THE EXECUTIVE COMMITTEE (1)

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RECOMMENDS TO THE BOARD OF DIRECTORS COMPENSATION PLANS AND PAY LEVELS FOR THE PRESIDENT, TAKING INTO ACCOUNT PEER GROUP PRACTICES AND ANY SPECIAL CONSIDERATIONS, AS WELL AS EMPLOYMENT AGREEMENTS; (2) REVIEWS THE COMPENSATION OF THE PRESIDENT AND SENIOR EXECUTIVE STAFF TO ENSURE COMPLIANCE WITH THE IRS INTERMEDIATE SANCTION REQUIREMENTS; AND (3) REVIEWS AND APPROVES (A) FOR EXECUTIVES REPORTING DIRECTLY TO THE PRESIDENT, ANY PROPOSED COMPENSATION INCREASE FOR CURRENT EXECUTIVES AND 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 PEOPLE AND CULTURE 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. TO ENSURE COMPLIANCE WITH THE IRS INTERMEDIATE SANCTIONS AS REQUIRED AND MEET THE CONDITIONS FOR THE REBUTTABLE PRESUMPTION UNDER TREASURY REGULATION 53.4958-6, THE COMMITTEE THAT DETERMINES COMPENSATION OF EXECUTIVES ARE COMPOSED OF MEMBERS WHO ARE INDEPENDENT WITH RESPECT TO THE COMPENSATION ARRANGEMENTS. THE FOREGOING PROCESS FOR ESTABLISHING COMPENSATION FOR THE INDICATED PERSONS WAS LAST UNDERTAKEN IN MAY OF 2022.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NY, OK, OR, PA, RI, SC
TN, UT, VA, WA, WI, WV

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

PUBLIC AVAILABILITY OF FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS

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.

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

UNREALIZED GAIN INTEREST RATE SWAP	2,298,943.
PENSION RELATED CHANGES	3,267,740.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	-306,244.
ROUNDING	-1,009.
TOTAL TO FORM 990, PART XI, LINE 9	5,259,430.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

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

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

Schedule R (Form 990) 2021

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	

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
CHARITABLE REMAINDER TRUST (5)	ANNUITY	NY	N/A	TRUST				X	

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Dividends from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o Sharing of paid employees with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r Other transfer of cash or property to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
s Other transfer of cash or property from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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	